



847

 total confirmed cases

533 Active cases

268 Recovered

46 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 15 August 2020.

HIGHLIGHTS

- As of 4 August, the Syrian Ministry of Health (MoH) confirmed 847 people tested positive with COVID-19, including 46 people who died and 268 who recovered.
- In north-west Syria (NWS), 36 people with COVID-19 have been identified as of 3 August, including 19 cases in Idlib and 17 in Aleppo governorates. No deaths have been reported.
- As of 4 August, 34 people with COVID-19 were reported in north-east Syria (NES), including one death and five people who recovered.
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps and informal settlements in NWS and NES, collective shelters throughout the country, as well as other areas, including Deir-Ez-Zor, and where hostilities may be ongoing making sample collection more challenging.
- As of 24 June, 12,416 COVID-19 tests have been performed in laboratories in Damascus, Aleppo, Homs and Latakia governorates. In addition, 3,543 COVID-19 tests have been performed in Idlib National lab for samples from Idlib and northwest Aleppo countryside as 3 August 2020.

SITUATION OVERVIEW

To date, the Syrian MoH has reported 847 people with COVID-19. Of these, Damascus reported the highest number of cases (463), followed by Rural Damascus (181); Aleppo Governorate (41); Quneitra Governorate (40); Latakia (36); As-Sweida Governorate (28); Homs Governorate (25); Dar'a Governorate (12); Tartous Governorate (11); as well as Hama Governorate (10).

Of the total cases, 104 cases were reportedly imported as of 24 July, with 203 reported as secondary cases (exposure/contact with a known case). According to available MoH data, nearly 28 per cent of cases required hospitalization, including, in some cases, oxygenation or mechanical ventilation in ICU units.

Of particular concern is the number of cases involving health workers. On 3 August, three health workers reportedly tested positive for COVID-19 at the Al-Hol IDP camp in Al Hasakah Governorate. The contact tracing process is ongoing. As a precautionary measure, only critical staff, with personal protective equipment (PPE), are allowed to operate inside the camp.

As of 24 July, 44 health care workers (eight per cent of reported cases) tested positive for COVID-19, according to the Syrian MoH, an increase of 26 since the previous report. Of these, 34 were in Damascus, six in Rural Damascus Governorate, two in Aleppo Governorate, and one each in Quneitra and As-Sweida governorates.

In NWS, the per centage of healthcare workers affected is significant, as the case index was a doctor. Of all cases, 17 (47 per cent) are health care workers.

This highlights the particular risks faced by healthcare workers; and underscores – given Syria's fragile healthcare system with already insufficient numbers of qualified healthcare personnel – the potential for its overstretched healthcare capacity to be further compromised.

Of the 46 fatalities in Government of Syria (GoS)-controlled areas, 37 were in Damascus; three was in Rural Damascus; two were in As-Sweid'a; two were in Homs; one was in Aleppo; and one was in Qunietra;

As of 24 July, the Syrian MoH reported 12,416 tests had been conducted by the Central Public Health Laboratory (CPHL) in Damascus and the public health laboratories in Aleppo, Lattakia and Homs. The enhancement of laboratory and case investigation capacity across Syria, including in NES, remains a priority, as does the timely communication of all information relevant to the safeguarding of public health.

Since mid-April, there have been 34 confirmed cases of COVID-19 in NES, resulting in one death and five recoveries as of 4 August. To date, there has been one confirmed cluster of COVID-19 cases, centered on the Al Amran neighborhood of Al-Hasakeh. There has been no confirmed community-level transmission reported.

But despite the limited number of reported cases, the risk of large-scale transmission in NES remains high. Following the announcement of four new cases on 23 July, local authorities in NES reinstated a partial curfew. Included in this was the banning of all mass gatherings, including weddings and funerals, while restaurants are now limited to take-away service only. Authorities also emphasized the importance of personal preventive measures, such as physical distancing. Additionally, effective immediately, no corpses are permitted to be transported into NES. While the border has been closed from 24 July, it's understood that weekly humanitarian exemptions will be maintained.

The preventive measures came into force with immediate effect for an initial period of initial 15 days. Further clarification is being sought from NES authorities on a number of issues, including humanitarian exemptions, movement between administrative areas, as well as the possible adoption of more stringent measures, including localized lockdowns in areas most affected.

Of the four NES cases reported on 23 July, all reportedly suffered from underlying health conditions, and none had had contact with each other (i.e. the possibility of multiple separate clusters). Three of the cases (all in Qamishli city) had no travel history, while the confirmed case in Hassakeh city had reported recently travelled from Damascus. Each of the cases is reportedly self-isolating in their homes, with immediate contacts/family members also under quarantine. Contact tracing is continuing for all these cases, with all close contacts to be asked to undergo a polymerase chain reaction (PCR) test and self-quarantine for 14 days.

There is particular concern that medical personnel may have had sustained/unprotected exposure to at least one of these cases, with efforts underway to alert and isolate workers who may have been exposed. To this effect, an emergency meeting of the NES Forum COVID-19 TF technical committee was convened on 23 July. A series of priority actions were identified focusing on the activation/reactivation of capacities (e.g. isolation facilities, community messaging, rapid response teams (RRTs), sample collection/transportation), aggressive isolation of cases and transmission prevention, implementation of rigorous controls/ restrictions at points of entries (PoEs) and enhanced diagnostic capacity. Recommended actions were shared with local authorities and humanitarian partners, with further discussions to be convened in the coming days to support local implementation.

Meanwhile, the ongoing impacts of displacement, military operations, security hazards and nine years of conflict in both NES and NWS are increasingly being compounded by the rapid devaluation of the Syrian Pound (SYP) and the COVID-19 pandemic.

As of 3 August, 36 people with COVID-19 have been identified in NWS, with the first positive result recorded in Bab Al-Hawa on 9 July. Of these, 19 were from Idlib and 17 were from Aleppo. Since 9 July, 20 patients have recovered while 16 cases remain active. To date, 32 cases developed mild symptoms and 4 cases were asymptomatic. Out of total 36 cases, 23 (64 per cent) have recovered, with 3 cases having recovered in the past 24 hours.

As of 3 August, a total of 1,551 samples have been tested since reporting of the first case from NWS, with a test positivity rate of 2.3 per cent. Contact tracing is continuing for all positive cases and health partners are focusing on interrupting virus transmissions and reducing secondary infections.

NWS COVID-19 taskforce members have expressed their concerns over violations of coronavirus preventive measures during the Eid al-Adha holiday. The NWS might face a growing number of clusters of COVID-19 cases in two weeks time, given an incubation period of up to 14 days for the disease after exposure. Precautions against a potential spread of the virus have been scaled up in response to identified cases, including restrictions on movements, gatherings, commercial activities, and in-person education services. These measures are crucial to contain transmission, though they may intensify humanitarian need by complicating humanitarian response and through their impacts on local markets, income-generating opportunities and vital services. A total of 159 hospitals and primary health centres (PHC) have been equipped with COVID-

19 triage systems, and four community-based treatment centres (CCTC) have been operationalized to treat patients with mild-to-moderate cases of COVID-19. Humanitarian actors continue to adapt how they work in order to assist people in need while minimizing transmission risks for themselves and local communities, suspending services only when no safe solution is available.

PREPAREDNESS AND RESPONSE

Hub-level preparedness and response planning

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

The current key priorities in Syria are:

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

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

As the UN supports national preparedness and response in Syria, the specific country context continues to pose considerable challenges. This includes: a fragile health system lacking sufficient personnel; infrastructure and existing essential equipment; insufficient water and sanitation infrastructure; significant existing vulnerable populations reliant on humanitarian assistance such as refugees, asylum-seekers and IDPs; challenges accessing certain areas including due to ongoing hostilities; fragmented governance; challenges for humanitarian workers to move freely to support and implement humanitarian programmes due to preventive measures, including border restrictions and challenges procuring essential supplies including due to border restrictions, a deteriorating economy and competition for local supplies. As the response expands, there is a greater need to enhance the surveillance system and increase national laboratory capacity at sub-national level, in order to accommodate more timely diagnosis of more samples from a greater range of geographical locations.

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

As part of its COVID-19 support, the [Syria Humanitarian Fund](#) has commenced disbursement of US\$23 million for 32 approved projects across the Health (\$12.5 million) WASH (\$4.3 million), Protection (\$2.3 million), Food (\$0.04 million) and Logistics sectors (\$0.2 million), including \$2.85 million, while the [Syria Cross-Border Humanitarian Fund \(SCHF\)](#) will allocate an additional US\$6 million to procure essential PPE to support the continuation of non-health and health frontline activities. (Note NES XB NGOs have no access to this funding stream.)

Crisis-wide planning, coherence and advocacy

The first Preparedness and Response to COVID-19 Monitoring Report was issued on [14 July](#): The report summarizes progress and gaps against agreed targets for COVID-19 preparedness and response efforts by humanitarian partners in Syria, as consolidated across all operational hubs. Monitoring of the COVID-19 response will be gradually expanded as current monitoring systems are being adjusted.

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

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

Access Restrictions

As of 26 July, there has been a general easing of preventive measures introduced in May 2020 to avoid the spread of COVID-19 despite the institution of several new restrictions. Most land borders into Syria remain closed, with some limited exemptions. Access through crossing points inside Syria also continue to be largely restricted, with some exceptions for humanitarian and commercial cargo, humanitarian personnel, students, and medical cases.

International commercial passenger flights remain suspended, but international repatriation flights landing in Damascus and Lattakia airports are ongoing. About 2,950 people have been repatriated out of some 10,000 who are reportedly registered. Meanwhile, domestic cargo and passenger flights continue to operate, including by the UN Humanitarian Air Service (UNHAS). At port facilities at Tartous and Lattakia, precautionary measures, including mandatory sterilization procedures and the maintaining of minimum staff have resulted in a slowdown in operations.

On 11 July, the GoS announced new entry requirements from Lebanon to Syria, enabling Syrian citizens abroad to enter after providing proof of testing negative for COVID-19 using PCR at the border. Around 2,000 Syrian nationals have reportedly returned in recent weeks, mainly through the Maasna border crossing point. In late July 2020, PCR tests for Syrians travelling abroad began in four specified centers in Damascus.

Meanwhile, the border with Jordan remains completely closed. Access to Rukban from within Syria remains under discussion with the various parties while individual departures are being catered to, particularly emergency medical cases. The border with Iraq also remains closed, except for the movement of humanitarian personnel, students and medical cases with specific quarantine requirements instituted upon arrival.

In GoS-controlled areas, the daily curfew and travel ban between and within governorates remain lifted. Most public spaces remain open, with some localized lockdowns following the identification of COVID-19 cases. Between 13 and 22 July, several new restrictions were announced by ministries to limit the spread of COVID-19, including inter alia a reduction on daily court sessions, the closure of in-door weddings and condolence gatherings, and the announced suspension of Eid Al Adha prayers and all religious teaching seminars in Damascus and Rural Damascus governorates. At the same time, the Minister of Health publicly stated that broad-based restrictions would not be re-imposed due to economic and social impacts.

Approximately 2,985 students who had arrived to sit for the national high school exams continued to return whilst planning is underway for some 15,000 ninth grade students and chaperones who are estimated to arrive from cross-line areas to sit for examinations.

In NWS, individual crossing to and from Turkey remains restricted while humanitarian and commercial deliveries are authorized. On 9 July, the first positive COVID-19 result was recorded in Bab Al-Hawa. Since then, precautions have been scaled up in response to the identified cases to contain COVID-19 transmissions, including restrictions on movements, gatherings, commercial activities, and in-person education services. On 11 July, the UN Security Council adopted Resolution 2533, extending cross-border UN assistance from Turkey to NWS through the Bab Al-Hawa border crossing for another 12 months. The Bab Al-Salam border crossing remains open for commercial traffic, while closed for UN transshipments. On 20 July, Bab Al Hawa in Idleb partially re-opened for humanitarian workers and emergency medical cases to cross to Turkey after a week's closure following reported cases of COVID-19 in Idleb. On 27 July, the Ghazawiyet/Daret Azza – Deir Ballut/Atma internal crossings connecting the Idleb area and northern Aleppo Governorate were reportedly reopened. Both crossings had been closed on 17 July as a precaution against the spread of COVID-19.

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.

WHO continues to hold daily meetings in Damascus and weekly Health Sector coordination meetings/operational calls to monitor the implementation of the COVID-19 preparedness and response plan (PRP, while OCHA Syria continues to engage the Inter-Sector Coordination team in Damascus to coordinate the response within Syria.

Weekly operational calls on NES are ongoing, including on enhancing and strengthening preparedness and response efforts at PoEs. In addition, sectors, including WASH, health, logistics, protection, nutrition, food security, shelter and non-food items (NFIs) continue to undertake national and sub-national level meetings to support coordinated response planning, as well as coordinating with authorities.

Key activities include developing sectoral-specific guidance on risk mitigation, information dissemination amongst partners, and the development of sector-specific response plans incorporated in the operational response plan. Over the reporting period, sectors continued support to students sitting national exams, including humanitarian support to students who travelled cross-line to GoS-controlled areas, including their safe return post-exams. Partners are planning to provide support to a second batch of students to sit their ninth grade national exams, expected to occur next month.

The UN RC/HC and WHO Country Representative continue to engage senior officials on the COVID-19 response, including with the Deputy Minister of Foreign Affairs, the Minister and Deputy Ministers of Health, the Ministers of the Ministry of Local Administration and Environment (MoLAE) and Ministry of Education, as well as the International Committee of the Red Cross (ICRC) and Syrian Arab Red Crescent (SARC).

On 16 July, a joint Ministerial-UN COVID-19 multi-sectoral working group meeting was held, where the WHO Representative highlighted the need to increase and strengthen surveillance, testing, isolation and contact tracing to mitigate the spread of COVID-19; in addition to the role of – Risk Communication and Community Engagement (RCCE) to make information and advice available to communities in “real time”.

During the reporting period, a team of experts from the WHO Regional Office for the Eastern Mediterranean (EMRO) concluded a technical support mission to Syria. The team met with MoH and Ministry of Higher Education (MoHE) officials; the recommendations of the mission have been shared with relevant partners, including the MoH and an action plan is being developed.

In NWS (as 4 August), there continues to be weekly COVID-19 taskforce meetings alongside bi-weekly Health Cluster meetings with regular attendance by health partners. The last Health Cluster meeting held on 30 July was dedicated to COVID-19 response pillars focal points/working groups updates to all partners.

The Health Cluster launched an interactive COVID-19 [Dashboard](#) where daily updated information is available for all stakeholders.

Multiple meetings took place with Turkish Syrian taskforce leads, the Turkish Health Directorates of Hatay and Killis. The meetings aim to strengthen coordination and the COVID-19 response, particularly in areas in the northwest countryside of Aleppo.

Sharing of key operational information is ongoing and a unified COVID-19 response in support to the NWS NGOs is coordinated amongst all stakeholders.

Risk Communication and Community Engagement

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

Working closely with WHO and the Syrian MoH, the Group has developed and widely disseminated a multi-component package, including a tool kit of key messages covering a wide range of issues related to COVID-19. The Group has also finalized online training materials in Arabic and trained several partners in NES, as well as other parts of the country.

As preventive measures have been lifted across Syria, the RCCE is working with partners to continue to engage the public on the ongoing risks of COVID-19 and to promote behavioral initiatives such as hand and respiratory hygiene, physical distancing and voluntary quarantine/isolation where feasible and appropriate.

While cumulative RCCE efforts to date have reached over 12.5 million people, survey information, in addition to anecdotal evidence, suggests risk perception across Syria is very low and there has been considerable lack of adherence to individual preventive measures observed in some communities. Going forward, the RCCE is planning a new range of information, education and communication (IEC) materials and a second phase of social media campaigns to build on previous efforts.

In a meeting with authorities during the reporting period, it was agreed that key messages going forward should include the assistance to the elderly; and the necessity for the elderly to remain at home where possible. In addition, WHO and UNICEF, together with the Ministry of Information (MoI), are planning to undertake a knowledge, attitudes and practices (KAP) survey to measure the impact of RCCE interventions on community behavior, as well as attitudes and practices. The survey is expected to be completed in two to three weeks. As detailed in previous reports, development, printing and distribution of

IEC materials, in addition to awareness raising on social media, WhatsApp, radio and television channels, as well as direct community engagement/person-to-person, including during distributions and in mosques and churches, is continuing.

Other channels, including through the Smart Card/Takamol application and online interactive quizzes, are also being utilized, with an estimated cumulative reach of approximately 12.5 million people. Direct awareness raising through teams at distributions and door-to-door continues, as does engagement at universities, of religious leaders in mosques, and with church networks.

In addition to support detailed in previous reports, WHO continues to provide technical support for the MoH COVID-19 Dynamic Infographic Dashboard for Syria, available in Arabic. As also detailed in prior reports, UN agencies, specific sectors and partners continue awareness-raising activities during existing programmes (such as distributions) and/or as separate initiatives, including through social media campaigns. WHO and UNICEF are incorporating RCCE sessions in all COVID-19 trainings for frontline workers.

Also during the reporting period, UNICEF supported newborn care at home workshops in five northern governorates, including COVID-19 awareness, in addition to four group awareness sessions and door-to-door visits on COVID-19 and nutrition. Moreover, WHO shared with the MOH, MOI, MOE and other health partners the Arabic version of the educational materials of the Safe Eid al Adha practices in the context of COVID-19 to be widely disseminated before and during the Eid period.

UNICEF-supported C4D teams continue to promote physical distancing as well as awareness raising in public health and service facilities across the country. The UN Population Fund (UNFPA) also continues to conduct awareness raising in its reproductive health clinics and mobile teams in 13 governorates. In addition, UNHCR report that in the reporting period, 2,421 outreach volunteers reached approximately 40,506 people across 13 governorates on awareness raising, including more than 1,900 physical visits, with appropriate precautions, to the most vulnerable individuals in need of support who can not be reached through other modalities. Trainings and regional outreach is also ongoing.

In Homs, partners have concluded a 10-day campaign on risk communication and community engagement, with 74 health workers trained on COVID-19-related risk communication principles and communication skills over five days. In Deir-Ez-Zor, one partner, in collaboration with SARC, went door-to-door to 889 households to provide awareness raising, including on symptoms and preventive measures. In NES, awareness campaigns and trainings of partner staff, including in camps, IDP settlements and collective shelters are ongoing.

Over the reporting period, UNICEF supported 15 focus group discussions, in addition to awareness sessions and hygiene promotion for 200 community leaders in Al-Hol. Interactive and edutainment activities were also conducted for 350 children. In addition, UNICEF supported a mine risk education and COVID-19 campaign in Areesha camp, including the training of 65 community volunteers.

In NWS (as of 3 August), a new public message was circulated and shared with the COVID-19 taskforce to announce the onset of the outbreak and emphasize protection measures with additional IEC from UNICEF and other partners made available online.

WHO has provided community health workers (CHWs) with a new checklist of eight points to use during sessions: These include, provide information about the first COVID-19 case; (2) recite the agreed public message of 10 July; (3) confirm that the number of possible contacts of confirmed cases is unknown; (4) confirm that if in contact with BAH hospital then record contacts, provide info, request self-isolation and check on them for symptoms every two days; (5) record the info of any household that came from outside NWS within the past 14 days, and check on them for symptoms every two days; (6) inform that health facilities are limiting work to emergency cases, and appointments are required before visiting; (7) stress on previous messages; (8) stress on CHW commitment to infection prevention and control (IPC) measures.

Focal points in specific sub-districts have been dispatched to talk to local communities to start suspending gatherings. In Harim, the bazaar/marketplace has been suspended.

Through the COVID-19 Awareness Team, official media outlets have been identified for local communities in order to prevent the spread of public misinformation.

A letter has been circulated from local health authorities to advise the reduction of PHC visits and required appointments, and a letter to avoid sharing names of COVID-19 cases without permission.

Key messages have been updated with inputs from IPC, including: COVID-19 information for the public; COVID-19 recommendations for community leaders; prevention for CHWs and awareness-raising teams; prevention in offices; and prevention during training sessions.

Sub-districts with low CHW and volunteer coverage have been identified and 25 CHWs have been trained in contact-tracing. Other priorities include the training and fast track appointment of new CHWs, the scale up of the provision of personal protection equipment (PPE) for CHWs, and the expansion of call centre capacity from three call centres to nine.

The WHO mental health and psychosocial support (MHPSS) helpline established in April 2020 is currently receiving an average of 133 calls per month. Specific MHPSS IEC materials have been created for implementation at the community-level, including specific materials for the community in general; children and parents; elderly people and their families or caregivers; people working in COVID-19 response and their management/team leaders; people who are identified with COVID-19 and isolated in their houses or in a medical facility; and people with physical or intellectual impairment and their families or caregivers.



Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the Syrian MoH with technical teams meeting daily. Severe acute respiratory infection (SARI), one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria.

Currently, 1,271 sentinel sites report cases through the EWARS system across all 14 governorates. With the support of WHO, the Syrian MoH is conducting active surveillance utilizing a network of surveillance officers across 13 governorates, who are in regular contact with and actively visit private and public health facilities to monitor admissions.

Within Syria, including NES, all relevant stakeholders have agreed to collect samples through 112 RRTs for referral to the CPHL for testing (in line with similar established mechanisms for sample testing). To date, 432 rapid response team (RRT) personnel in 13 governorates have received dedicated training, including refresher training, on COVID-19 case investigation, sample collection and referral, with further trainings planned at the governorate level in July.

In NES, five RRTs are active in Al Hasakeh, five in Ar-Raqqa and four in Deir-Ez-Zor, while Menbij/Kobane is being covered from Aleppo. WHO also continue to support the Syrian MoH with contact tracing through the WHO-developed application "Go.Data". In the reporting period, WHO supported the Syrian MoH to conduct screening of suspected COVID-19 cases in Ras al-Ma'ara in Rural Damascus and Jdeidet al-Fadl in Quneitra; both areas subject to lockdown following clusters of confirmed cases.

Approximately 60 and 103 samples were randomly collected from these areas respectively. Following testing results, the lockdowns on both areas was eased. To enhance surveillance efforts, WHO is working with the Syrian MoH to simplify the case definition for COVID-19 as well as expand active surveillance beyond the existing 125 hospitals to all primary healthcare facilities.

In the reporting period, WHO supported the 25 active surveillance teams to conduct 450 visits, in addition to active finding of suspected cases. In addition, WHO further supported a session for health worker teams on case definition and prevention measures.

Plans are also underway to strengthen the existing surveillance system by developing an electronic surveillance platform for COVID-19, which will facilitate analysis of data on demand for improved evidence-based planning and intervention. Where possible, UNICEF's fixed health clinics are applying a triage system, in addition to the RRT referral pathway in coordination with WHO.

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) have also continued a triage system in their 25 health centres. As outlined in previous reports, samples continue to be collected by RRTs (99 at the district level, 13 at the governorate level) and sent to the CPHL or regional laboratories in Aleppo, Homs and Lattakia with WHO support. As of 22 July, approximately 4,300 samples had been collected from 10 governorates, including three samples from Al-Hasakeh.

In NWS (as of 3 August), the first laboratory-confirmed case of COVID-19 from NWS, involving a 39-year old male physician working in Idleb Governorate, was reported on 9 July.

To date, a total 36 confirmed cases of COVID-19 have been reported, including 19 from Idleb and 17 from Aleppo governorates. No deaths have been reported. Of these, most cases developed mild symptoms while others have remained asymptomatic. None of the cases required hospitalization and 23 cases of the cases have since recovered.

As of 26 July, 473 contacts have been identified, of which 39 were identified as new over the past 24 hours. The overall completeness and timeliness of the sentinel sites until week 29 were 95 per cent and 84 per cent respectively compared to 97 per cent and 82 per cent for the previous week.

After eight central level Early Warning, Alert and Response Network (EWARN) officers received their training of the trainers (ToT) on GoData platform (a one-stop data management package for COVID-19) by the COVID-19 Incident Management Support Team of EMRO on 17 May, they arranged a field level training for 46 participants (44 males and 2 females) on the same for them to be able to use the platform and enter data from COVID-19 cases.

To date, the number of active sentinel sites in NWS has been increased from nine during the pre-COVID situation to 113.

With regards to surveillance for COVID-19, the main challenges in the NWS include ensuring isolation of the mild/moderate cases following the standard protocol in order to prevent the community transmission, contact tracing and collection of samples from adequate number of suspects; human resources etc.

Points of Entry

The Syrian MoH has stationed at least one ambulance with medical personnel at all PoEs. To date, WHO has supported screening efforts by providing personal protection equipment (PPE), infrared thermometers, guidance notes, registration forms and one thermal scanner camera.

To reduce the risk of importing and exporting cases, WHO has developed a three-tiered strategy to enhance preparedness and response capacity at PoEs; including early detection and timely isolation of suspected cases among travelers; effective IPC measures; and establishment of multi-sectoral mechanisms for preparedness. Further, WFP, as the Logistics Cluster lead, continues to monitor ports of entry for cargo movement including operational status, capacity, new developments and restrictions. The Food Security Sector continues liaison with the Logistics Cluster to update partners with pertinent information as necessary.

In NWS (as of 24 July), WHO has strengthened measures at seven PoEs through its implementing partners, by increasing human resources, deploying a vehicle for referrals and providing equipment and supplies, including PPE.

In the first half of July, almost 152,000 travelers were screened at the seven PoEs by medical staff of WHO implementing partners.

In NWS, a total of 350 suspected cases were referred to the referral hospitals and to the community-based treatment centres. Of these, 120 were from the PoEs and 230 were from the health facilities inside in the first two weeks of July.

As of 16 July, the movement within two cross-line PoEs (Algazawya and Dir Balut) was suspended.

Laboratory

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. Rehabilitation of the CPHL to establish a designated laboratory for COVID-19 was completed in June.

To date, two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were fixed; and the laboratory generator repaired. On-site training for 24 CPHL laboratory technicians has also been completed.

In the reporting period, WHO supported refresher training for CPHL laboratory technicians and four new technicians to support expansion of laboratory capacity to include Rural Damascus. WHO has provided testing kits to the MoH since 12 February. To date, WHO has provided enzyme kits (31,240 reactions), extraction kits (27,250 reactions), screening kits (57,792 reactions) and confirmatory testing kits (1,920 tests), 52,000 swabs and viral transport medium for sample collection, and five polymerase chain reaction (PCR) machines, in addition to 5,000 waste bags and 21,000 bags for samples, and PPE for staff. WHO has further supplies and equipment in the pipeline, including four GeneXpert machines.

In addition, UNHCR is procuring one GeneXpert machine. Following WHO support for on-site training of laboratory technicians and delivery of essential supplies, COVID-19 testing is also ongoing at the Tishreen University Hospital in Lattakia, the Zahi Azraq Hospital in Aleppo, and at the public health laboratory in Homs.

As of 24 July, the Syrian MoH reported that 12,416 cases have been tested, with a current average of 226 tests performed per day. As detailed above, the GoS committed to establish laboratories in all 14 governorates. The increased capacity and decentralization of testing, including in NES, continues to be a priority for WHO to support.

In NWS (as of 3 August), a total of 3,543 samples were collected from NWS, including 1,509 from Aleppo and 2,034 from Idlib. Some 1,551 samples have been tested since reporting of the first case from NWS, with a test positivity rate of 2.3 per cent.

The total number of new samples collected in the past 24 hours was 80 (Aleppo 42 and Idleb 38). Samples have been collected from 276 individuals of whom nine were new contacts whose samples were collected in the past 24 hours.

Three laboratory staff had their refreshing laboratory training for COVID-19 laboratory diagnosis and respiratory viruses in National Virology Laboratory of MoH of Turkey in Ankara on 27-29 July.

As part of decentralized sample collection, staff from three COVID-19 designated hospitals (Al Zerat Hospital, Al Shams and Kefartor Karim hospital) were trained by EWARN team on sample collection, handling and shipment methods. Procurement of different laboratory consumables is currently in process.



Infection Prevention and Control

Partners continue to work closely with authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors continue health facility assessments to gauge IPC capacity, with many implementing IPC measures, including adhering to social distancing, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

Similar efforts are underway to reduce risks in collective shelters. Shelter sector partners in coordination with MoLAE continue assessments (including interagency missions) to determine needed repairs to address issues such as overcrowding, poor hygiene and inadequate sanitation facilities, with upgrades completed in 21 shelters to date. WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers.

To date, WHO has delivered more than 2.5 million personal protection equipment (PPE) items, including surgical masks, gloves, reusable heavy-duty aprons, gowns, head covers, alcohol hand-rubs, medical masks, goggles and coveralls, and alcohol hand-rubs. In the reporting period, UNICEF also provided PPE to hospitals in Damascus and Rural Damascus, including 77,500 surgical masks, 4,850 hands sanitizers, 7,200 disposable non-woven surgical caps, and 1,550 boxes of 100 glove pairs. UNICEF, including in its capacity as the WASH cluster lead, continues to engage with partners to strengthen IPC in healthcare facilities, schools and learning spaces, youth centres and communities, in addition to regular WASH services.

To date, UNICEF has supported light rehabilitation of WASH systems in 15 quarantine and isolation facilities across the country, including Al-Hol, with plans to rehabilitate WASH facilities at a new isolation centre in Damascus underway. As previously reported, additional light rehabilitation of WASH facilities was also completed in the Dweir quarantine centre.

As part of ensuring appropriate IPC measures during national examinations, WASH sector partners supported light rehabilitation of WASH facilities at accommodation and examination centres and the provision of WASH items to all accommodation and exam centres; in addition to PPE, hand sanitizers, dignity kits and relevant awareness raising.

With ninth grade exams expected to take place next month, WASH partners are coordinating to prepare for similar assistance, with planning to include to support approximately 15,000 students who will travel cross-line.

As previously reported, UNDP continue to support WASH rehabilitation in three healthcare facilities identified as isolation centres in Tartous, Damascus and Dar'a, with plans to further support rehabilitation (including WASH) at an additional 14 health facilities in all governorates.

One partner has now completed rehabilitation of the quarantine centre in Deir-Ez-Zor, and light rehabilitation of WASH systems at two facilities in Dar'a and Deir-Ez-Zor. Also as previously detailed, WASH sector partners continue to deliver increased quantities of soap and hygiene kits. In the reporting period, UNICEF in collaboration with SARC continued distribution of family hygiene kits in areas of Idleb Governorate, including 3,250 people in Abo-Al Dohur, and an additional 12,092 people in Sinjar.

In addition, UNICEF continue support to water trucking, including 800 m³ daily to IDPs in Eastern Ghouta, an increase of 200 m³ daily to five camps in northern rural Aleppo to support increased hand washing, and 1,000m³ daily to Al-Hol and Al-Hasakeh city. Training in IPC and use of PPE also continued.

WHO supported a further four workshops on IPC measures in Damascus, with 100 healthcare workers trained on triage, IPC/PPE measures and case management for SARI cases when COVID-19 is suspected. In addition, WHO further supported one-day workshops on triage, IPC/PPE, case definition and referral pathways at 226 primary health care centres in 13 governorates, and a further 50 healthcare providers at isolation hospitals on IPC and waste management. UNICEF supported training for 86 NGO health workers and programme volunteers on IPC measures and rational use of PPE in Homs. As detailed in previous reports, the United Nations Relief and Works Agency for Palestine Refugees in the Near East UNRWA continues to support increased sanitation activities through 120 sanitation labourers (18 recently recruited) at the nine official and accessible Palestine refugee camps (and one informal camp). In cooperation with General Administration for Palestine Arab Refugees (GAPAR), water provision is currently being enhanced at the camps.

The UN Development Programme (UNDP) continues to support municipalities in solid waste collection and removal activities, with 342 workers recruited in Al-Hasakeh to support solid waste removal and collection, and support to rehabilitation of wells and pumping stations also continues. UN-HABITAT also continued three projects in Homs and Hama to improve the community capacity to respond to a potential outbreak of COVID-19, including provision of solid waste containers, and cleaning campaigns.

In NWS (as of 30 July), the WHO case management TF subgroup updated and finalized triage screening questionnaires based on the cluster-confirmed cases reported in NWS.

Referral pathways for suspected and confirmed COVID-19 cases have been established based on WHO guidelines, in which the case management team will provide online briefings addressing the essential steps that need to be followed and endorsed for all health facilities in NWS.

WHO, in coordination with the International Organization for Migration (IOM) and the WHO implementing partners agreed to reassess the triage system in health facilities, particularly those located in red zone western areas of rural Aleppo, Dana, and Idleb districts. Assessment questionnaires were finalized on 17 July. A WHO partner will conduct an orientation session focusing on the IPC standard precaution measures and provide a full briefing on the survey questionnaire tool. Survey activities are expected to take place in early August 2020.

The WHO partner will continue conducting field visits to the health facilities and provide on-the-job training and coaching to endorse the IPC standards measures at the visited health facilities.



Case Management

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

To support the Syrian MoH's plans to establish quarantine and isolation for treatment centres in all governorates, WHO completed inter-sectoral mapping in coordination with departments of health. To date, humanitarian partners have been informed by local authorities of 34 identified quarantine facilities and 50 isolation spaces in 13 governorates. At the central level, the MoH has announced 23 isolation centres are currently running, with a cumulative capacity of 1,018 beds, including 841 isolation beds, 177 ICU beds, and 149 ventilators. The 30 quarantine centres are reported to have 5,774 beds. In the reporting period, information has been received indicating that some patients have been requested by some isolation centres to quarantine at home.

Since 28 April, repatriation flights for Syrian nationals have progressively arrived, with approximately 2,940 nationals – out of around 10,000 who registered – repatriated from various locations to date. During the reporting period, a repatriation flight from Iraq arrived, carrying approximately 250 Syrian nationals, who remain in quarantine. Given that even the most advanced health systems globally have been quickly overwhelmed, the priority remains on providing support to and reinforcing isolation facilities.

As outlined previously, UNDP is supporting rehabilitation at three hospitals. One partner has completed light rehabilitation of WASH systems at isolation centres in Dar'a and Deir-Ez-Zor. As outlined in the previous report, WHO delivered 85 tons of medical supplies by road from Damascus to Qamishli, to be distributed to various health facilities and health authorities for health partners in NES.

To date, 52 tons has been distributed to 17 hospitals, including seven in cross-line areas, two private hospitals serving as referrals for Al-Hol, six supported by NGOs operating in NES, and two hospitals in areas of government control. Of the 571 emergency health kits delivered to date, over 70 per cent was delivered to health facilities in cross-line areas. An additional 17.4 tons was delivered to other partners including SARC. Distribution of the remaining 33 tons covering more than 40 primary health care facilities is ongoing. WHO continues to deliver case management trainings (resuscitation and ventilation management).

In the reporting period, WHO supported specialist training for 175 healthcare workers from five governorates, targeting doctors, nurses and anesthesia technicians working in intensive care unit (ICU) and emergency departments. In NES, there are up to 21 prepared isolation centres for moderate-severe cases, with five currently operational (approximately 309 out of 975 available beds). A further two facilities are planned by NGO partners, with funding yet to be secured, and a further two or three by local authorities, with work still not started or in very initial stages. In addition, sectors have completed an isolation centre in Al-Hol.

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

In NWS (as of 3 AUG, there are nine hospitals designated for COVID-19 response, five of which are fully operational and receiving suspected cases. Of the five, three are in Idleb and two in Aleppo under the Turkish health authority's management. WHO continues to support two COVID-19 designated hospitals to include Alza'a Hospital in Idleb city with a capacity of 10 intensive care unit (ICU) beds and 15 hospital beds and Dana hospital with 20 ICU beds and 20 hospital beds. During this reporting period, both hospitals received a total of 14 COVID-19 suspected cases. All results were determined to be negative and patients were discharged or referred to non-COVID-19 facilities for further treatment.

WHO has finalized standard operating procedure (SoPs) on the roles of psychosocial workers (PSWs) in 30 COVID-19 treatment centres across the NWS.

A total of 96 primary health care doctors and nurses have completed the package of essential non-communicable disease Interventions (PEN) training, and 48 psychosocial workers have completed mental health and psychosocial support training, and 48 pharmacists have completed non-communicable diseases pharmacy management training.

For continuity of care during COVID-19, an online training for psychologists in NWS was conducted in early July by experts regarding topics on intellectual disability and post-traumatic stress disorder (PTSD)

Operational Support and Logistics

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

WHO has established the Supply Chain Coordination Cell to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring. WHO has also established three buyers' consortia – a PPE Consortium, a Diagnostics Consortium, and a Clinical Care Consortium – to ensure that some critical supplies are reserved to meet the requests of countries most in need.

The COVID-19 supply needs from all hubs have been shared with WHO EMRO for compilation and submission to the Global COVID-19 Supply Chain Taskforce (TF) for consideration, a multi-stakeholder body to coordinate demand, procurement and allocation of supplies for low- and middle income countries. The RC/HC has also designated a dedicated Supply Chain TF Coordinator for within Syria who will oversee and validate related requests for Damascus-based partners uploaded onto the system.

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

Within Syria, distributions and service delivery have been rapidly adapted. WFP alone has 1,600 distribution points within Syria. Work is ongoing to adapt modalities in order to decongest distribution sites. Other options being utilized include combining distributions; with modalities shared across networks to ensure all sectors can adapt where possible. The Logistics Cluster is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to identify bottlenecks. Furthermore, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in fortnightly consultations with partners, including cluster coordination and Supply Chain working group meetings, and engaging with the PWG to keep an overview of any potential downstream supply needs. Finally, WFP Headquarters will notify the Logistics Cluster as and when COVID-19 related items from any humanitarian organization are in the pipeline for Syria through WFP's Global Service Provision.

In addition to close liaison with the Whole of Syria Health Cluster, this will provide the Logistics Cluster with full visibility on the upstream pipeline for COVID-19 related supplies. Through funds received by the OCHA COVID-19 reserve SHF allocation, WFP, as lead agency of the Logistics Cluster, is now providing access to an UNHAS service, including air cargo transport, from Damascus to Qamishli.

In NWS, WHO has delivered a total of 300 infection prevention and control kits (including disinfectants, chlorine solution, liquid soap, etc.) to cover a three-month supply for 120 health facilities in NWS, as well as 40,000 surgical masks, 79,000 pairs of examination gloves, 1,000 face shields and 400 protective goggles.

A survey on COVID-19 related supplies has been created to collect facility-based data on stock, consumption, pipeline for June 2020 from 17 NGO partners. Data will be analyzed identify the gaps to plan for procurement and distribution.

A total of 135 PPE kits has been distributed to the active triage points to cover the needs of one month.

One CCTC and one isolation hospital have been provided with PPE and IPC materials for one month. Also PoEs have been received a two-week supply of PPE.

Under the COVID-19 taskforce, a survey was developed to track the gaps in PPE and IPC materials. Findings from 17 participating NGOs supporting 124 health facilities as of 30 July are as follows:

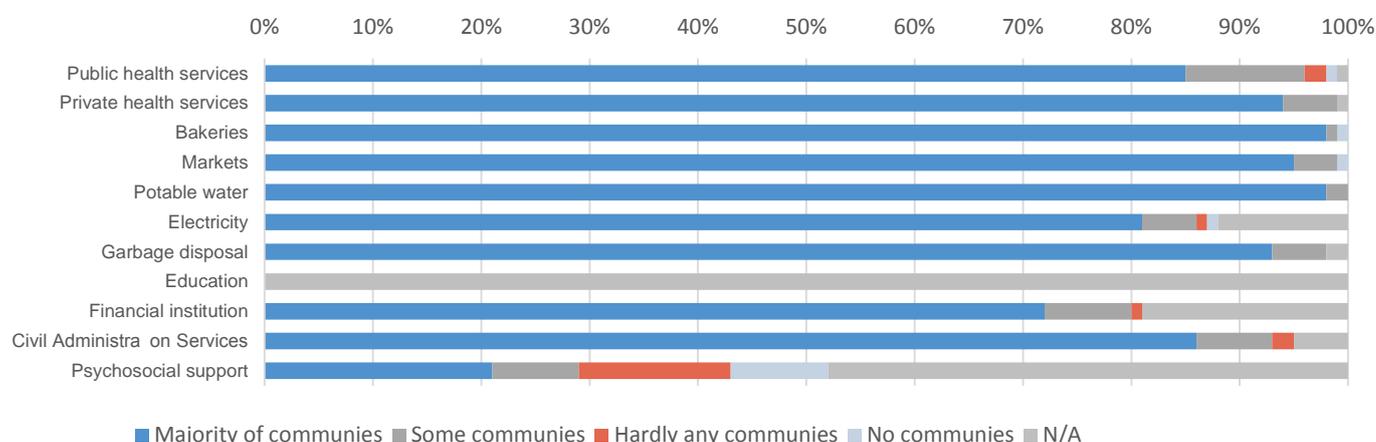
Indicators/Activities (Type of Assistance)	Unit	# of items required	Distributed	In stock	Pipeline	Gap
IPC (Est. 5-month needs)	kits	1,050	0%	27%	0%	72%
Gloves, examination (Est. 5-month needs)	pairs	19,304,295	4%	3%	12%	82%
Gown, protective (Est. 5-month needs)	pcs	559,560	1%	21%	18%	60%
Goggles, protective (Est. 5-month needs)	pcs	41,844	3%	66%	63%	0%
Mask, N95 (Est. 5-months needs)	pcs	472,860	1%	54%	46%	0%
Mask, surgical (Est. 5-months needs)	pcs	4,665,660	5%	27%	29%	39%
Face shields	pcs	48,720	26%	45%	132%	0%

With support from the SCHF, in the pipeline 15 continuous positive airway pressure (CPAP) therapy machines to help in respiration and 75 ventilators are to be delivered, as well as 69 oxygen concentrators and PPE from WHO valued at US\$2.7 million.

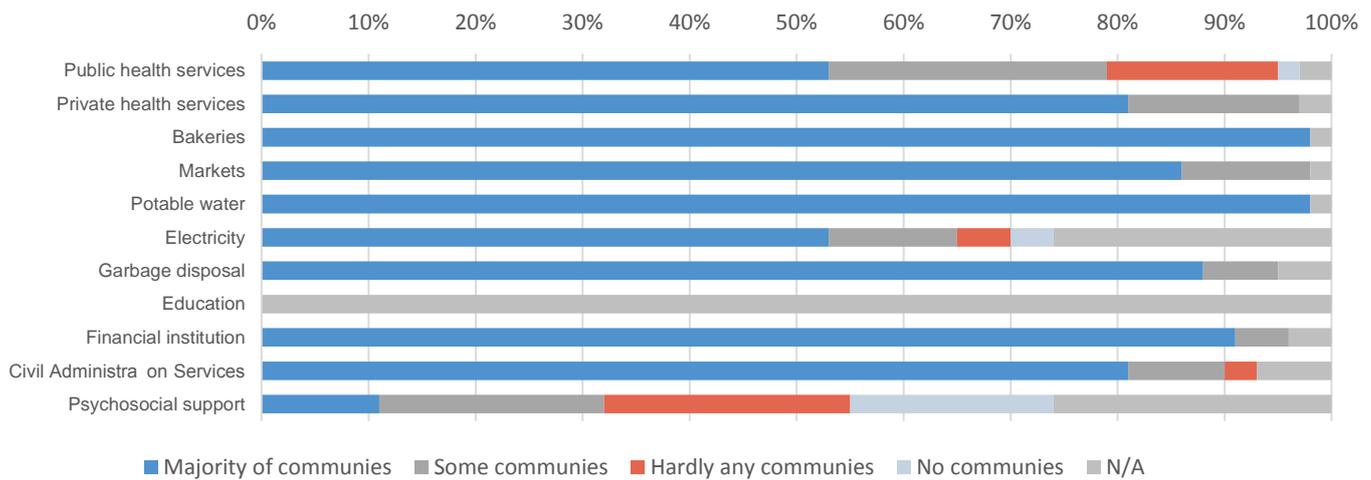
Annexes

STATUS OF BASIC SERVICES (Source: HNAP as of 29 July 2020)

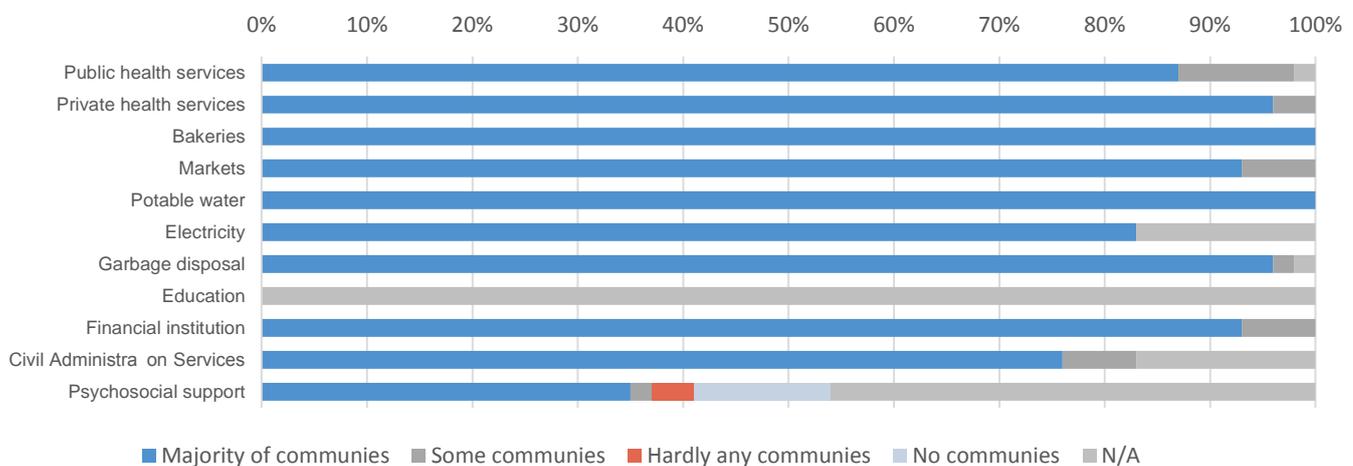
GOS



NSAG



SDF



More Information

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

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