



43 total confirmed cases

19 Active cases

21 Recovered

3 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 4 May 2020.

HIGHLIGHTS

- The Consolidated Planning and Requirements for COVID-19 Across Syria document currently reflects the request of US\$ 374 million for 2020. This is in addition to the US\$ 3.4 billion 2020 HRP.
- As of 29 April, 43 people with COVID-19 have been confirmed by the Syrian Ministry of Health (MoH), including three fatalities and 21 recoveries.
- On 29 April, NES local authorities confirm their first two locally PCR tested case of COVID-19
- No confirmed cases of COVID-19 in north-west Syria. As of 29 April, 226 samples have been tested; all negative.
- UN advocates for the MoH to achieve testing capacity in all 14 governorates, and pledges its support to achieve this.
- Areas of concern remain densely populated areas, notably Damascus/Rural Damascus and those living in camps, collective shelters and informal settlements in north-west and north-east Syria (NES), as well as other areas including Deir-Ez-Zor, where ongoing hostilities may be ongoing making sample collection particularly challenging.
- Populations of concern, include the elderly, people with underlying health condition, refugees, IDPs, and healthcare workers with inadequate personal protective equipment (PPE).
- Preparedness and response efforts continue in north-west Syria, with a focus on prevention, risk communication, protection of health workers, surveillance of entry points, provision of PPE and community/facility based isolation.

SITUATION OVERVIEW

In Syria, 43 laboratory-confirmed cases have been reported by authorities to date; on 21 April the Minister of Health (MoH) stated that all positive cases announced to date had been from Damascus and Rural Damascus governorates. The first positive case was announced on 22 March, with the first fatality reported on 29 March, with subsequent fatalities reported on 30 March and 19 April. The most recent cases were announced by the MoH on 21 April. As of 29 April, the MoH has also announced 21 recoveries to date.

On 16 April, WHO EMRO shared information indicating that a 53-year-old man from Al-Hasakeh City who had been admitted to Qamishli National Hospital on 27 March had tested positive and later died on 2 April. However, according to MOH, all cases reported from areas outside GoS control will not be included in the national line list of cases, regardless of where the testing is performed.

As of 22 April, some 1,500 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus, including 24 from Al-Hasakeh, 22 from Deir-Ez-Zor and two from Ar-Raqqa governorates. In addition, the MoH has only officially confirmed cases in Damascus and Rural Damascus, leading to confusion over the status of samples from NES and other areas of Syria.

To date, there have been no confirmed cases of COVID-19 in north-west Syria. As of 29 April, 226 samples have been tested; from Aleppo and Idleb; of which all were negative. WHO and cluster partners are looking into opening additional labs to increase testing capacity.

PREPAREDNESS AND RESPONSE

Hub-level preparedness and response planning

The UN Country Team (UNCT) in Syria is focused on reinforcing comprehensive, multi-sectoral preparedness and mitigation measures for COVID-19. At the same time, the UNCT is also focused on protecting, assisting and advocating for the most vulnerable, including IDPs, refugees and host communities particularly vulnerable to virus, 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 Syrian 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 and 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 lacking sufficient personnel, infrastructure and existing essential equipment, insufficient water and sanitation infrastructure, significant existing vulnerable populations reliant on humanitarian assistance such as, refugees and asylum-seekers, IDPs, challenges accessing certain areas 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 imposed curfew; and challenges procuring essential supplies due to border restrictions, a deteriorating economy and competition for local supplies, as well as sanctions. As the response expands, there is a greater need to both increase and decentralize testing, in order to accommodate more timely diagnosis of more samples from a greater range of geographical locations including NES.

Meanwhile, an extensive community awareness campaign on how to protect oneself from COVID-19 continues across the north-west, through household visits, mosques, communities and social/traditional media.

According to OCHA's reporting on 24 April, significant gaps in food assistance have been identified in the region due to challenges related to COVID-19 precautionary measures, funding, and re-programming. Humanitarian actors are warning that vulnerable households are relying on negative and emergency coping strategies merely to meet their daily food needs, including the consumption of food items that have limited nutritional value. Malnutrition could become an increasing problem. For example, three in ten pregnant or lactating women are acutely malnourished, compared to 1 in 20 in the first half of 2019. Malnourished people have a compromised immune system and are therefore at elevated risk of mortality due to COVID-19. Large gaps in the provision of learning materials and education in camps exist as well.

The current humanitarian response to COVID-19 in north-west Syria is focused on two areas: prevention of, and preparedness for, potential cases, and ensuring that humanitarian assistance continues while mitigating the risk posed by COVID-19 to communities and humanitarian workers.

On 5 April, a revised COVID-19 preparedness and response plan for north-west Syria was issued, concentrating on scaling up capacities for prevention, early detection and rapid response to COVID-19 in Idleb and the Afrin and A'zaz to Jarablus area of northern Aleppo. Covering a minimum period of three months, from April to June 2020, the plan identifies a funding

requirement of approximately US\$ 35 million, primarily for IPC, case management, and risk communication and community engagement, while funding requirements to the end of 2020 have been projected to be some US\$ 70 million.

A laboratory in Idleb has been equipped to test for COVID-19 samples from the north-west area since 24 March. In some instances, samples from the Afrin and A'zaz to Jarablus area of northern Aleppo are sent to laboratories in Turkey for testing. The laboratory in Idleb currently has 5,300 testing kits. Of the 191 tests conducted as of 22 April, all have returned negative. WHO and humanitarian partners have begun the process of capacitating additional laboratories in north-west Syria to test for the virus.

To treat confirmed cases, three hospitals with ICUs supported by WHO and managed by Health Cluster members are ready to receive patients in the coming weeks, and three additional health facilities are planned as COVID-19 isolation case management centres, in Idleb, Salqin and Daret Azza. Each of the latter three facilities will have a 70-bed capacity comprising 30 ICU beds for severe cases requiring ventilators, 30 beds for cases requiring close follow-up and treatment for underlying conditions, and 10 beds for patients pending discharge. Conanbey hospital has been assigned in northern Aleppo governorate as a referral hospital with 46 ICU beds and 200 bed capacity. community-based isolation (CBI) centres are being planned to provide medical care to people with mild COVID-19 symptoms. Humanitarian partners have begun installing CBI centres with a total capacity of 1,527 beds across 30 locations in Idleb and Aleppo governorates.

Humanitarian partners are updating existing plans to adjust for new service and delivery modalities to accommodate COVID-19 precautions while enabling operational continuity. Wherever possible, activities have been shifted to virtual platforms or phone-based engagement, including for coordination and for awareness raising, education, and case management services, and gatherings have been further reduced through scale-ups of door-to-door distributions and consolidating distributions. An extensive communication awareness campaign has also been implemented across north-west Syria, amplified through mosques, local communities, and social and traditional media. Precautions introduced by local authorities reportedly include closure of schools and some markets, banning gatherings of people, including for religious services, a reduction in business hours, including restaurants and grocery stores, and imposing curfews.

Crisis-wide planning, coherence and advocacy

At the Whole-of-Syria (WoS) level, crisis-wide messaging on response priorities, gaps and financial requirements will be ensured through the following products currently under preparation: (a) a Syria update to the Global Humanitarian Response Plan on COVID-19; (b) an annex to the 2020 HRP which consolidates hub-level response priorities and additional financial requirements specific to COVID-19; and (c) an updated Critical Funding Gap Analysis, providing an overview of funding and expected gaps for commodity pipelines for key sector lead agencies, the extent of sectoral re-programming and key messages to donors in light of COVID-19.

WoS advocacy efforts further continue to focus on humanitarian access, including NGO partners' ability to move and operate in north-east Syria, and on facilitating access to critically required COVID-19 related supplies through global procurements and stocks.

Access Restrictions

Following the global outbreak of COVID-19, authorities in Syria took increasingly constraining protective measures to limit the spread of the virus within their territories. Access across the country, including for humanitarian response, has been severely impacted by those limitations. At the same time, facilitation procedures for humanitarian movements are gradually being established. Different rules and systems apply in the various areas of influence, leading to a complex and dynamic operating environment.

Main borders to Syria are closed or offer limited crossing options even for humanitarians. Borders with Lebanon and Jordan are closed to civilians. The crossing point with Lebanon remains open for humanitarian and commercial cargos. The Jordan-Syria border is completely closed, also sealing the remaining humanitarian access to Rukban from Jordan. Enhanced and sustained access to Rukban is being discussed from within Syria while negotiations to evacuate medical cases are ongoing. In the north-west, Bab Al Hawa and Bab Al Salam crossings are partially closed, and UN shipments of relief supplies continue to be allowed through. Humanitarian staff are currently not permitted to cross and advocacy continues to facilitate crossings for critical humanitarian staff movements. The two crossings between the Idleb area and northern Aleppo governorate (Afrin) closed to individual movements on 1st April. Exceptions are sporadically being granted for humanitarian cases, commercial and humanitarian shipments. All three crossing points across frontlines in the northern countryside of Aleppo are closed (Abu Zandin, Aoun al-Dadat and al-Hamran). Finally, the border between northeast Syria and Iraq also closed early March. Modalities for humanitarian access is being negotiated with parties to allow potential urgent medical evacuations of humanitarian NGO staff from the north-east to Iraq, as well as the movement of humanitarian goods/supplies from Iraq to the north-east. Movements of commercial and humanitarian cargo from within Syria have continued.

Various COVID-19 related curfew measures have been imposed throughout Syria restricting movement for civilians and goods. These measures are often accompanied with facilitating measures for the movement of humanitarian staff and supplies. Humanitarian activities are often reduced due to restrictions and self-imposed measures. Many humanitarian partners have suspended non-emergency work and have suspended nonessential programming, only conducting operations related to health, hygiene, and food. In the NES, interventions across sectors continue, in some cases adapting modalities to programme remotely (e.g. home learning kits, e-learning etc).

The UN continues to call on all parties to the conflict, and those with influence over them, to ensure immediate, safe and unhindered access for humanitarian staff and supplies to continue despite COVID-19 related preventative measures.



Country-Level Coordination

At the national level (*as of 25 April*), 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.

At an inter-hub level, weekly operational calls are continuing between 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, case management and a unified strategy for camps.

OCHA Syria continues to engage the Inter-Sector Coordination (ISC) 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.

The ISC has finalized its updated Operational Response Plan for COVID-19 structured around the eight pillars of health preparedness and response, as well as the ninth pillar on socio-economic impacts, and updating funding requirements; the plan is now under leadership review.

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.

On 21 April, an ISC meeting was held to review the Monitoring Framework developed for the updated COVID-19 Operational Response Plan. The UN RC/HC and WHO Country Representative continue 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, the Ministers of MoSAL and MoLAE, as well as ICRC and SARC.

In north-west Syria (NWS) (*as of 25 April*), the NWS COVID-19 Task Force (TF) continues to oversee collective COVID-19 preparedness and response efforts, under the stewardship of WHO Gaziantep lead Health Cluster. To date, the TF has convened three meetings to discuss a range of complementary issues, including surveillance, enhancing laboratory capacity, potential contingency plan to activate patient streaming by repurposing existing resources due to potential global supply shortages, convergence efforts with other clusters for risk communication activities and ensure supply side strengthening to maintain access to routine service delivery in addition to managing COVID-19 cases, focusing on NCDs and MHPSS.

An updated PRP has been finalized with funding requirements and activity planning for three months. This implementation plan complements the existing health cluster operations, and is a living document which will also support enhanced inter-cluster coordination.

In north-east Syria (NES) (*as of 24 April*) the NES COVID-19 Task Force (TF) continues to oversee collective COVID-19 preparedness and response efforts, under the joint chairmanship of the NES Forum and the NES Health working group. This TF oversees three sub-TFs – Risk Communication and Community Engagement (RCCE), Infection Prevention and Control (IPC) and Case Management – which are driving key collective work-streams under these respective pillars. Further information is provided on the work of these TFs under the respective pillars.

There continue to be weekly operational calls between the relevant technical and coordination counterparts within Syria at field and Damascus level, as well as Whole of Syria.

Under the leadership of the NES Inter-Sector Working Group (ISWG), a NES Readiness and Response Plan has been developed. This operational plan complements the existing strategic-level plan developed under the leadership of WHO

and is a living document which will support enhanced inter-hub coordination. The plan outlines the operational priorities under the 8 WHO preparedness/ response pillars and provides a detailed breakdown of total requirements (financial and material) to support its implementation.

Underpinning the plan is the central planning assumption that widespread community transmission infecting more than 200 people should be considered a 'most likely scenario'. Under this scenario, significant scale-up would be required across pillars.

Discussions continue aimed at reinforcing coordination at camp-level to strengthen collective COVID-19 preparedness and response. To the extent possible, these discussions have focused on limiting the coordination burden on partners (e.g. the number of additional platforms). Partners have agreed to a weekly COVID-19 coordination meeting for all camps to discuss cross-cutting issues, share common guidance and establish best practice. At the camp-level, COVID-19 response committees are being established under the leadership of key health actors, and include Camp Management, Camp Administration, organizations spanning key sectors such as WASH and Protection, as well as community representation.

Key health actors supporting case management capacity in NES have met with local health committees in Raqqa, Menbij and Kobane. These meetings focused on ensuring local-level implementation of the case management approach agreed upon with the local Health Committee at NES level (i.e. how to access healthcare, and which patients go where), as well as the establishment of local surveillance systems.

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 about COVID-19.

Development, printing and distribution of information, education and communication (IEC) materials is ongoing. In addition, there has been continuous engagement in raising awareness on social media, WhatsApp, as well as different media channels (radio and television). Moreover, religious leaders are being strongly engaged in disseminating awareness key messages through the Ministry of Endowment.

To date, an estimated nine million people have been reached by the television and radio awareness campaigns, two million by printed IEC materials, and over five million people through social media. Direct awareness raising through humanitarian teams at distributions and door-to-door continues, as does UNICEF's supporting of the Ministry of Endowment to engage 1,000 religious leaders working in 3,600 mosques.

UN agencies, specific sectors and partners continue awareness-raising activities during existing programmes (such as distributions) and/or as separate initiatives.

Governorate-level outreach is ongoing. In the reporting period, WHO, working with the MoH, provided awareness sessions for healthcare workers in Damascus, Rural Damascus, Aleppo, Homs and Latakia. On 9 April, the Education sector conducted online awareness training, including MHPSS for education sub-sector partners, and further, has engaged the department of Education and private education facilities in Deir-Ez-Zor to distribute IEC materials and messaging, including online and WhatsApp groups.

In the north-west (as of 25 April), the COVID-19 Task Force has established a Coronavirus Awareness Team (CAT) with local health and education stakeholders to hold regular discussions and receive updates regarding awareness activities in coordination with local authorities. With support from WHO, CAT developed a set of IPC guidelines and collecting IEC designs and videos for awareness teams with support from the IPC sub-group.

Health Cluster partners and members continue to provide awareness sessions. UDER reached 5,626 individuals, and distributed hygiene items including liquid soap to 2,881 individuals. DDD reached 1,851 individuals through six PHCs. SDI reached 922 individuals through PHC and household sessions. SIG delivered 612 parent sessions, 341 local council sessions, 4,122 HH visits, and 196 pharmacy visits, in addition to awareness activities during immunization sessions. Global Communities delivered a daily message through 590 WhatsApp groups hosting 35,741 members. SEMA reached 6,883 individuals and distributed 81 hygiene kits. SCD conducted awareness activities in 231 camps, mosques, bakeries and markets using 20,000 posters. IDA delivered 1,187 individual and 189 small group awareness sessions. Shafak delivered 249 sessions and conducted 26 hygiene promotion activities. SIMRO delivered six group sessions, and Aleppo Health Directorate (AHD) continued conducting visits to local councils in northern Aleppo.

In terms of training: Idleb Health Directorate (IHD) supported NGOs by hosting training sessions on IPC, community awareness raising, and alert system, and developed video material to be used in online training. Two cars with loudspeakers were deployed in Idleb city, in addition to a number of billboards. IHD has already trained 1,465 trainees online using a newly developed material through its Telegram channel. Further a total of 108 CHWs from UDER have been trained using the awareness teams guide; AHD trained over 120 CHWs and HiH trained 90 CHWs, hygiene promoters, and aid workers.

A new guidance note was developed by CCCM cluster for awareness raising and prevention in camps. Discussions with CCCM cluster and members of the WASH cluster were initiated to develop standard guidelines for infection prevention and community awareness in camps. Solutions for collective shelters are also being discussed in collaboration with WHO.

In north-east Syria (as of 24 April), 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).

Data collection for a whole of NES Knowledge, Attitudes and Practices (KAP) survey was completed by an assessment NGO, with findings to be circulated shortly. This assessment will inform the RCCE/social mobilization strategy being developed, ensuring that messaging is appropriately tailored to the context.

The RCCE sub-TF continues to meet on a weekly basis and is taking the lead on the development of an RCCE/ social mobilization plan. As reported last week the sub-TF continues to update the COVID-19 messaging matrix, which provides core messaging around issues such as hygiene awareness/ etiquette, social distancing and seeking healthcare. The latter helps to reinforce established referral mechanisms (see Case Management section).

Over the last week, the sub-TF has identified sub-district level NGO focal points, who will be responsible for building community networks by identifying community influencers and training community outreach workers. To support this community engagement, the sub-TF is developing training materials as well as communication protocols. As noted above, at camp-level COVID-19 response committees are being established, comprising Camp Administration and community members (as well as humanitarian actors). These committees will help generate collective awareness and ownership over the subsequent decision-making process over measures which should be adopted in camps to prevent and contain the spread of COVID-19.

Outreach activities continue across NES. Awareness efforts in camps have been stepped up, with a 10-day awareness campaign currently underway in Al Hole camp, with outreach teams conducting tent-to-tent visits across all phases, disseminating posters in public facilities and also conducting awareness through loudspeakers. Posters translated into a number of different languages were also disseminated in the annex, Number of NGO outreach workers per 50,000 people by District- NES Forum although tent-to-tent visits were not permitted due to security concerns. Similar campaigns have been launched in other camps, including Mahmoudli. In terms of outreach coverage, building on the data shared last week, coverage is lowest in Deir-ez-Zor (specifically east line areas, with no coverage in SDF controlled areas of Al Mayadin), areas which have traditionally not been prioritized by NES NGOs (e.g. Qamishli and other areas of northern Hassakeh) and more western areas, including Tal Abiad and Ras al Ain which span multiple areas of control.

One NGO has conducted two radio sessions where messages on COVID-19 awareness have been disseminated. In addition, outreach teams are already limiting conventional Focus Group Discussions (FGD) and instead prioritizing household level outreach, while adhering to basic social distancing protocols though additional PPE support is needed for those outreach workers who have high levels of daily public exposure. As previously mentioned, outreach teams continue to report that many communities are complacent to the risk of COVID-19, with feedback to outreach workers that current mitigation measures are seen as an overreaction in view of the small number of confirmed cases.



Surveillance, Rapid Response Teams and Case Investigation

HO 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. Currently 1,271 sentinel sites report cases through EWARS system across all 14 governorates.

With the support of WHO, MoH has commenced active surveillance utilizing 1,932 surveillance officers across 14 governorates, 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 local authorities have agreed to collect samples through RRTs for referral to the CPHL in Damascus for testing (in line with similar established mechanisms for sample testing, including influenza and polio). To date, 258 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral. Within the reporting period, WHO supported two sessions to train 11 RRT members in Lattakia and 12 RRT members in Homs, and on 21 April, WHO supported another training workshop for 86 RRT members covering 13 governorates. Training is ongoing with a new increased target to cover 432 RRT members. In addition, within the reporting period, WHO supported an awareness session for 20 doctors and 19 people from the Pharmaceutical Syndicate on COVID-19 in Homs Governorate.

In north-west Syria, as part of the expansion plan (as of 25 April), all the sentinel sites that are receiving patients with acute respiratory diseases have been selected for weekly active surveillance for COVID-19. More than 100 sentinel sites are going to be included under weekly active surveillance.

A Health cluster partner conducted training for 1,337 NGO health care providers (812 males and 525 females) in 79 health facilities in north western Syria on basics of COVID-19 disease surveillance & diagnosis, collecting specimens for laboratory investigation. Among the trainees, 226 were doctors, 587 nurses, 151 community health workers and 384 were other health professionals.

Collection of samples from SARI/ILI cases has commenced in some areas to increase the sensitivity of case detection in the NWS.

In north-east Syria (as of 24 April), five RRTs are active in Al-Hasakeh and three in Ar-Raqqa. Deir-Ez-Zor has no RRT and is instead utilizing the EWARS focal point, while Menbij/Kobane is being covered from Aleppo. Where possible, UNICEF's fixed health clinics are incorporating the triage system for patients, and with WHO, will implement community surveillance for camps. UNRWA have also continued a triage system in their 25 health centers to examine patients with respiratory systems separate from other clients.

As outlined in previous reports, samples continue to be collected by RRTs and sent to the CPHL, from Damascus, Rural Damascus, As-Sweida, Aleppo, Quneitra, Deir-Ez-Zor, Homs, Ar-Raqqa, Hama, Lattakia, Al-Hasakeh and Al-Hol camp. This includes 24 cases from Al-Hasakeh, 22 cases from Deir-Ez-Zor, and two cases from Ar-Raqqa. During the reporting period, ten samples from Al-Hasakeh, two samples from Deir-Ez-Zor and one sample from Ar-Raqqa were sent to CPHL. At the time of writing, the results have not been received.

As of 24 April, 26 swab samples (Hassakeh-3, Deir-ez-Zor-12, Raqqa-11) have been collected in response to 24 alerts received through the EWARN system, managed by the Assistance Coordination Unit (ACU) in Turkey. These samples have all been transferred to Idleb for testing, with 20 samples negative and four tests still pending at the time of writing.

Over the past week, local authorities in NES have established its own PCR testing capacity. While undisclosed number of samples have been collected by local health authorities for testing, as of 24 April a total of 18 PCR tests have been administered. These tests were administered to people already in isolation in Qamishli with suspected symptoms. All tests came back negative.

In terms of community transmission in NES, efforts are underway to establish a surveillance database to track suspected and confirmed cases, case contacts, and generate a line list for outbreak investigation. This will help to inform active surveillance, including contact tracing.

Health actors have engaged with local health committees across NES, providing guidance on the referral process for suspected cases and how this should be done in view of new localized testing capacity. Specifically, guidance is being provided to local committees on the establishment of their own Rapid Response Teams (RRTs), which will conduct case investigation and sample collection upon the notification of the area Team Leader who is responsible for coordinating the overall referral process. As part of this, the Case Management TF has recommended that the local authorities establish local COVID committees (led by the local health committees) to oversee the COVID response in a specific area, including the establishment/ deployment of RRTs. Training will be provided to the local authorities on case investigation, sample collection and contact tracing. This training will be aligned with the training NES NGOs have already conducted on contact tracing to some 150 community health workers over the last two weeks. Contact tracing is critical, with all close contacts of PCR confirmed or suspected cases expected to self-quarantine to contain the spread of COVID-19.

Points of Entry

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 the north-west (as of 25 April), out of 12 cross-border/cross-line entry points, nine points of entry (PoE) are partially open, of which five (Alhamam, Ar-ra'ee, Bab Al Salameh, Ghazawiyet Afrin, Deir Ballut) are anticipating significant movement and have measures in place to screen travelers, suspect and refer cases.

WHO is still working with its partners to deploy additional vehicles into the referral network to support COVID-19 transportation of beneficiaries. WHO in addition will support staff salaries, including cleaning & decontamination units for ambulances.

WHO will provide a one-day training to 400 staff on basic IPC measures related to COVID-19. All the activities will be coordinated through the referral network according to standard operational procedures (SOPs) and recommendations adapted for NW Syria, including organizing referral from point of entry crossings (cross-border & cross-line) for travelers by ensuring close coordination and communication across stakeholders.

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 SYRIA COVID-19 Humanitarian Update No. 7 | 6 United Nations Office for the Coordination of Humanitarian Affairs www.unocha.org COVID-19 is ongoing and is expected to be completed in a few weeks. Training of more than 95 MoH and DoH staff in sample collection and surveillance has been completed, as has on the job training for ten CPHL laboratory technicians.

WHO has provided testing kits to the MoH since 12 February. During the reporting period, WHO delivered 17 enzyme kits (1,700 reactions), 22 extraction kits (1,500 reactions), 20 screening kits (1,920 reactions) and four confirmatory testing kits (384 reactions, in addition to PPE for laboratory staff. This is in addition to deliveries outlined in previous reports, comprising 62 screening kits (5,952 reactions), seven confirmatory testing kits (672 reactions), 4,000 laboratory swabs for sample collection, 30 extraction kits (1,500 reactions), 17 enzyme kits (1,700 reactions) and five polymerase chain reaction (PCR), in addition to PPE. WHO is further procuring additional supplies and equipment, with sufficient supplies for three months in pipeline.

The establishment of further laboratories in Aleppo, Homs, and Latakia governorates are underway. On-site training for 24 laboratory technicians is ongoing until 5 May, with 12 technicians trained so far. PCR machines have been delivered to Aleppo and Homs, and testing kits to Aleppo, Homs and Latakia. The establishment of a laboratory in Al-Hasakeh is also under consideration, and as detailed above, the GoS has committed to establish laboratories to cover all governorates.

The increased capacity and decentralization of testing, including the need for a laboratory in NES, continues to be a priority for the UN to support implementation. As of 21 April, the CPHL has tested approximately 1,500 cases for COVID-19, with a current average of 60-90 tests per day. Support is ongoing to scale up this capacity and increase geographical coverage.

In the north-west (as of 25 April), The Idleb laboratory operated by a health partner and also supported by WHO has remained instrumental in testing samples from suspected cases of COVID-19. As of 29 April 2020, so far 226 samples have been tested for COVID-19 using PCR. All results came negative. The current number of PPE for the laboratory staff will be sufficient for coming 2 weeks. Procurement of additional PPE is in process. WHO and Health cluster partners are looking into opening additional two labs to increase testing capacity.

In north-east Syria, on 11 April two PCR machines and laboratories were received by local authorities, following a donation by the Kurdish Regional Government (KRG) in Iraq. One of these PCR machines has been established in the polyclinic outside of Qamishli which is also one of the referral facilities for moderate to severe COVID-19 cases, while another machine has been transported to Tall Refaat. A laboratory, as well as 750 testing kits (estimated 1,500 in total), were reportedly also donated with the PCR machines. At the time of writing, only the Qamishli machine is reportedly operational, with a total of 18 tests administered as of 24 April, all of which were negative. The PCR machine is currently operational twice a week, although there is reportedly flexibility to extend the operating period should it be required. On 23 April, local health authorities received a further donation of 2 PCR machines. These machines will be deployed to Kobane and Raqqa cities.



Infection Prevention and Control

WHO, UNICEF, Health and WASH partners are working closely with relevant authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors are undertaking health facility assessments to gauge IPC capacity, with many already taking a number of steps to reinforce capacity.

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.

WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. To date, WHO has delivered more than one million PPE items across Syria, including surgical masks, gloves, reusable heavy-duty aprons, gowns, headcovers, alcohol hand-rubs, medical masks, goggles and coveralls, in addition to alcohol hand-rub. Shipments of PPE and sterilization items have been delivered to Qamishli National Hospital, the DoH in Al-Hasakeh, and Deir-Ez-Zor. Additionally, WHO supported an IPC training session and correct use of PPE for 24 INGO partner healthcare workers, with other trainings to take place later in April.

During this reporting period, UNICEF, continued to engage with the health sector and other actors to strengthen IPC in healthcare facilities, schools and learning spaces, youth centers and communities. To date, WASH assessments have been conducted in 15 hospitals across the country. Out of these facilities, UNICEF has supported commencement of light rehabilitation of WASH systems in five facilities in Lattakia (Al Hafa Hospital and Al Qerdaha Hospital), and Aleppo (University Hospital, Zahi Azraq Hospital, and Ibn Khaldoun Hospital).

UNDP has also continued, with MoH, supporting WASH rehabilitation within priority healthcare facilities, with further rehabilitation (including WASH) planned at Al-Qadmous Hospital in Tartous, with discussions underway to support rehabilitation (including WASH) at Dummar Hospital in Damascus Governorate. A WASH partner has completed the light rehabilitation of WASH systems at one isolation centre (Al Bassel Education Centre) in Dar'a Governorate and has progressed work at another (Health Institute) in Deir-Ez-Zor Governorate. The same partner is also supporting light WASH maintenance and provision of cleaning/hygiene items to 15 childcare centres in Damascus, Rural Damascus, Homs and Aleppo governorates.

In addition to continuing to support disinfection campaigns and increased sanitation activities at the nine official and accessible Palestine refugee camps (and one informal camp), UNRWA has also distributed PPE to its frontline staff, with more than 74,000 gloves, 79,000 disposable masks, 132 goggles and 6,500 liters of disinfectant liquid delivered to date. As detailed in previous reports, WASH sector partners are continuing to deliver increased quantities of soap and hygiene kits. UNICEF has procured 800,000 bars of soap currently being distributed by WFP as part of their food assistance, and a further 270,000 bars were donated to SARC for distribution. By the end of April, distributions of soap are expected to reach approximately two million bars. In coordination with the WASH and NFI sectors, NFI partners have further switched programming from distributing NFIs to hygiene kits.

In the north-west (as of 25 April), a health partner is conducting a second round of COVID-19 IPC training, targeting workers in specialised health centres, such as those providing maternal, newborn and child health services. Beneficiaries of this training include 74 nurses, 23 administrators and health facility managers, 22 midwives and six obstetricians and gynecologists. IPC kits are also being distributed to health facilities operated by NGOs in northwest Syria as well as to the referral network. Due to challenges in implementing self-isolation measures in densely populated northwest Syria, community-based isolation (CBI) centres are being planned to separate and limit the movement of people with low risk profiles presenting mild COVID-19 symptoms. Humanitarian partners have begun installing CBI centres with a total capacity of 1,400 beds across 28 locations in Idleb and Aleppo governorates, to provide adequately equipped isolation centres separate from overcrowded camps and communities. Two CBI centres are expected to be operational by the start of May, with the rest expected to be subsequently phased into operation. To ensure the continued provision of comprehensive humanitarian support in the CBI centres, efforts are ongoing to facilitate the organisation of the centres according to the four key pillars of protection mainstreaming, namely participation and empowerment; meaningful access; safety, dignity and do-no-harm; and accountability.

In the north-east (as of 24 April), priorities under the Infection Prevention and Control (IPC) pillar include ensuring adherence to minimum IPC standards in health facilities and crowded public spaces (such as camps and collective centres). In addition, complementing messaging and outreach activities, IPC-based interventions are also particularly critical in areas where sanitation conditions and hygiene practices are poor.

NES health actors have undertaken assessments of both isolation capacity and adherence to IPC minimum standards across 76 NGO-supported health facilities in NES. Assessment results indicate that additional WASH support is required in 47 (62%) facilities to enhance IPC measures. The Health and WASH Working Groups are currently mobilizing partner capacity to address these gaps and working towards division of responsibilities between partners.

Various IPC measures have been implemented in camps. At the entrance to camps, Camp Administration with the support of humanitarian actors are in the process of establishing temperature screening and establishing mandatory hand-washing stations. As part of this, WHO has committed to provide thermometric scanners and training to the guards on basic medical screening. Visitors to camps have been banned, along with community gatherings and focus group discussions comprising more than 7 individuals. Across camps, WASH interventions continue with shortage of capacity and supplies for distribution of COVID hygiene kits. Overall, the main gaps in coverage are in the informal camps such as Newroz, Twaihina the Menbij camps.

In collective centres, NES partners have so far committed to support IPC interventions in 56 collective centres in NES, including installation of additional hand-washing stations, WASH infrastructure rehabilitation, the establishment of screening areas and temperature monitoring. COVID hygiene kit distributions are also planned in these centres over the coming period. In addition, UNICEF through its local implementing partners, is reportedly planning to install mandatory hand-washing facilities at the entrance to collective centres in Hassakeh city and provide supplies including disinfectant, chlorine solution and soap.

In terms of informal settlements, four partners are planning to launch COVID-19 related IPC interventions in informal settlements across NES. There remain extensive gaps in informal settlement coverage in Deir-ez-Zor, where the risk of transmission is likely to be particularly high due to sub-standard sanitation and poor hygiene practices which already contribute to the highest prevalence of waterborne diseases in NES.

Partners are particularly concerned about the possible impact of COVID-19 on vulnerable persons, namely the elderly and those with underlying health conditions. As part of efforts to protect the most vulnerable groups, partners are currently completing a mapping of these groups in camps. This exercise is underway in Al Hole, Areesha, Newroz, Mahmoudli and Washokani camps and should be completed by early next week. This analysis will help ensure more regular monitoring of these groups and the swift identification of any suspect cases. In addition, partners are planning to provide targeted messaging to these groups.



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 completed inter-sectoral mapping in coordination with departments of health. To date, humanitarian partners have been informed by local authorities (Governors and Departments of Health) of 26 identified quarantine facilities and 50 isolation spaces across 13 governorates. At the central level, the MoH has announced 14 fully equipped isolation centers are currently running. On 18 April, the MoH announced that 2,115 people had been quarantined to that date, of whom 1,898 had left and 217 remained still under supervision.

The immediate priority is on providing support to and reinforcing isolation facilities. Further to the support outlined in previous reports and as referenced above, UNDP is in discussions with MoH to support infrastructural rehabilitation at Dummar Hospital in Damascus and Al-Qadmous Hospital (a designated isolation center) in Tartous. Based on WASH assessments at three isolation centers in Aleppo, Deir-Ez-Zor, and Dar'a, PUI has completed light rehabilitation of WASH systems at Dar'a (Al Bassel Education Centre), and is progressing work at the Health Institute in Deir-Ez-Zor.

WHO continues to deliver trainings on case management (resuscitation and ventilation management). During the reporting period, trainings were conducted in Zabadani Hospital in Damascus and Mujtahid Hospital in Dar'a, with additional workshops planned in Deir-Ez-Zor, Homs and Aleppo governorates.

To treat suspected and confirmed cases in **north-west Syria**, three hospitals supported by health cluster partners are ready to receive patients in the coming weeks, in Dana, Idlib and Kafr Takharim, and three additional hospitals with ICUs are being modified and repurposed as COVID-19 isolation case management centres. Each of these will have a 70-bed capacity comprising 30 ICU beds for severe cases requiring ventilators, 30 beds for cases requiring close follow-up and treatment for underlying conditions, and 10 beds for patients pending discharge. One other hospital in northern Aleppo governorate has been identified to serve as a referral hospital, with a capacity of 46 ICU beds and 200 regular ward beds. WHO is accelerating the procurement of equipment to support the repurposing of the three additional hospitals to serve as COVID-19 case management centres, including for an additional 90 ventilators, eight oxygen concentrators and three

X-ray machines. To further mitigate risk of COVID-19 transmissions in medical settings across north-west Syria, work is ongoing to enact tents to serve as COVID-19 triage stations at 190 health facilities.

To further bolster case management in north-west Syria, online training is being conducted for staff at the identified COVID-19 case management hospitals and isolation centres, with an initial phase targeting critical care physicians and a second-round training for all medical staff, including physicians, anesthesia technicians and nurses. Mental health and psychosocial support (MHPSS) will be streamlined throughout the PRP efforts in north-west Syria, including through the support of three mobile mental health clinics with mental health rapid response teams (RRT) and the provision of MHPSS helplines for frontline workers, COVID-19 patients and their families. PSWs are also being engaged to support observation tents, CBI centres and COVID-19 referral hospitals. WHO is in the process of procuring 65 NCD kits for north-west Syria, including funding to support the integration of NCD and MHPSS services into 48 primary healthcare centres (PHCs) for a period of six months. 16 PHCs are planned for Idlib, 16 PHCs for Afrin, and 16 PHCs for the A'zaz to Jarabulus area.

In **north-east**, sectors are working to establish isolation centers in identified camps and informal sites, including Al-Hol, Areesha, Mahmoudli, Roj, Newroz, Washokani, Abu Khashab, Tal As-Samen, and two camps in Menbij. External referrals are also being explored for moderate cases from Mahmoudli camp and Washokani informal site. In Ar-Raqqa, an isolation ward is being set up at the National Hospital, and a quarantine center at Hawari Bu Median school in Ar-Raqqa city. On 20 April, NGOs opened a first phase (60 beds) of a 120 bed hospital in a repurposed factory building outside Al-Hasakeh; three ambulances are stationed there.

Operational Support and Logistics

The COVID-19 Crisis Coordination Committee is working with partners, particularly the Logistics Cluster, to minimize potential disruption to delivery of services and essential humanitarian assistance, including through the Procurement Working Group (PWG) in Damascus which is consolidating PPE requests from UN agencies with the purpose of having a harmonized sourcing approach.

Globally, challenges include an unprecedented demand of essential medical items including PPE 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, WHO has established the Supply Chain Coordination Cell comprising WFP, UNICEF, UNHCR, UNFPA, MSF and IFRC to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring.

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 quickly identify bottlenecks in supply into Syria of humanitarian assistance.

Finally, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in weekly consultations with partners. These include cluster coordination and Supply Chain working group meetings, as well as engaging with the PWG to keep an overview of any potential downstream supply needs that may arise as the context develops. In addition, it is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to quickly identify bottlenecks in supply into Syria of humanitarian assistance.

In north-west Syria, as of 25 April 10,000 gloves, 1,400 disposables gowns, 900 face shields, 500 N95 masks, 200 protective goggles and 10,000 surgical masks have been delivered. The distribution plan has been finalised and the protective materials are expected to reach identified health facilities and CBI centres imminently. As the delivery of humanitarian assistance in north-west Syria is heavily reliant on the continued operation of the supply line from Turkey, measures are being taken actively mitigate against potential future interruptions to the cross-border logistical support. Humanitarian partners operating in north-west Syria have scaled up the quantity of supplies being trucked across the border, including for prep-positioning purposes. The threat posed by COVID-19 has resulted in the largest numbers of transshipments recorded since the start of the UN cross-border operation in 2014, with 1,486 trucks delivering UN assistance across the Bab Al-Salam and Bab Al-Hawa border crossings in March 2020 and 1,338 trucks delivering UN assistance across the same crossings in April 2020. Even more humanitarian assistance was shipped across the border by NGOs during this time. The Logistics Cluster is making Mobile Storage Units (MSUs) available to organisations requiring augmented capacity in north-west Syria, and has requested that its partners map empty warehouses that could

be rented to address the increased demand for warehousing, as well as to identify available land that could be rented for erecting MSUs. The Logistics Cluster is further planning to put into place a network of truck fleets to enable rapid deployment of free-to-user transportation from points of entry and warehouses to final delivery points.

Advocacy is ongoing, including with the Government of Turkey, for procurement and export of critical relief items to north-west Syria, to ensure that border crossings remain open for humanitarian shipments and staff, and to enable the continued safe operation of the transshipment hubs in the face of COVID-19 countermeasures. At the transshipment hubs, precautions against COVID-19 have been implemented including staff rotations to reduce the time each staff member spends at the hub, while options to extend operating hours are being explored, to enable shipments to be spread out and to reduce the number of trucks and staff on site at a given time. To further mitigate against the risk of transmission, handwashing facilities have been increased and hand sanitisers made available at the hubs, while surfaces inside the offices are cleaned twice daily and the hubs regularly sprayed with chlorine solution. IEC materials have been made available to workers at the hubs, in addition to the delivery of informational workshops.

To ensure continued delivery of humanitarian assistance while mitigating the risk posed by COVID-19 to staff and communities, humanitarian partners are nuancing existing plans and adapting delivery modalities, including shifting to virtual platforms or phone-based engagement for coordination and interviews and for awareness raising, education, case management services, shifting from in-kind to cash distributions, as well as reducing gatherings and contact time by scaling up door-to-door distributions, consolidating distributions and increasing the number of distribution points. In collaboration with the WASH Cluster, the FSL Cluster has recommended that its members include soap in all food basket distributions, to accelerate the adequate provision of soap to all households. This is in accordance with WASH Cluster guidance to frontload soap to one 175-gram bar a week per household (or four 175-gram bars of soap per month). Humanitarian partners are also working to ensure the continued functioning of critical enabling factors such as telecommunications services, access to cash and movement of people and goods, including between Turkey and Syria.

In the NES (as of 24 April), as mentioned above, WHO has already airlifted a 20 ton shipment of medical supplies, including supplies for COVID response. This assistance was distributed to health facilities in NES, including Menbij, Tabqa and Raqqa National Hospitals, which received a limited number of ventilators and ICU beds as part of this package. Further shipments including PPEs for medical workers, trauma kits and basic medical equipment (e.g. x-ray systems) have been sent to health facilities including Hassakeh National Hospital, Al Hikma hospital, Qamishli National Hospital and health facilities in Al Hol Camp.

NES NGOs rely on a combination of local procurement for basic medical items (such as basic PPEs), procurement from KRI and international procurement. The COVID-19 outbreak has contributed to an acute shortage of essential supplies, including PPEs, medical equipment (such as ventilators) and certain medicines. Local supply chains in NES have been affected by disruption to cross-border commercial activity, while NES partners also face restrictions on procuring items in KRI for export. Additionally, disruption of commercial and airfreight services due to the closure of airports in KRI until at least 22 May have left partners unable to mobilize pipeline capacity at short notice. While partners continue to negotiate access to bring supplies into NES, they face challenges in accessing global markets to procure supplies due to their relatively limited size and centralized supply chain response mechanisms that are predominantly UN-centric. Consultations continue with a variety of key stakeholders to identify alternative sources through which NES NGOs can access essential supplies.

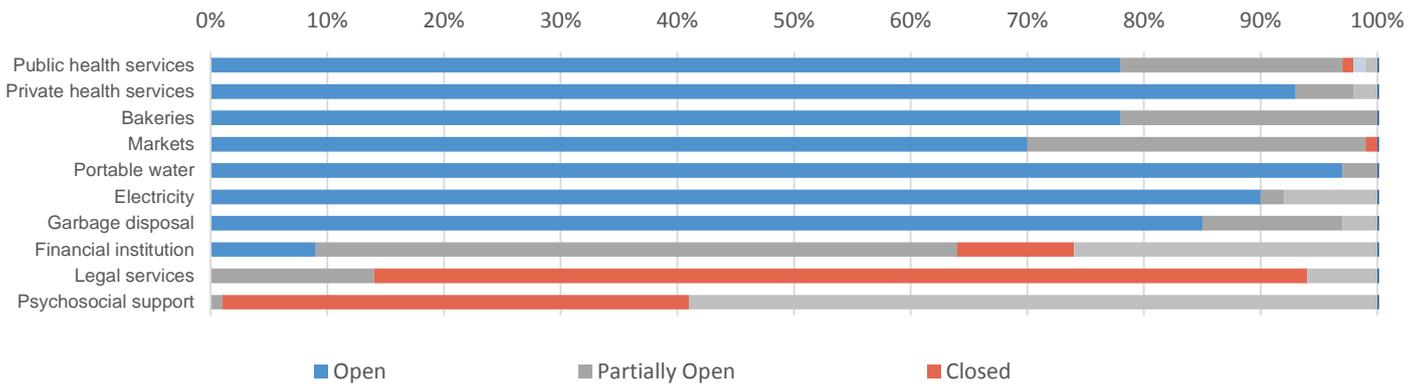
In terms of modified modalities, sectors continue to explore ways to support critical functions/ activities and mitigate risk. For the Education sector, partners are exploring home-based learning modalities and utilizing existing WhatsApp learning groups to share lesson plans and convene discussions. Over the last week, online learning for Early Childhood Care and Development as well as for formal school children was implemented in Raqqa city. The fundamental challenge remains ensuring that children and caregivers have access to internet. To ensure overall scalability of home/e-based learning, partners are looking at distributing phone credit. As well as supporting education, increasing internet and phone access can also help to support awareness raising around COVID-19.

Annexes

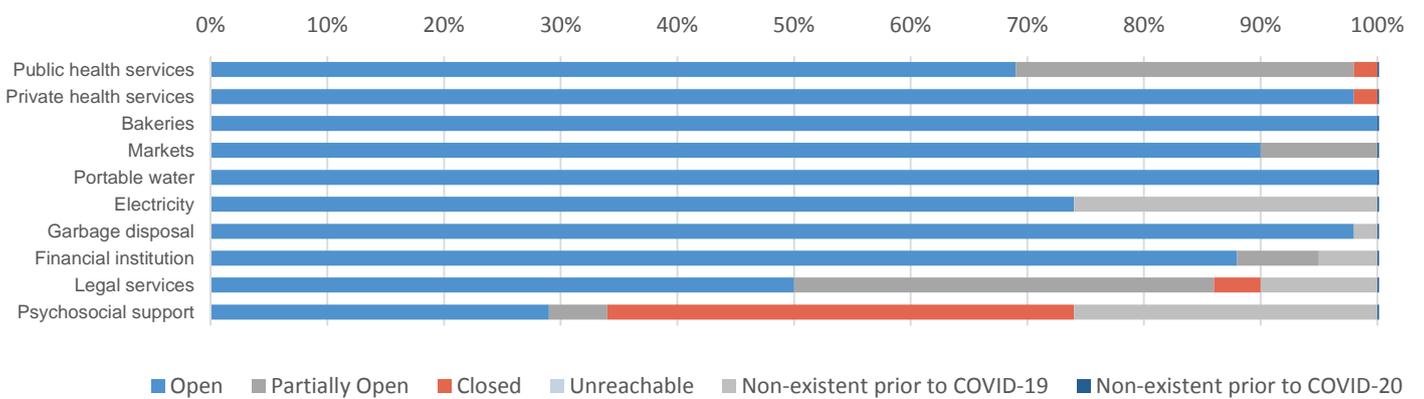
STATUS OF BASIC SERVICES

(Source: HNAP as of 27 April 2020)

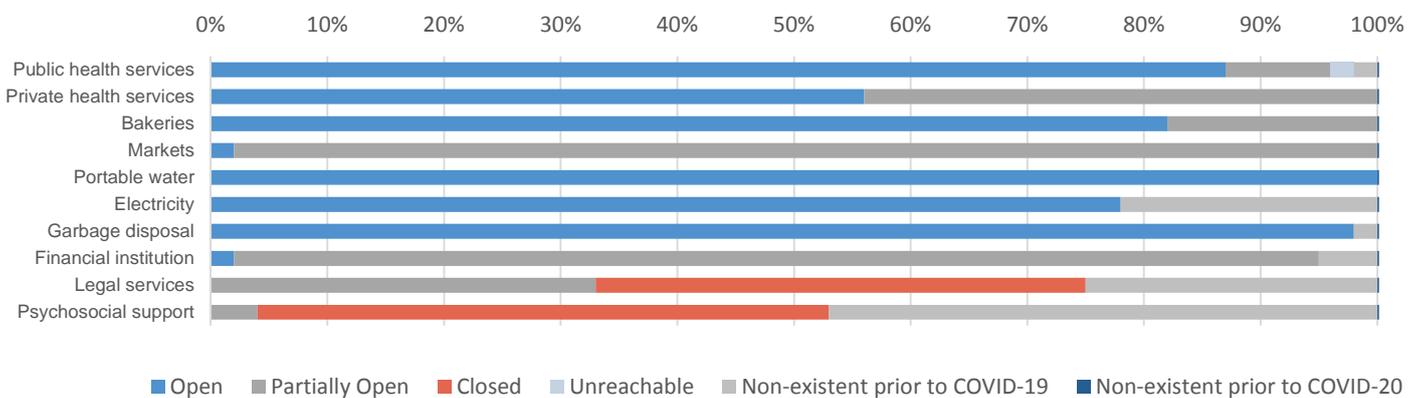
GOS



NSAG



SDF



NUMBER OF SUB-DISTRICTS IMPLEMENTING MITIGATION MEASURES

(Source: HNAP as of 27 April 2020)

MITIGATION MEASURES	GOS		NSAG		SDF	
	YES	NO	YES	NO	YES	NO
 Community lockdown (no travel)	6	190	2	40	37	8
 Total curfew (everyone stays home)	0	196	0	42	8	37
 Partial curfew (everyone stays home for certain days/ hours)	196	0	0	42	37	8
 Home isolation for symptomatic cases	61	135	1	41	16	29
 Provision of spaces in health facilities to monitor suspected cases	54	142	32	10	16	29
 Isolation in health centres for suspected cases	45	151	4	38	12	33
 Quarantine of diagnosed COVID-19 cases	12	184	2	40	6	39
 Testing for COVID-19	59	137	3	39	6	39
 Regular temperature checks (check points, public places, etc.)	34	162	20	22	20	25
 Closure of public spaces (restaurants, shops, etc.)	184	12	14	28	44	1
 Distribution of soap/disinfectant/ masks	7	189	4	38	9	36
 Disinfection campaigns	115	81	28	14	22	23
 Awareness campaigns	114	82	37	5	30	15

More Information

- General information: <https://www.who.int/health-topics/coronavirus>
- Technical guidance: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>
- 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))
- Global research on coronavirus disease: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>
- Advice for public: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- Infection prevention and control during health care: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)
- Guidance for Pregnant and Lactating Women: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html> <https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know>
- Guidance on Rational use of Personal Protective Equipment for COVID-19: [Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/rational-use-of-personal-protective-equipment-for-coronavirus-disease-2019-(covid-19))
- Advice for international travel and trade: <https://www.who.int/ith/2020-24-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/> Introduction to COVID-19 online course: <https://openwho.org/courses/introduction-to-ncov>
- Statement of WHO General Director on COVID -19: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---3-march-2020>
- how to talk to your child about COVID-19: <https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-19>

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