

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 1 May 2020.

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 42 (including three fatalities, six 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).
- The enhancement of laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams (RRTs) remains a priority, as does the timely communication of all information relevant to the safeguarding of public health. The UN has pledged its support to assist the MoH achieve its stated goal to have testing capacity in all 14 governorates.

SITUATION OVERVIEW

The global situation remains highly fluid. However, at the time of writing, 2,626,331 laboratory-confirmed cases of COVID-19, including 181,938 deaths (CFR=6.9 per cent) had been reported globally. The United States has the most confirmed cases globally (830,053) and the most deaths to date (42,311). In the Eastern Mediterranean Region, more than 153,849 COVID-19 cases have been reported, including 6,724 deaths, around 83 per cent of which occurred in Iran.

In Syria, 42 laboratory-confirmed cases have been reported by authorities to date; on 21 April the Minister of Health stated that all positive cases announced to date had been from Damascus and Rural Damascus governorates. The first positive case was announced on 22 March, with the first fatality reported on 29 March, with subsequent fatalities reported on 30 March and 19 April. The most recent cases were announced by the MoH on 21 April. The MoH has also announced six recoveries to date. To date, data received from the MoH on 38 of the 42 announced cases shows that 55 per cent were men and 45 per cent women.

On 16 April, WHO EMRO shared information indicating that a 53-year-old man from Al-Hasakeh City who had been admitted to Qamishli National Hospital on 27 March, had sadly died on 2 April. A COVID-19 test for the patient was reported as having subsequently tested positive; another family member is currently reportedly also in hospital with symptoms of COVID-19 with test results pending. Active surveillance is ongoing in northeast Syria to detect additional potential cases.

As of 22 April, according to the MoH, around 1,500 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus, including 24 from Al-Hasakeh, 22 from Deir-Ez-Zor and two from Ar-Raqqa governorates. 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 first imposed in early to mid-March. 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 and domestic commercial flights remain suspended however some non-commercial flights continue to utilize airports, including a 15 April flight from the People's Republic of China delivering 2,016 testing kits for COVID-19. It was further reported on 17 April that Russia had sent a shipment of medical aid including 50 respirators, 10,000 testing kits and 2,000 PPEs. A second batch of 150 respirators was reported to be scheduled for delivery to the MoH on 20 April.

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

In NES, local authorities have maintained exemptions on the Fishkabour/Semalka informal border crossing to enable access for NGOs to cross once per week. Within the reporting period, the pontoons at Fishkabour/Semalka have been repaired allowing humanitarian shipments above 500kg to pass and reducing reliance on the Al-Waleed/Tanf crossing. Tell Abiad and Al-Bukamal-Al Quaem border crossings are reported partially open for some commercial and humanitarian shipments, while Ras al-Ain border crossing is closed except in limited circumstances.

Restrictions are also in place at most other crossing points inside Syria. Abu Zandin, Um Jلود, Al-Taiha (except for medical evacuations) and Awn Dadat in Aleppo remain reported closed, as are Akeirshi and Abu Assi crossing points in Ar-Raqqa. Ghazawiyet Afrin and Deir Ballut in Aleppo, and Bab Al Hawa in Idleb, are reported as partially open with restrictions.

Preventive measures

The Government of Syria (GoS) continues to implement a range of preventive measures, with some recent relaxations announced. A daily curfew from 7.30pm to 6am is in place for the holy month of Ramadan until otherwise announced; and after a two-day exemption on 20 and 21 April, a ban on travel between governorates and also travel within governorates to and from urban and rural centers, with some exemptions remains in place. While all non-essential services remain largely closed, from 19 April some businesses in specified fields were permitted to re-open on specified hours and days, including hairdressers, pastry stores, tailors, mobile phone shops, ironing and washing services, among others.

Some specified recreational and residential areas also continue to be subject to lockdowns. Additionally, visits to prisons and detention facilities continue to be suspended until further notice.

Similarly, local authorities in NES continue to implement curfew restrictions, with a recent extension until at least 1 May, as well as closure of all non-essential public and private facilities, offices and shops, with exemptions for exempting pharmacies, commodities/food shops, and farm equipment shops. All gatherings and events, including Iftar celebrations, remain cancelled. A decree released by local authorities stated that fines will be imposed (ranging from SYP 5,000-45,000) for curfew violation.

Humanitarian Impact

Since mid-March, significant price increases and some shortages in basic goods (on average 40-50 per cent in food staples) and personal sterilization items (face masks, hand sanitizers – up to 5,000 per cent increase) have been reported across Syria. WFP have reported that in the past year, the price of basic food items has increased over 100 per cent. Fuel prices (diesel and gas) also increased, increasing by 160 per cent and 248 per cent respectively in the informal market. The informal exchange rate also further weakened in mid-March to the lowest point on record (SYP 1,325 to US \$1), and is around SYP1,270 at the time of writing, representing a more than 50 per cent devaluation compared to a year ago. On 26 March, the Central Bank of Syria adjusted the official rate from SYP 438 to SYP 704, however the GoS Ministry of Trade is reported to have access to the former rate to enable cheaper purchases of basic commodities.

The increase in food prices due to COVID-19-related factors – including a worsening informal exchange rate, panic buying, disrupted supply routes, slow replenishment of stocks, reduced shop opening hours and movement restrictions – is likely to increase vulnerabilities, as will diminished employment opportunities. According to WFP VAM food security monitoring, in March 2020 increased levels of harmful coping mechanisms were reported. Around 50 per cent of assessed households reported lack of employment as the main cause, followed by high food prices. As the impact of COVID-19 continues, a substantial number of households are likely to become more vulnerable to food insecurity.

A number of humanitarian partners have reported operational delays and disruptions due to preventive measures, however many have resumed assistance with adjusted modalities to reduce risks to beneficiaries and humanitarian staff. Examples include handwashing and sanitation facilities at distribution points, combining distributions, measures to reduce overcrowding including utilizing community focal points and increasing distribution days, and appropriate use of PPE. Life-saving food assistance to 3.5 million people has continued with adjusted distribution modalities

However, slower delivery and temporary suspension of programmes necessitated by new mitigation measures has had impacts, as detailed in previous reports, including in shelter, NFI and WASH programmes. The most pronounced impact remains in education and community-based services and activities, including in protection, livelihoods and psychosocial support programming, which are likely to remain suspended in line with authorities' directives. As reported in the previous

update, the Health sector carried out a rapid survey, where 44 per cent of responding organizations reported that their activities had been impacted by preventive measures related to COVID-19.

On 12 April, the Education sector meeting with Ministry of Education (MoE) and partner representatives addressed the need to develop a comprehensive plan on alternative modalities of education services, including distance learning, home-based learning and awareness raising and capacity building for MoE staff. At present the MoE is preparing the plan, after which the sector will commence mapping the response. Education partners in the southern hub area are also developing a guideline with other sub-national partners for potential response and alternative modalities in non-formal education.

In protection activities, UNFPA continues to provide GBV services, including psychological first aid, remote GBV case management, psychosocial support as well as awareness raising on GBV prevention during the COVID-19 crisis, using online and other platforms. From 1-18 April, UNFPA reached 30,200 people with services. UNFPA is further developing products including use of sign language to reach people with hearing impairment.

For UNRWA, 103 schools and five technical and vocational education and training centers (TVET) are currently closed, however, self-learning materials continue to be circulated, with estimates 73.4 per cent of students are accessing these online. Around 10,000 students in Neirab, Khan Danoun, Khan Eshieh camps and Ramadan gathering have been provided hard copies due to lack of internet. Further, TVET students continue to be supported with learning through online platforms.

In addition, UNRWA has established new distribution centers (in addition to the existing 14 distribution centers and five mobile centers) at six UNRWA schools and one microfinance office. Social distancing is being enforced at distribution centers, and 430 UNRWA health staff working on the COVID-19 response have been provided with PPEs and sanitation items. Telemedicine has commenced using hotlines, as has remote psychosocial counselling, and to support the elderly and most vulnerable patients, direct-to-door distributions of medicines is underway. To support their staff, 14 professional psychosocial counsellors are available to all area staff, and a free transport service is being provided to all critical staff who are still physically reporting to their duty stations.

PREPAREDNESS AND RESPONSE

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

The current key priorities in Syria are:

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

In particular, WHO, acting on the eight pillars of the global WHO Strategic Preparedness and Response Plan, 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; focused on procuring and enhancing integral medical supplies including in laboratory testing and PPE, for case management and healthcare facilities; and worked to increase awareness, including with vulnerable communities. A WHO multi-disciplinary team is also on stand-by to be deployed. On 31 March, UN Secretary-General Antonio Guterres launched a report *Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19*, which forms the basis of incorporating socio-economic impacts as the ninth pillar of the response.

As the UN supports national preparedness and response in Syria, the specific country context poses considerable challenges. This includes: a fragile health system lacking sufficient personnel; infrastructure and existing essential equipment; insufficient water and sanitation infrastructure; significant existing vulnerable populations reliant on humanitarian assistance such as refugees, asylum-seekers and IDPs; challenges accessing certain areas including due to ongoing hostilities; challenges for humanitarian workers to move freely to support and implement humanitarian programmes due to preventive measures including border restrictions and challenges procuring essential supplies including due to border

restrictions, a deteriorating economy and competition for local supplies, as well as sanctions. As the response expands, there is a greater need to both increase and decentralize testing, in order to accommodate more timely diagnosis of more samples from a greater range of geographical locations including NES.

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. At an inter-hub level, weekly operational calls are ongoing between OCHA Damascus/Qamishli, WHO Damascus/Qamishli, health sector focal points, INGOs and the Whole of Syria Health Sector Coordinator to support coordination on key issues requiring joint approaches in NES, including community mobilization, capacity building, case management and a unified strategy for camps.

OCHA Syria also continues to engage the Inter-Sector Coordination (ISC) team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly operational calls to monitor implementation of the COVID-19 Preparedness and Response plan. The ISC has finalized its updated Operational Response Plan for COVID-19 structured around the eight pillars of health preparedness and response, as well as the ninth pillar on socio-economic impacts, and updating funding requirements; the plan is now under leadership review. On 20 April during the second meeting of the joint GoS inter-ministerial-UN task force on COVID-19 it was agreed that support to isolation centers and protecting the elderly from infection should be prioritized. The UN also offered logistical support to facilitate distribution of PPE at the governorate level.

In addition, sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and NFIs continue to undertake national and sub-national level meetings to map business continuity and support coordinated response planning, in addition to coordinating with relevant authorities. Key activities have included developing sectoral-specific guidance on risk mitigation and other relevant strategies, and information dissemination among partners, in addition to development of sector-specific response plans incorporated in the operational response plan. Specifically, on 21 April, a Health sector coordination meeting was held to review the sector response plan and online COVID-19 items tracking System. On 21 April, an ISC meeting was held to review the Monitoring Framework developed for the updated COVID-19 Operational Response Plan.

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

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 the MoH, the RCCE Group has developed a multi-component package, including a toolkit of key messages, and in the reporting period, finalized online training materials in Arabic to train partners. The RCCE Group is also working to mainstream gender across its interventions.

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

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. UNMAS is exploring the possibility of incorporating COVID-19 messaging in their awareness campaigns on explosive ordnance risks. Trainings related to awareness raising also continued through the reporting period, including WHO supporting online public health and medical orientation sessions in collaboration with UNHCR and UNICEF for health sector NGOs, specialized capacity-building

training for UNDSS, and mental health and PSS online training for 400 participants for NGO and INGO partners, including those in NES.

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

In NES, awareness campaigns and related trainings of partner staff, including specific targeting of camps, IDP settlements and collective shelters are ongoing.

Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the MoH with technical teams meeting daily. Severe acute respiratory infection (SARI), one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria, a syndromic based surveillance system functioning since 2012. Currently 1,271 sentinel sites report cases through EWARS system across all 14 governorates.

With the support of WHO, MoH has commenced active surveillance utilizing 1,932 surveillance officers across 14 governorates, who will be in regular contact with and actively visit private and public health facilities to monitor admissions.

Within Syria, including NES, all relevant stakeholders including local authorities have agreed to collect samples through RRTs for referral to the CPHL in Damascus for testing (in line with similar established mechanisms for sample testing, including influenza and polio). To date, 258 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral. Within the reporting period, WHO supported two sessions to train 11 RRT members in Lattakia and 12 RRT members in Homs, and on 21 April, WHO supported another training workshop for 86 RRT members covering 13 governorates. Training is ongoing with a new increased target to cover 432 RRT members.

In NES, five RRTs are active in Al-Hasakeh and three in Ar-Raqqa. Deir-Ez-Zor has no RRT and is instead utilizing the EWARS focal point, while Menbij/Kobane is being covered from Aleppo. Where possible, UNICEF's fixed health clinics are incorporating the triage system for patients, and with WHO, will implement community surveillance in camps. UNRWA have also continued a triage system in their 25 health centers to examine patients with respiratory systems separate from other clients. In addition, within the reporting period, WHO supported an awareness session for 20 doctors and 19 people from the Pharmaceutical Syndicate on COVID-19 in Homs Governorate.

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

Points of Entry

At all points of entry, the MoH has stationed at least one equipped ambulance with medical personnel. WHO has supported screening efforts including providing one thermal scanner camera to MoH.

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 additionally fixed; and the laboratory generator was repaired. Further rehabilitation of the CPHL to establish a designated laboratory for

COVID-19 is ongoing and is expected to be completed in a few weeks. Training of more than 95 MoH and DoH staff in sample collection and surveillance has been completed, as has on the job training for ten CPHL laboratory technicians.

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

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

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

Infection Prevention and Control

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

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

As detailed in the last update, WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. In the reporting period, WHO delivered 84,770 gloves, 110,992 surgical masks, 4,510 medical masks, 37,795 gowns, and 9,790 alcohol hand rubs to partners. To date, WHO has delivered more than one million PPE items across Syria, including surgical masks, gloves, reusable heavy-duty aprons, gowns, headcovers, alcohol hand-rubs, medical masks, goggles and coveralls, in addition to alcohol hand-rubs; including shipments of PPE and sterilization items to Qamishli National Hospital, the DoH in Al-Hasakeh, and Deir-Ez-Zor. In the reporting period, WHO additionally supported an IPC training session and correct use of PPE for 24 INGO partner healthcare workers, with other trainings to take place on 23 and 27 April.

Regional dispatch of 20MT of medical supplies (including PPE, ICU beds, incubators, and seven ventilators) which WHO airlifted to Qamishli on 12 April is ongoing. At the time of writing, 95 per cent of the shipment had been delivered to Al-Hasakeh, Tabqa and Ar-Raqqa national hospitals as well as to the Deir-Ez-Zor Health Authority and Al-Hol camp. A smaller shipment (less than 1MT), including two ICU beds and two ventilators, was enroute to Menbij National Hospital.

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. To date, WASH assessments have been conducted in 15 hospitals across the country. Out of these facilities, UNICEF has supported commencement of light rehabilitation of WASH systems in five facilities in Latakia (Al Hafa Hospital and Al Qerdaha Hospital), and Aleppo (University Hospital, Zahi Azraq Hospital, and Ibn Khaldoun Hospital). Mapping by the Education sector is also underway for WASH needs at schools, including at the sub-sector level.

UNDP has also continued, with MoH, supporting WASH rehabilitation within priority healthcare facilities, with further rehabilitation (including WASH) planned at Al-Qadmous Hospital in Tartous, with discussions underway to support rehabilitation (including WASH) at Dummar Hospital in Damascus Governorate. Première Urgence Internationale (PUI) has completed the light rehabilitation of WASH systems at one isolation centre (Al Bassel Education Centre) in Dar'a Governorate and has progressed work at another (Health Institute) in Deir-Ez-Zor Governorate. PUI is also supporting light

WASH maintenance and provision of cleaning/hygiene items to 15 childcare centres in Damascus, Rural Damascus, Homs and Aleppo governorates.

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

UNFPA also continued to support WASH initiatives and is prioritizing PPE to healthcare workers - particularly midwives, nurses, obstetricians and anesthesiologists - in facilities providing reproductive health services and maternity wards. To this end, UNFPA have procured 500,000 medical masks, 12,500 boxes of latex and disposable gloves, 10,000 alcohol and hand-gel sanitizers and 5,000 bottles of surface sanitizers, expected to be delivered around 12 May.

Case Management

Working closely with MoH technical teams, health and WASH partners, WHO is meeting on a daily basis to monitor, plan and assess the incident management system functions. To support the MoH's announced plans to establish quarantine and isolation for treatment centres in all governorates, WHO completed inter-sectoral mapping in coordination with departments of health. To date, humanitarian partners have been informed by local authorities (Governors and Departments of Health) of 26 identified quarantine facilities and 50 isolation spaces across 13 governorates. At the central level, the MoH has announced 14 fully equipped isolation centers are currently running. On 18 April, the MoH announced that 2,115 people had been quarantined to that date, of whom 1,898 had left and 217 remained still under supervision.

Given the extent to which even the most advanced health systems globally have been quickly overwhelmed by COVID-19 cases, the immediate priority is on providing support to and reinforcing isolation facilities. Further to the support outlined in previous reports and as referenced above, UNDP is in discussions with MoH to support infrastructural rehabilitation at Dummar Hospital in Damascus and Al-Qadmous Hospital (a designated isolation center) in Tartous. Based on WASH assessments at three isolation centers in Aleppo, Deir-Ez-Zor, and Dar'a, PUI has completed light rehabilitation of WASH systems at Dar'a (Al Bassel Education Centre), and is progressing work at the Health Institute in Deir-Ez-Zor.

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

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

Operational Support and Logistics

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

Globally, challenges include an unprecedented demand of essential medical items including PPE with stockpiles depleted, substantial price increases and export bans a further factor. Lack of PPE globally may also have a cascading effect in disrupting manufacture of other critical medical equipment and medicines. Globally, WHO has established the Supply Chain

Coordination Cell comprising WFP, UNICEF, UNHCR, UNFPA, MSF and IFRC to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring.

Within Syria, distributions and service delivery are being rapidly adapted. With 3.5 million people in Syria reliant on food assistance, WFP alone has 1,600 distribution points within Syria; work is ongoing with SARC to adapt modalities in order to decongest distribution sites. Other options being explored is combining essential distributions, for example, of sanitation, health and NFIs with food; with modalities to be shared across networks to ensure all sectors can adapt where possible.

The Logistics Cluster is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to quickly identify bottlenecks in supply into Syria of humanitarian assistance.

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

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 who 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.

Sectors are currently drafting a strategic plan in line with the WHO eight pillars, covering camps and informal settlements including those in NES and UNRWA camps for Palestine refugees. The plan will outline activities currently taking place, identify 'at risk' populations and set agreed actions for all sectors/partners.

As outlined in previous reports, WHO has developed a COVID-19 awareness campaign plan for camps and collective shelters in NES. Partners informed by a UNHCR/protection partners rapid assessment as part of the comprehensive response plan for COVID-19 in NES continue awareness campaigns in camps and informal settlements.

WASH partners are further continuing their work to support IPC enhancements in camps, settlements and collective shelters. To date, Shelter partners have conducted 18 assessments of collective shelters to identify repairs to hygiene facilities, improve privacy and reduce overcrowding in Aleppo, Damascus, Deir-Ez-Zor, Homs, Lattakia and Tartous governorates. From these assessments, eleven shelters (covering 815 households) have been identified for work to commence.

The rehabilitation and light maintenance of WASH facilities in 13 collective shelters in Hama, Tartous and Homs governorates is ongoing with PUI support. PUI has also conducted assessments at four other shelters in Damascus and Lattakia, with work planned in the coming week. In addition, shelter kits have been distributed to 680 families in four communities in Aleppo to help reduce overcrowding and improve privacy.

Essential services and distributions are continuing in camps, however group activities including educational activities, gatherings at child friendly spaces and WGSS have been suspended or modified to mitigate risks. The Education sub-sector, in coordination with the NES forum, is discussing with camp management on resumption of education activities. Additional measures, including grouping together distributions, limiting outside visits, appropriate reductions in staff numbers, and sterilization and awareness campaigns are ongoing.

Mahmoudli Camp

At the time of writing, 8,259 individuals were living at Mahmoudli camp. As is the case in other areas, camp administration has imposed a range of COVID-19 precautionary measures, including a suspension of all education activities, child-friendly spaces, and large gatherings including recreational activities, trainings and meetings. Arrival and departure movements from the camp have also been suspended since mid-March, with an ambulance and health crew deployed at the entrance to conduct thermal screening of all humanitarian workers and camp staff. Only critical medical cases are allowed to leave and are referred to Tabqa Hospital, which has a 22-bed quarantine centre.

At present, there is a need for an isolation area in or near the camp. Plans are underway for WHO to coordinate with camp administration to identify and design the site and coordinate with partners on needed services.

Awareness-raising activities are underway in the camp, with partners and volunteers distributing IEC materials to all households, in addition to all public places (medical points, INGO centers, shops, water tanks, etc). Tent-to-tent awareness sessions and hygiene promotion is ongoing. Additional soap is planned to be distributed in the coming month. Water trucking by partners continues, and an enhancement of the sewage and water network will commence in the coming weeks. Preventive measures and social distancing is also being adhered to during distributions, with food and hygiene distributions now taking place at the block level, with cycles being combined to reduce risk of transmission.

Al-Hol Camp

As referred to in previous reports, the one suspected case of COVID-19 so far reported in Al-Hol camp has been confirmed as tested negative. At the time of writing, no further suspected cases had been reported. During the reporting period RRTs in Al-Hasakeh governorate were given permission by the MoH to enter Al-Hol, as well as other camps, to collect samples from suspect cases.

Construction of the planned isolation area, with capacity for 80 beds and a storage area for sterilization items, supplies and hygiene kits, continues. A triage tent will be installed at the gate of the site to confirm that the referred cases meet case definitions, with further plans to staff the isolation center with medical personnel 24/7.

To date, WHO has delivered two shipment of PPEs and four thermal screening devices to Al-Hol Camp (two at the main gate, two at the Annex entrance). Thermal screening has commenced by personnel trained by WHO. Enhanced WASH interventions also continue, as does awareness-raising throughout the camp.

CHALLENGES

As is the case globally, the impacts of COVID-19 are all encompassing, and present challenges across multiple fronts – ranging from operational (including unprecedented restrictions on movement, lengthy quarantines) to personal (concerns over physical wellbeing / family separation), and logistical (market disruptions / failure, remote working modalities). In Syria, as is the case elsewhere, the operating environment is also changing rapidly, with factors such as movement restrictions (border closures, curfews) subject to change at any time. 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.¹ 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. Furthermore, the CPHL is the only designated laboratory for testing COVID-19 in the country, although further laboratories are set to open shortly. Nevertheless, 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 of COVID-19. Of note, the absence of a laboratory capacity in NES, coupled with transport delays and access challenges, hinders the timely testing of suspected cases.

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 recent restrictions on travel within governorates to and from urban and rural areas, in addition to curfews, has impacted the ability

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

of programmes and field/technical assessments to reach communities, particularly in remote areas as they seek exemptions. Border restrictions, in addition to other factors, are also impacting costs for humanitarian partners.

Further challenges include other unforeseen events related to the crisis that impact communities' ability to protect themselves from COVID-19. As an example, in the past month, the Alouk water station, a critically important water source for 470,000 people, has been disrupted multiple times. The UN emphasizes that, now more than ever, basic services must be de-politicized and their protected status respected under international law. In addition, border closures and the deteriorating exchange rate has impacted humanitarian conditions. In Rukban, as of 18 March, residents have been unable to access the UN clinic on the Jordanian side of the border as authorities require pre-screening for COVID-19. The UN continues to advocate to all parties for conditions that would enable safe humanitarian access.

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 HRP offers a multi-partner/sectoral response to the pandemic; for the time-being it does not attempt to deal with secondary or tertiary issues related to macroeconomic effects and more longer-term requirements in various sectors.

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

Within Syria, the financial requirements for the revised COVID-19 operational response plan are currently estimated at \$178.6 million. Requirements will be revised on a monthly basis, along with the GHRP, as the situation evolves. To date, sectors have identified approximately \$29.1 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. On 17 April, the SHF launched a \$23 million reserve allocation in accordance with the preparedness and response priorities.

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 17 March, UNRWA launched a \$14 million Flash Appeal aimed at raising the initial resources required to prepare for and mitigate the impact of the virus. UNRWA is currently revising its Flash Appeal to include a stronger and updated response to the socio-economic consequences of the crisis on the lives of Palestine refugees.

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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