

This report is produced by OCHA Syria in Damascus in collaboration with WHO Syria and Damascus-based humanitarian partners, and does not reflect cross-border operations. The next report will be issued on or around 6 June 2020.

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 122 (four fatalities, 43 recovered).
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps and informal settlements in NES, collective shelters throughout the country, as well as other areas including Deir-Ez-Zor, and where hostilities may be ongoing making sample collection more challenging.
- Populations of concern: All groups are susceptible to the virus. However, the elderly (those 60 years and above) and people with underlying health conditions are particularly at risk; as are vulnerable refugee and IDP populations and healthcare workers with inadequate personal protective equipment (PPE).
- As of 26 May, approximately 4,880 COVID-19 tests have been performed in laboratories in Damascus, Aleppo, Homs and Latakia governorates. The enhancement of laboratory and case investigation capacity across Syria remains a priority, as does the timely communication of all information relevant to the safeguarding of public health.
- Socio-economic impacts of COVID-19, notably in food security and livelihoods, are likely to exacerbate existing substantial humanitarian needs across the country.

SITUATION OVERVIEW

The global situation remains highly fluid. However, at the time of writing, 5,796,257 laboratory-confirmed cases of COVID-19, including 362,484 deaths (CFR=6.3 per cent) had been reported globally. The United States has the most confirmed cases (1,675,258) and the most deaths to date (98,889). In the Eastern Mediterranean Region, more than 485,292 COVID-19 cases have been reported, including 11,963 deaths, around 64 per cent of which occurred in Iran.

In Syria, 122 laboratory-confirmed cases have been reported by the MoH to date: one case in Dar'a; 87 in Damascus; and 34 in Rural Damascus; an increase of 74 new cases since the last report. The first positive case was announced on 22 March, with the first fatality reported on 29 March. The most recent cases were announced on 28 May, and the most recent fatality, a Syrian national repatriated from Kuwait who sadly died after admission to hospital in Damascus, was announced on 22 May. The MoH has also announced 43 recoveries. Of the cases announced to date, 84 cases were imported, including Syrian nationals recently repatriated from Kuwait (47), the UAE (11), Sudan (11), and Russia (5). The MoH has further stated it has not registered any local cases since 1 May, which was a person located in Rural Damascus.

On 16 April, WHO EMRO shared information indicating a man from Al-Hasakeh City who had been admitted to Qamishli National Hospital on 27 March had sadly died on 2 April. A COVID-19 test was later reported as positive. On 29 April, authorities in NES announced they had detected two additional COVID-19 cases by testing through their own laboratory capacity. Further information available indicates that local authorities in NES have also confirmed an additional four cases – all reported to have now recovered.

As of 26 May, according to the MoH, around 4,300 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus, and an additional 63 tests by the public health laboratories in Aleppo, 335 in Latakia and 185 in Homs. It remains a priority to enhance laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams (RRTs).

Points of Entry

Border crossings remain impacted as Syria and neighboring countries continue implementation of precautionary measures. Most land borders into Syria remain closed, with some limited exemptions (from Jordan, Turkey and Lebanon) for commercial and relief shipments, and movement of humanitarian and international organization personnel. International commercial passenger flights remain suspended however some other flights have occurred in past weeks. This includes domestic commercial cargo flights between Damascus and Qamishli, and commercial passenger flights, including between Damascus and Qamishli (from 19-30 May). Further, international repatriation flights have landed in Damascus and Latakia international airports from multiple locations. To date, approximately 2,190 abroad – out of a reported 10,000 registered –

have been repatriated. In the reporting period, the GoS announced that repatriations would be suspended for the time being. For those who have been repatriated to date, random sampling is ongoing, and all are required to complete a 14-day mandatory quarantine; in some cases as home quarantine.

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

In NES, at the time of writing, local authorities had reinstated exemptions for humanitarian goods and personnel at the Fishkabour/Semalka informal border crossing to cross once per week. Humanitarian personnel are currently only allowed to exit, however preliminary authorization has been granted for staff to cross into NES from next week. Tell Abiad border crossing is reported partially open for some commercial and humanitarian shipments. As of 26 May Al-Bukamal-Al Quaem crossing is reported to be closed from the Syrian side. Ras al-Ain border crossing remains closed except in limited circumstances. Between 20 and 27 May the Tabqa crossing point was opened exceptionally for the Eid al-Fitr holiday during which a reported 4,500 people crossed into NES. Rapid diagnostic tests were administered by local authorities – with all reported negative – after which people were allowed to move freely into and within the area.

Restrictions remain in place at most other crossing points inside Syria. Abu Zandin, Um Jloud and Awn Dadat in Aleppo remain closed, as do Akeirshi and Abu Assi crossing points in Ar-Raqqa. Ghazawiyet Afrin and Al-Taiha in Aleppo are reported open for commercial traffic; the latter is also reported to be currently open for university students to move into GoS areas, in addition to some medical cases, however further reports indicate some students and other people wishing to use Al-Taiha were able to cross on 19 and 20 May until GoS imposed restrictions. Bab Al Hawa in Idlib partially open with restrictions. Deir Ballut in Aleppo is open.

Preventive measures

The Government of Syria (GoS) continues to progressively relax preventive measures first imposed in mid-March. From 26 May, the daily curfew has been lifted, as has the travel ban between and within governorates. Markets are now allowed to open from 8am to 7pm, so long as precautionary COVID-19 measures are adopted, however restaurants, gyms, swimming pools, theatres, cafes and public parks remain closed. As of 26 May, mosques can open on all days, including for group prayers, so long as physical distancing is observed. Public and private transportation services have also resumed. Universities and institutions are scheduled to reopen on 31 May, and preparations are ongoing for basic education and high school exams in June; currently plans are being finalized to quarantine around 30,000 9th and 12th graders expected to cross into GoS-controlled areas from Northwest Syria (29,000) and Lebanon (700) from 4 June. Despite these relaxations, the GoS has reiterated that a “full curfew” remained possible, should factors related to the virus necessitate it.

During the reporting period, a suspected case in Tartous port resulted in the lockdown of all workers in the port. On 24 May, the MoH announced the case had tested negative, and all workers were subsequently allowed to enter and leave as usual. On 17 May, the lockdown on Sayeda Zainab area – the location of the last reported local transmission case – was lifted.

Local authorities in NES also relaxed some preventive measures over the holy month of Ramadan and has announced these will remain in place until at least 5 June. Daily curfew has been in place from 7pm to 7am, and most transport, shops and markets are allowed to operate between 7am to 7pm. Travel between districts, but not governorates, is now permitted, and religious centers are allowed to open after disinfection. Restaurants (except for takeaway/delivery allowed from 26 May), cafes and sport halls remain closed, and all social gatherings and events remain suspended.

Humanitarian Impact

Although prices and availability fluctuate, overall significant price increases and some shortages in basic goods (on average 40-50 per cent in food staples) and personal sterilization items (on average 300 per cent increase) have been reported across Syria since mid-March. Fuel prices (diesel and gas) have also increased, costing more than 115 per cent and 337 per cent respectively in the informal market, compared to the formal, government-subsidized prices.

The informal exchange rate deteriorated further during the reporting period, weakening to its lowest point on record (over SYP 1,850 on 19 May), although it had recovered slightly at around SYP 1,750 at the time of writing. On 26 March, the Central Bank of Syria adjusted the official rate from SYP 438 to SYP 704 (a 61 per cent devaluation), however the GoS Ministry of Trade retains access to the former rate to enable cheaper purchases of basic commodities.

Prior to the COVID-19 crisis, an estimated 80 per cent of people in Syria already lived below the poverty line, with high levels of food insecurity. According to estimates, 9.3 million people in Syria are now considered food insecure; an increase

of 1.4 million in the past six months. WFP's national average reference food basket in April was reported at SYP 50,962 – the highest ever recorded price for Syria; a 111 per cent increase over 12 months. This increase, combined with diminished employment opportunities due to COVID-19-related factors, is likely to exacerbate overall food insecurity further.

As previously reported, according to the Ministry of Social Affairs and Labor (MoSAL), more than 320,000 people registered for the National Campaign for Emergency Social Response for assistance due to work lost as a result of COVID-19 preventive measures. Of these, 91 per cent are daily labourers, 10.9 per cent are older persons, and 8 per cent are people with disabilities, with the highest levels of registration in Rural Damascus, followed by Damascus, As-Sweida, Lattakia and Homs. Based on the available data, needs and activities will be identified, with technical focal points identified to coordinate between UN agencies and authorities. At the time of writing, MoSAL announced that one-time disbursements of SYP 100,000 have been initiated to 19,000 people so far, with a further 70,000 currently being verified for a second tranche.

As the socio-economic impacts of COVID-19 for Syria are likely to be far-reaching in nature, the UN Country Team (UNCT) has worked with UN agencies and humanitarian partners to ensure ongoing provision of life-saving assistance (including through adjusted modalities to reduce risks to beneficiaries and staff) while seeking to identify and support initiatives to bolster social and economic resilience. In this regard, life-saving food assistance to 3.5 million people has continued with adjusted distribution modalities, as has agricultural and livelihoods programs. UNDP and partners have further focused on support for micro, small and medium enterprises for workers temporarily out of employment with social safety net activities, in addition to distribution of agricultural inputs and livestock to sustain food security in rural areas.

In recent weeks, more humanitarian programmes, including essential health care, have been able to resume following the lifting of some precautionary measures. Some remain impacted, however, as detailed in previous reports. Since mid-March, the most pronounced impact has been in education and community-based services and activities, including in protection, livelihoods and psychosocial support programming, with many suspended. However, in line with authorities' directives and reopening of Universities and institutions from 31 May, more programming may resume. For example, UNRWA will reopen their five TVET centers at the end of the month, with necessary preventive measures in place, including PPE procurement. Staff are also updating curriculum to help students catch up on study time lost.

As reported in previous updates, some Health and Nutrition sector partner activities have been impacted by preventive measures. Protection partners have also reported reductions in face-to-face sessions, including for child protection, and challenges in implementing alternative modalities, such as remote case management and virtual psychosocial support, due to limited internet connectivity and poor mobile phone coverage in some areas, including in Deir-Ez-Zor and Aleppo. In Al Hol, nutrition screening remains suspended.

However, Health sector partners report that currently 120 mobile medical units are operational in all governorates. On 16 May, three UNICEF-supported health and nutrition mobile teams started services in 24 sub-districts and communities in Deir-Ez-Zor. UNFPA also continues to provide essential maternal and neonatal health services, in addition to GBV prevention and response services, with 131,744 people receiving reproductive health, awareness raising, mental health and psychosocial support services since early March. GBV prevention awareness raising continues using online and other platforms, with a focus on intimate partner violence during lockdown and mental health awareness raising sessions. Coordination is ongoing to disseminate GBV information in the COVID-19 context through television programming.

In addition, UNRWA is gradually resuming some health services, and has commenced consultations with some new non-critical cases and with pregnant women. Alternative modalities are also ongoing; with 751 telemedicine calls in the reporting period (2,320 in total), and door-to-door deliveries of medicines to 8,000 vulnerable patients ongoing, with 901 home visits conducted to date. UNRWA PSS counsellors are also continuing to provide services, with specific priority to Grade 9 students who are preparing for their upcoming examinations.

In addition, Child Protection actors have worked with the MoE to incorporate child protection messages on educational channels and platforms broadcast during quarantine. Child protection actors also continued to provide awareness raising for children, adolescents and caregivers in Aleppo and Homs, and remote psychosocial support activities, including 252 new children in Homs and Hama in the reporting period. Further, in Homs and Hama governorates, 52 new cases of children and adolescents were identified and referred for specialized services.

Also in the reporting period, guidelines on IYCF and wasting simplified protocols in the context of COVID-19 were disseminated in all governorates. UNICEF also continued to enhance the community surveillance system for acute malnutrition in the absence of mobile team activities (particularly in camps) by conducting one-on-one training on MUAC measurements for children. The pilot training is planned to include 150 mothers with children under 5 years.

PREPAREDNESS AND RESPONSE

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

The current key priorities in Syria are:

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

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

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

Country-Level Coordination

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

OCHA Syria also continues to engage the Inter-Sector Coordination team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly health sector coordination meetings and operational calls to monitor implementation of the COVID-19 Preparedness and Response plan. Weekly operational calls on NES are also ongoing, including on the development of a camp strategy which will outline multiple planning scenarios and guidance for the establishment of quarantine and isolation spaces within camps and camp-like settings to ensure a coherent approach.

In addition, sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and NFIs continue to undertake national and sub-national level meetings to support coordinated response planning, as well as coordinating with relevant authorities. Key activities have included developing sectoral-specific guidance on risk mitigation and other strategies, and information dissemination among partners, in addition to development of sector-specific response plans incorporated in the operational response plan. Currently, sectors are finalizing preparations to support the national exams, including humanitarian support to around 29,000 students who will travel cross-line to government-controlled areas in Aleppo, Ar-Raqqa, Deir-ez-Zor and Idlib governorates. Multi-sectoral support will include temperature checks at crossing points, IPC measures such as sterilization of accommodation and examination centers and the provision of PPE to teachers, invigilators and observers; as well as the provision of meals, NFIs and dignity kits.

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 Minister of Foreign Affairs, the Minister and Deputy Ministers of Health, the Ministers of MoSAL and MoLAE, as well as ICRC and SARC.

Risk Communication and Community Engagement

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

As detailed in previous reports, development, printing and distribution of information, education and communication (IEC) materials is ongoing, in addition to awareness raising on social media, WhatsApp, radio and television channels, and direct community engagement/person-to-person, including during distributions and in mosques and churches. An estimated 9.4 million people have been reached by television and radio awareness campaigns and two million by printed IEC materials. More than six million people have been reached through social media, which partners continue to actively utilize for awareness raising. Other channels, including through the Smart Card/Takamol application and online interactive quizzes, are also being utilized. Direct awareness raising through teams at distributions and door-to-door continues, as does UNICEF's support of the Ministry of Awqaf to engage 1,000 religious leaders working in 3,600 mosques. Church networks are also being utilized, with 14 educational and religious centers and nine volunteer groups mobilized.

As detailed previously, WHO has also provided technical support to the MoH to launch the COVID-19 Dynamic Infographic Dashboard for Syria, available in [Arabic](#) and [English](#). To date, WHO has distributed 877,500 IEC materials.

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. UNFPA also continues to conduct awareness raising in its reproductive health clinics and mobile teams in 13 governorates and is coordinating with MoSAL to support a community volunteers' initiative on GBV and COVID-19.

Trainings related to awareness raising, as detailed in earlier reports, will also continue. WHO, UNDP and UNICEF are currently awaiting approval to train a further 11,000 volunteers.

Regional outreach is also ongoing. In Hama, WHO-supported teams visited seven shelters for awareness raising and psychosocial support for 250 families, and a further partner conducted awareness raising reaching 7,289 people in Dar'a and Rural Damascus. In addition, the Syrian Society for Social Development (SSSD) reached a further 987 people with awareness raising in the reporting period (2,680 total), including families with specific needs.

In NES, awareness campaigns and trainings of partner staff, including in camps, IDP settlements and collective shelters are ongoing. In April, WHO, UNHCR and UNICEF completed a COVID-19 awareness campaign covering the five formal IDP camps, 74 collective shelters, 43 IDP settlements in Ar-Raqqa and Deir-Ez-Zor and two informal camps in Menbij.

Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the MoH with technical teams meeting daily. Severe acute respiratory infection, one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria. Currently 1,271 sentinel sites report cases through EWARS system across all 14 governorates. With the support of WHO, MoH is conducting active surveillance utilizing 1,932 surveillance officers across 14 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 RRTs for referral to the CPHL for testing (in line with similar established mechanisms for sample testing). To date, 344 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral, with further trainings scheduled for June. 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 MoH with contact tracing through the WHO-developed application "Go.Data", with a training scheduled for the coming week. In addition to details in previous reports, the MoH continues active case finding applying random sampling methods, with approximately 600 cases reported investigated in Rural Damascus including Sayeda Zainab and Mneen. All cases were reported negative.

Further, on 20 May, the MoH stated that out of the Syrian nationals who had been repatriated, 1,500 nasal swabs had been conducted, with results being progressively released. All those repatriated are required to complete a 14-day quarantine.

Where possible, UNICEF's fixed health clinics are applying the triage system, in addition to the RRT referral pathway in coordination with WHO. UNRWA have also continued a triage system in their 25 health centers; to date, 10,790 patients at UNRWA facilities with respiratory complaints have been examined following triage care and related protocols; no COVID-19 case has been detected.

As outlined in previous reports, samples continue to be collected by RRTs and sent to the CPHL or regional laboratories in Aleppo, Homs and Lattakia with WHO support. As of 26 May, 63 cases in Aleppo, 185 in Homs and 335 cases in Lattakia were tested. From 15 to 26 May, 1,797 samples were collected from 12 governorates, including three cases from Al-Hasakeh and one case from Deir-Ez-Zor.

Points of Entry

At all points of entry, the MoH has stationed at least one ambulance with medical personnel. WHO has supported screening efforts by providing PPEs, infrared thermometers, guidance notes, registration forms and one thermal scanner camera.

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.

National Laboratories

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 fixed; and the laboratory generator repaired. Further rehabilitation of the CPHL to establish a designated laboratory for COVID-19 is ongoing and is expected to complete shortly. On-site training for 24 CPHL laboratory technicians has also been completed.

WHO has provided testing kits to the MoH since 12 February. During the reporting period, WHO delivered 55 extraction kits (1,375 reactions) and 10 enzyme kits (1,000 reactions) to CPHL. To date, WHO has provided 44 enzyme kits (4,400 reactions), 107 extraction kits (4,375 reactions), 82 screening kits (7,872 reactions) and 11 confirmatory testing kits (1,056 reactions), 14,000 swabs and viral transport medium for sample collection, and five polymerase chain reaction (PCR) machines, in addition to 5,000 waste bags and 10,000 bags for samples, and PPE for laboratory staff. WHO has further supplies and equipment in the pipeline expected to arrive in the next one to four months.

Following WHO support for on-site training of laboratory technicians from Aleppo, Homs, Lattakia and Damascus and delivery of essential supplies, on COVID-19 testing is now ongoing at the Tishreen University Hospital in Lattakia (with 335 samples tested as of 26 May), the Zahi Azraq Hospital in Aleppo (63 samples), and at the public health laboratory in Homs (185 samples). 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 the WHO to support implementation. As of 26 May, the laboratories have performed testing for around 4,880 cases for COVID-19, with 180-190 tests currently performed per day. Support is ongoing to scale up this capacity and increase geographical coverage.

Infection Prevention and Control

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

Similar efforts are underway to reduce risks in collective shelters. Shelter sector partners in coordination with MoLAE continue assessments (including interagency missions) to determine needed repairs to address issues such as overcrowding, poor hygiene and inadequate sanitation facilities, with upgrades completed in 11 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 1.3 million PPE items, including surgical masks, gloves, reusable heavy-duty aprons, gowns, headcovers, alcohol hand-rubs, medical masks, goggles and coveralls, and alcohol hand-rubs. Shipments of PPE and sterilization items have also been dispatched to Qamishli National Hospital, the DoH in Al-Hasakeh, and in Deir-Ez-Zor.

On 26 May, WHO delivered 23MT of medical supplies (including wheelchairs, hygiene kits, patient beds and general supplies) to Qamishli by road. Distribution plans will be finalized shortly. This follows an earlier road shipment of just under 31MT of equipment and devices for secondary health care (97 per cent), and small amounts of PPE, medicines and consumables, and hygiene/WASH items (3 per cent). Dispatch of these materials was completed between 18 and 20 May; almost 22 MT of equipment and supplies was delivered cross-line to five hospitals in Al-Hasakeh, Ar-Raqqa and Aleppo, and to one NGO.

WHO also continued training. Following a training-of-trainers session on 13 May for six people on IPC in health care, nine on-the-job training sessions were held in three governorates for health and nutrition NGO staff.

During this reporting period, UNICEF, including in its capacity as the WASH cluster lead, continued to engage with the Health sector and other actors to strengthen IPC in healthcare facilities, schools and learning spaces, youth centers and communities, in addition to its regular WASH services. UNICEF continues to support light rehabilitation of WASH systems in hospitals across the country, with works completed in two facilities (including the isolation center in Al-Hol camp), and ongoing in 13 other locations. UNICEF is also planning for support to 5,000 exams centers across the country with IPC kits.

Further, UNICEF trained 64 health workers on IPC, conducted health promotion activities on IPC with 387 caregivers, and distributed 8,600 hand sanitizers, 11,700 surgical masks, and 268 N95 masks for partners in six governorates, in addition to 320 family hygiene kits for quarantine centers in Damascus and Rural Damascus.

As reported previously, UNDP continue to support WASH rehabilitation within three priority healthcare facilities identified as isolation centers in Tartous, Damascus and Dar'a, with plans to further support rehabilitation (including WASH) at an additional 14 health facilities in all governorates. In addition to light rehabilitation completed at an isolation center in Dar'a (Al Basel Education Centre) Première Urgence Internationale (PUI) continues to support light rehabilitation at the designated isolation center in Deir-Ez-Zor. The Education sector is also mapping WASH needs in schools; so far, 1.15 million soap bars and IPC materials for 11,500 schools have been procured. Further, alongside WASH sector partners, planning is under to support WASH needs at 5,000 exam centers across the country for upcoming exams scheduled on 21 June.

Also as previously detailed, WASH sector partners continue to deliver increased quantities of soap and hygiene kits. In the reporting period, UNICEF provided 17,525 soap bars in Homs and Hama; UNICEF have provided approximately 50,800 families with soap since 1 May. In Deir-Ez-Zor, additional soap distributions for 60,980 families is ongoing. To date, UNFPA has distributed 3,667 dignity kits and 5,859 sanitary napkins through partners in three governorates.

Further in the reporting period, Adventist Development Relief Agency (ADRA) distributed 2,470 sanitization kits, and Action Against Hunger (AAH) distributed 3,000 hygiene kits in rural Aleppo and 10,000 hygiene kits in Rural Damascus. SSSD also continued sterilization campaigns of public places and facilities in Aleppo and Ar-Raqqa.

As detailed in previous reports, UNRWA continues to support increased sanitation activities at the nine official and accessible Palestine refugee camps (and one informal camp), and UNDP continues to support municipalities in solid waste collection and removal activities in Aleppo, Al-Hasakeh, Rural Damascus and Dar'a governorates, with 600 workers recruited. UNDP support to rehabilitation of wells and pumping stations in Al-Hasakeh also continues. UN-HABITAT also continue to improve IPC at the municipal level in Homs and Hama cities and also in Dar'a, including through solid waste collection, rehabilitation of sewer pipelines, and support of medical waste treatment, as detailed in prior reports. In the reporting period, UN-HABITAT launched a procurement process for solid waste quick impact projects in Homs and Hama, targeting the most vulnerable groups, including the elderly, disabled, IDPs and female-headed households.

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 32 identified quarantine facilities and 14 isolation spaces across 13 governorates, including a new quarantine center announced on 15 May by the DoH in Deir-Ez-Zor with a capacity of 60 beds. At the central level, the MoH has announced 14 fully equipped isolation centers are currently running, with a cumulative capacity of 531 beds, including 423 isolation beds, 108 ICU beds, and 87 ventilators. The 32 quarantine centers have 1,235 beds.

On 28 April, the first repatriation flight of Syrian nationals who had been unable to return to Syria due to COVID-19 precautionary measures landed in Damascus, with approximately 2,190 nationals subsequently repatriated from various locations. Approximately 10,000 Syrians abroad have registered for repatriation flights, although the MoH has announced that repatriations are for the time being on hold.

Given the extent to which even the most advanced health systems globally have been quickly overwhelmed by COVID-19 cases, the priority remains on providing support to and reinforcing isolation facilities. As outlined in previous reports UNDP is supporting rehabilitation at three hospitals. 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 case management trainings (resuscitation and ventilation management). Within the past month, 50 health workers were trained in Aleppo and Dar'a, with more planned in Queneitra, Damascus and As-Sweida. UNFPA has also supported its implementing partners for online training in emerging respiratory viruses, including COVID-19, with 547 health care workers enrolled from Damascus, Aleppo, Al-Hasakeh and Hama.

In NES, there are 16 prepared isolation centers for moderate cases, with five currently operational (approximately 319 out of 899 available beds), and a further isolation center still being established. Sectors have nearly completed an isolation center in Al-Hol and are establishing referral pathways. 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 closed – although can be reinstated quickly should circumstances necessitate. Across NES there are up to 18 specially equipped ambulances available to support COVID-19 related referrals. Of these, seven are in Al-Hasakeh, three in Ar-Raqqa, four in Deir-Ez-Zor (but require additional preparation) and four in Aleppo.

Operational Support and Logistics

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

Globally, challenges include an unprecedented demand of essential medical items including PPE, which may also have a cascading effect in disrupting manufacture of critical medical equipment and medicines. 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. WHO has established three buyers consortia – a PPE Consortium, a Diagnostics Consortium, and a Clinical Care Consortium – which work to ensure that some critical supplies are reserved to meet the requests of countries most in need, especially low- to middle-income countries. The COVID-19 supply needs from all hubs have been shared with WHO EMRO for compilation and onward submission to the Global COVID-19 Supply Chain Task Force for consideration, a multi-stakeholder collaboration body to coordinate demand, procurement and allocation of supplies for low- and middle-income countries.

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 utilized includes combining essential distributions; 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. Further, 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 and engaging with the PWG to keep an overview of any potential downstream supply needs that may arise. Finally, WFP Headquarters will notify the Logistics Cluster as and when COVID-19 related items from any humanitarian organization are in the pipeline for Syria through WFP's Global Service Provision. This, in addition to close liaison with the Whole of Syria Health Cluster, will provide the Logistics Cluster with full visibility on the upstream pipeline for COVID-19 related supplies.

CAMPS AND COLLECTIVE SHELTERS

At present, from those displaced in October 2019, approximately 71,042 remain displaced in NES, with 15,458 living in 90 collective shelters. This is in addition to approximately 99,109 IDPs and refugees in NES, most of whom were displaced prior to October, living in four camps and two informal sites. A further estimated 27,625 people live in 58 collective shelters throughout the other governorates.

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

Sectors are coordinating to establish isolation areas at camps and informal sites. As a first stage, sector partners have agreed that two large tents will be allocated in each camp; one for suspected cases and the other for confirmed, with the possibility of expansion. Partitions for privacy between male and female patients will be installed. Design proposals have been shared with other sectors and feedback is ongoing. Plans are also being revisited to ensure individual isolation of mild suspected cases, utilizing either family-sized tents or individual cubicles.

External referral of all moderate suspected cases has also been agreed (except at Al-Hol). During the reporting period, one suspected case was reported at Areesha, which was referred, and one at Al Hol. At the time of writing, testing results was not available.

During the reporting period, UNICEF supported construction of WASH facilities at the designated isolation centers in Areesha and Mahmoudli camps, and in addition to their regular support to camps and collective shelters, installed 19 water tanks. At Mahmoudli, UNICEF will further work on the second expansion of the sewage system in the coming weeks. Works at the isolation centers will continue in the coming weeks.

At Washokani, partners agreed on protocol and procedures of case management, and a partner confirmed management of the isolation center. At Abu Khashab, Shelter and WASH works for the isolation center are ongoing and expected to be completed in early June. At Roj, isolation works are expected to commence soon, with UNICEF covering WASH facilities.

As previously reported, the rehabilitation and light maintenance of WASH facilities in 13 collective shelters in Hama, Tartous and Homs governorates has been completed with PUI support. PUI also continues light rehabilitation of WASH systems at four other shelters in Damascus and Lattakia governorates.

Further, Shelter partners have conducted 43 assessments of collective shelters in Aleppo, Damascus, Deir-Ez-Zor, Homs, Lattakia, Tartous and Al-Hasakeh to identify repairs to hygiene facilities, improve privacy and reduce overcrowding, with further assessments planned for another 50 shelters. To date, work has been completed in 11 shelters in Homs; two further shelters are currently undergoing repairs. In Aleppo, 504 shelter kits have been provided, with distributions of further kits to 50 shelters in Al-Hasakeh ongoing to quickly improve privacy and complete basic repairs. Sanitation campaigns are also in process. Three NFI partners have also reallocated funds for hygiene kits, and UNICEF also distributed hygiene kits to 11,182 beneficiaries in four IDP settlements in Aleppo.

Al-Hol Camp

During the reporting period, one suspected case of COVID-19 was reported at Al-Hol. At the time of writing, test results were not available. No confirmed cases of COVID-19 have so far been reported. Given the parallel sample collection system in NES, in the event of suspected cases, focal points will notify both the DoH RRT and local authorities for sample collection.

Field hospitals within Al-Hol have confirmed there are three ventilation devices on site. The one 24/7 operational field hospital has allocated five beds for moderate COVID-19 cases. Following advocacy, potential acute COVID-19 cases will be allowed to be referred to medical facilities outside the camp. Partners are working on a referral pathway for health partners inside the camp to ensure a proper follow up and tracking of cases.

Construction of the planned isolation area at Al-Hol is nearly complete. To date, electrical works and installation of WASH facilities was completed, including latrine units for people with special needs. Two rub-halls, two large tents and three family-size tents were also erected. Graveling of the site has been completed, with fencing and service area works progressing.

To date, WHO has delivered two shipment of PPEs and six thermal screening devices to Al-Hol Camp (four for the main gate, two for the Annex); with two devices delivered in the reporting period; and has trained personnel in thermal screening.

Enhanced WASH interventions also continue. Following the joint UN-agency awareness campaign across all phases, daily awareness sessions continue. Food, NFI and Hygiene kit distributions are taking place on a two-month rotation.

CHALLENGES

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

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

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

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

Humanitarian staff are also impacted, with restrictions on movement and lengthy quarantine a contributing factor to limiting the ability to deploy staff and contractors where needed, including international staff who may not be able to cross borders. Evolving and unforeseen preventive measures are also disruptive to humanitarian programming. For example, the ongoing restrictions on travel within governorates to and from urban and rural areas, even with exemptions, in addition to curfews, has impacted the ability of programmes and field/technical assessments to reach communities, particularly in remote areas. Border restrictions, in addition to other factors, are also impacting costs for humanitarian partners.

FUNDING

Due to the pandemic, a COVID-19 Global HRP (GHRP) to address direct and indirect public health consequences on the population has been developed, with inputs from WHO, IOM, UNDP, UNFPA, UNHABITAT, UNHCR and UNICEF, as well as the Red Cross Red Crescent Movement. The GHRP offers a multi-partner/sectoral response to the pandemic; for the time-being it does not attempt to deal with secondary or tertiary issues related to macroeconomic effects and more longer-term requirements in various sectors. The updated GHRP was issued on 7 May with revised requirements of \$6.7 billion to meet COVID-19 related needs across 63 countries until the end of 2020. To date, \$1.18 billion, or 18 percent of overall requirements has been received. Funding will be allocated to UN agencies at the global level and updated monthly.

The GHRP is aligned with the WHO Global Strategic Preparedness and Response (currently costed at approx. \$12 bn) and complementary to, and in support of, existing government response plans and national coordination mechanisms.

Within Syria, the financial requirements for the revised COVID-19 operational response plan are currently estimated at \$188.6 million. Requirements will be updated as the situation evolves and aligned to the GHRP. To date, sectors have identified approximately \$32.6 million from either new contributions or existing funding reallocated or repurposed from programmes suspended due to COVID-19 mitigation measures, which can be used for immediate response. The Syria Humanitarian Fund (SHF) Advisory Board has been informed of the initial results of Technical Review Committees conducted between 26 and 30 April 2020. In total, 32 projects valued at \$22.7 million have been approved across the Health (\$12.5 million), WASH (\$4.5 million), Protection (\$2.27 million) and Logistics sectors (\$0.2 million), including four multi-sectoral projects (\$2.85 million). Disbursement of funding has commenced.

SARC has also prepared a four-month plan to respond to the COVID-19 outbreak, covering a range of preparedness, containment and mitigation measures, totaling \$10.4 million. On 8 May, UNRWA launched an updated \$93.4 million Flash Appeal to expand their humanitarian response to the pandemic, over the next three months.

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

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

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

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

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