

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 8 August 2020.

## HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 608 (35 fatalities, 184 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. However, the elderly and people with underlying health conditions are particularly at risk; as are vulnerable IDP and refugee populations and healthcare workers with inadequate personal protective equipment (PPE).
- Of the cases announced to date by the MoH, 44 are reported to be healthcare workers, the majority in Damascus.
- As of 24 July, the MoH has reported approximately 12,416 tests have been performed in laboratories in Damascus, Aleppo, Homs and Lattakia governorates.
- 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, 15,257,287 laboratory-confirmed cases of COVID-19, including 628,240 deaths (CFR=4.1 per cent) had been reported globally. The United States has the most confirmed cases (3,938,094) and the most deaths to date (142,533). In the Eastern Mediterranean Region, more than 1,439,372 COVID-19 cases have been reported, including 36,470 deaths, around 41 per cent of which occurred in Iran.

In Syria, 608 laboratory-confirmed cases have been reported by the MoH to date: one case in Tartous; seven in Dar'a; nine in As-Sweida; nine in Homs; ten in Hama; 29 in Lattakia; 30 in Aleppo; 34 in Quneitra; 136 in Rural Damascus; 319 in Damascus, and 24 cases where the location had yet been announced. In total, 214 new cases have been announced since the last report. The MoH has also announced 35 fatalities – an increase of 19 since the last report – and 184 recoveries. Of the cases, 104 cases were announced as imported and 203 as a secondary case (exposure/contact with a known case). According to available MoH data, nearly 28 per cent of cases presented as severe/critical requiring hospitalization, including, in some cases, oxygenation or mechanical ventilation in ICU units.

In addition, of particular concern is that according to the MoH, 44 healthcare workers (eight per cent of reported cases) have tested positive for COVID-19, an increase of 26 since the last report. This includes 34 in Damascus, six in Rural Damascus, two in Aleppo, and one each in Quneitra and As-Sweida. This highlights the particular risks faced by healthcare workers; and underscores – given Syria's fragile healthcare system with already insufficient numbers of qualified healthcare personnel – the potential for its overstretched healthcare capacity to be further compromised.

Since the last update, humanitarian actors have also received unverified reports concerning additional possible cases, and information indicating that in some areas, existing healthcare facilities have been unable to absorb all suspected cases and/or healthcare facilities are suspending surgeries or adapting wards to accommodate increased numbers of COVID-19 patients. While the UN is not in a position to verify this information; it is of note that official cases confirmed by the MoH have increased more than 100 per cent in July, and the source of 277 cases to date remains unknown, potentially indicating that community transmission is now widespread. Globally, even the most advanced healthcare systems have been quickly overwhelmed by COVID-19 cases. On 20 July, the Minister of Health stated the current increase in COVID-19 cases could evolve into a wider outbreak and emphasized individuals should adhere to preventive measures and seek early treatment.

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. Subsequently, authorities in NES in late April and early May announced an additional five cases (since recovered) through their own laboratory capacity. On 23 July, authorities in NES announced a further four in Qamishli (3) and Al-Hasakeh city (1); the first announced cases in NES in over two months. According to reports the new cases have not had contact with each other;

all are further reported to have underlying health conditions and are self-isolating in their homes; with immediate family members and recent contacts also in quarantine. Contact tracing is reported to be ongoing.

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

### ***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) including commercial and relief shipments, and movement of humanitarian and international organization personnel. International commercial passenger flights remain suspended however domestic commercial cargo and passenger flights are ongoing.

International repatriation flights landing in Damascus and Lattakia international airports from multiple locations are ongoing with approximately 2,950 people repatriated so far – out of a reported 10,000 registered. The most recent repatriation flight reported was a flight for approximately 260 Syrian nationals from Erbil on 16 July. In recent weeks, a reported 2,000 Syrian nationals residing in Lebanon have also reportedly returned through land crossings, mainly Maasna border point. On 11 July, the GoS announced new entry requirements to enable Syrian citizens abroad to enter through official border crossing points with Lebanon following presentation of a negative PCR certificate at the border. Tests must have been conducted within the past 18 hours at four Lebanese hospitals accredited by the MoH before completing five days home quarantine.

In addition, the GoS further announced that Syrians travelling abroad could obtain PCR tests and health certificates in four specified centres in Damascus.

As indicated in previous reports, in June, approximately 2,985 students crossed into GoS-controlled areas to sit their high school certificate and were accommodated in 25 centres located in six governorates. At the time of writing, students were still returning. Students received pre-departure care packages and an education cash subsidy of SYP 30,000 provided by UNICEF to cover the cost of transportation to their homes. Exams for ninth grade students living in cross-line areas are expected to go ahead next month with planning underway for up to 15,000 arrivals including chaperones. Humanitarian partners are currently seeking clarification on dates, timeline and quarantine procedures to support planning.

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 continue to provide exemptions for humanitarian goods and personnel at the Fishkabour/Semalka informal border crossing. While in May to mid-June, Fishkabour/Semalka had been opened periodically for returns of Syrian nationals, with an estimated 1,216 Syrian refugees returning from Iraq to Syria during that time, local authorities recently announced that from 13 July, all border crossing points to NES are closed as a precautionary measure against COVID-19. Humanitarian personnel, students and medical cases are reported to be exempt but subject to a 14-day quarantine on arrival. It was further reported that humanitarian personnel with a quarantine certificate issued in the Kurdistan Region of Iraq (KRI) do not have to undergo quarantine upon entering NES, if entry is within 48 hours of leaving quarantine in KRI. At the time of writing, local authorities had just announced new measures following the emergence of new cases; it was not immediately clear if the weekly humanitarian exemptions to cross into NES would be maintained, nor if passage through cross-line transit points would also be possible. Humanitarian actors were seeking further information.

Al-Bukamal-Al Quaem crossing is reported to be still closed from the Syrian side, and Ras al-Ain border crossing also remains closed except in limited circumstances. Tabqa crossing point is reported as currently open to commercial and humanitarian cargo, and medical cases and students are also reported allowed to cross with a 14-day quarantine on arrival.

Restrictions remain in place at most other crossing points inside Syria. Abu Zandin, Um Jloud and Awn Dadat in Aleppo remain closed, as does Akeirshi and Abu Assi in Ar-Raqqa. Al-Taiha in Aleppo is reported open for commercial traffic. From 17 July, Ghazawiyet Afrin and Deir Ballut in Aleppo are closed for civilian movement; military are still reported to be allowed to cross. On 20 July, Bab Al Hawa in Idlib partially re-opened for humanitarian workers and emergency medical cases to cross to Turkey after a week's closure following reported cases of COVID-19 in Idlib.

### **Preventive measures**

The Government of Syria (GoS) continues to maintain a widespread easing of preventive measures introduced throughout May, albeit with some recent changes. On 13 July, following confirmed cases of COVID-19 among judiciary and staff, authorities announced a reduction in daily court sessions in the Justice Palace. On 15 July, the Ministry of Finance announced that employment would be suspended for female employees with children in the Ministry and directorates. On 20 July, the MoH announced that halls utilized for events including weddings and condolence gatherings would be closed, unless open-air, in which case a 40 per cent capacity must be adhered to. Most recently on 22 July, the Ministry of Endowments announced the suspension of Eid Al-Adha prayers in Damascus and Rural Damascus governorates and all religious teaching seminars. However, Friday prayers and mass prayers with preventive measures are allowed to continue.

Otherwise, the daily curfew remains lifted, as has the travel ban between and within governorates. Markets, restaurants, cafes, gyms, parks, theaters, cinemas and most leisure facilities remain open, so long as precautionary measures are adopted. Mosques and churches are allowed open, so long as physical distancing is observed. Public and private transportation services have also resumed, as have universities and institutions. In the reporting period, the Minister of Health publicly stated that broad-based restrictions would not be re-imposed due to economic and social impacts.

During the reporting period the lockdowns on Jdeidet al-Fadl in Quneitra and Ras al-Ma'ara in Rural Damascus, were lifted after reports that sufficient numbers of samples tested negative. Further reports indicate some other recent lockdowns of private and public buildings due to COVID-19 in various locations, including in NES.

In NES, following the announcement of four new cases, local authorities reinstated a partial curfew. This includes the banning of all mass gatherings, including weddings and funerals, and restaurants to be only allowed for take-away. Authorities also emphasized the importance of personal preventive measures, such as physical distancing.

### **Humanitarian Impact**

Throughout June, the informal SYP/USD exchange rate has experienced extreme volatility, at one point rising to the highest rate on record – approximately SYP 3,200 to US\$ 1 on 8 June. Throughout July, the informal exchange rate has continued to fluctuate, albeit at more moderate levels, and at the time of writing was approximately SYP 2,000. On 17 June, the Central Bank of Syria devalued the official exchange rate for the second time in six months, to SYP 1,256 to US\$ 1. In some areas, local authorities recently announced local adoption of the Turkish Lira as an accepted currency.

Due to exchange rate volatility, regional banking crisis and other factors, including knock-on effects of the preventive measures of COVID-19 on the economy, dramatic price rises have been recorded in many basic commodities. According to WFP VAM data, the price of an average food basket in June was the highest on record, on average costing 48 per cent more compared to May, and 240 per cent more when compared to the same time in 2019. In June, the highest rises were recorded in Quneitra (up 78 per cent), Rural Damascus (62 per cent), and Deir-Ez-Zor (61 per cent).

Prior to the COVID-19 crisis, an estimated 80 per cent of people in Syria already lived below the poverty line. According to estimates, 9.3 million people in Syria are now considered food insecure. With the loss of job opportunities due to the impacts of COVID-19, particularly for those reliant on daily wage labour or seasonal work and the continued rise in food prices, it is likely more may be pushed to food insecurity in the coming months. Reports indicate that even households with regular income are being adversely affected as the cost of living has spiraled. For example, WFP's national average reference food basket (a group of basic goods providing 1,930kcal per day for a family of five for a month), cost on average SYP 84,095 in June, exceeding the highest paid official government monthly salary of SYP 80,240. In October 2019, WFP's national average reference food basket was SYP 25,424.

An inter-agency socio-economic impact assessment of COVID-19 involving UNDP, WFP, UNICEF, UNFPA, FAO, and UNRWA is currently being finalized. Initial findings indicate a major economic downturn and significant social impacts, all amplified by the ongoing financial crisis in Lebanon, in addition to a major loss of livelihoods as well as remittances, particularly in view of the Syrian diaspora in Lebanon and Saudi Arabia. The informal sector has also been particularly impacted, where incomes are close to the poverty line and where there is no social protection safety net.

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. In early June, MoSAL reported one-time payments of SYP 100,000 had been disbursed to 5,000 people; and later, on 24 June, announced a second tranche of payments to 18,731 people would occur on an unspecified date.

In recognition of the likelihood of far-reaching socio-economic impacts, the UN Country Team (UNCT) has from an early stage 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.

Nevertheless, as the economic situation has worsened, some humanitarian partners report that the volatility of the informal exchange rate had forced temporary suspension of local procurement. Some partners also report that redesign of budgets due to the exchange rate and inflation was being considered, and programme delivery would likely be delayed. As reported in previous updates, even as restrictions have eased, in particular some Health and Nutrition sector partner activities continue to be 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, due to limited internet connectivity and poor mobile phone coverage in some areas.

However, at the same time, other humanitarian programs have resumed in recent weeks with implementation of measures to ensure safety of staff and beneficiaries. In May, the Health sector reported supporting 759,802 medical procedures and 262,015 treatment courses. UNRWA has reported resuming health services in recent weeks, although this remains under review should circumstances necessitate. UNFPA also continues to provide maternal and neonatal health services and GBV prevention and response services, with 240,343 people receiving reproductive health, awareness raising, and MHPSS since March. In addition, UNICEF report that nutrition activities are ongoing. Education activities have also increased in recent weeks, including in Al-Hol camp.

## 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 enhancing and strengthening preparedness and response efforts at points of entry.

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 authorities. Key activities have included developing sectoral-specific guidance on risk mitigation, information dissemination among partners, and development of sector-specific response plans incorporated in the operational response plan.

In the reporting period, sectors continued support to students sitting national exams, including humanitarian support to students who travelled cross-line to GoS-controlled areas, including their safe return post-exams. Partners are planning to provide support to a second batch of students to sit ninth grade national exams, expected to occur next month.

The UN RC/HC and WHO Country Representative continue to engage senior officials on the COVID-19 response, including with the Deputy Minister of Foreign Affairs, the Minister and Deputy Ministers of Health, the Ministers of MoSAL, MoLAE and Ministry of Education, as well as ICRC and SARC. On 16 July, a joint Ministerial-UN COVID-19 multi-sectoral working group meeting was held, where the WHO Representative emphasized the need to increase and strengthen surveillance, testing, isolation and contact tracing in order to suppress the transmission of COVID-19; in addition to the role of Risk Communication and Community Engagement to make information and advice available to communities in “real time”.

In addition during the reporting period, a team of experts from WHO EMRO regional office concluded a technical support mission to Syria. The team met with MoH AND MoHE officials; the recommendations of the mission have been shared with relevant partners including the MoH and an action plan is being developed.

## 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 and other parts of the country.

As preventive measures have been lifted across Syria, the RCCE is working with partners to continue to engage the public on the ongoing risks of COVID-19 and to continue to promote behavioral initiatives such as hand and respiratory hygiene, physical distancing and voluntary quarantine/isolation where feasible and appropriate. While cumulative RCCE efforts to date have reached an estimated more than 12.5 million people, survey information, in addition to anecdotal evidence suggests that the risk perception across Syria is very low and there has been considerable lack of adherence to individual preventive measures observed in some communities.

Going forward, the RCCE is planning a new range of information, education and communication (IEC) materials and a second phase of social media campaigns to build on previous efforts. In a meeting with authorities during the reporting period, it was agreed that key messages going forward should include the assistance to the elderly in light of COVID-19, and necessity for the elderly to remain at home where possible. In addition, WHO and UNICEF together with MoI is planning to a KAP survey to measure the impacts of RCCE intervention on community behaviors and their attitude and practices. The survey is expected to be completed in 2 to 3 weeks.

As detailed in previous reports, development, printing and distribution of information, education and communication (IEC) materials 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 is ongoing. Other channels, including through the Smart Card/Takamol application and online interactive quizzes, are also being utilized, with an

estimated cumulative reach of approximately 12.5 million people. Direct awareness raising through teams at distributions and door-to-door continues, as does engagement at universities, of religious leaders in mosques, and with church networks.

In addition to support detailed in previous reports, WHO also continues to provide technical support for the MoH COVID-19 Dynamic Infographic Dashboard for Syria, in [Arabic](#) and [English](#).

As also detailed in prior reports, UN agencies, specific sectors and partners continue awareness-raising activities during existing programmes (such as distributions) and/or as separate initiatives, including through social media campaigns. WHO and UNICEF are incorporating RCCE sessions in all COVID-19 trainings for front line workers. Also in the reporting period, UNICEF supported Newborn Care at Home workshops in five northern governorates including COVID-19 awareness, in addition to four group awareness sessions and door-to-door visits on COVID-19 and nutrition. UNICEF-supported C4D teams continue to promote physical distancing as well as awareness raising in public health and service facilities across the country. UNFPA also continues to conduct awareness raising in its reproductive health clinics and mobile teams in 13 governorates. In addition, UNHCR report that in the reporting period, 2,421 outreach volunteers reached approximately 40,506 people across 13 governorates on awareness raising, including more than 1,900 physical visits, with appropriate precautions, to the most vulnerable individuals in need of support who could not be reached through other modalities.

Trainings and regional outreach is also ongoing. In Homs, partners have concluded a 10-day campaign on risk communication and community engagement, with 74 health workers trained on COVID-19-related risk communication principles and communication skills over five days. In Deir-Ez-Zor, IMC in collaboration with SARC, went door-to-door to 889 households to provide awareness raising, including on symptoms and preventive measures.

In NES, awareness campaigns and trainings of partner staff, including in camps, IDP settlements and collective shelters are ongoing. In the reporting period UNICEF supported 15 focus group discussions, in addition to awareness sessions and hygiene promotion for 200 community leaders in Al-Hol. Interactive and edutainment activities were also conducted for 350 children. In addition, UNICEF supported a mine risk education and COVID-19 campaign in Areesha camp, including the training of 65 community volunteers.

## 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 the EWARS system across all 14 governorates. With the support of WHO, MoH is conducting active surveillance utilizing a network of surveillance officers across 13 governorates, who are in regular contact with and actively visit private and public health facilities to monitor admissions.

Within Syria, including NES, all relevant stakeholders have agreed to collect samples through 112 RRTs for referral to the CPHL for testing (in line with similar established mechanisms for sample testing). To date, 432 RRT personnel in 13 governorates have received dedicated training, including refresher training, on COVID-19 case investigation, sample collection and referral, with further trainings planned at the governorate level in July. In NES, five RRTs are active in Al-Hasakeh, five in Ar-Raqqa and four in Deir-Ez-Zor, while Menbij/Kobane is being covered from Aleppo.

WHO also continue to support the MoH with contact tracing through the WHO-developed application “Go.Data”. In the reporting period, WHO supported MoH to conduct screening of suspected COVID-19 cases in Ras al-Ma’ara in Rural Damascus and Jdeidet al-Fadl in Quneitra; both areas subject to lockdown following clusters of confirmed cases. Approximately 60 and 103 samples were randomly collected from these areas respectively; following testing results, the lockdowns on both areas was eased.

To enhance surveillance efforts, WHO is working with the MoH to simplify the case definition for COVID-19 as well as expand active surveillance beyond the existing 125 hospitals to all primary healthcare facilities. In the reporting period, WHO supported the 25 active surveillance teams to conduct 450 visits, in addition to active finding of suspected cases. In addition, WHO further supported a session for health worker teams on case definition and prevention measures.

Plans are also underway to strengthen the existing surveillance system by developing an electronic surveillance platform for COVID-19, which will facilitate analysis of data on demand for improved evidence-based planning and intervention.

Where possible, UNICEF’s fixed health clinics are applying a triage system, in addition to the RRT referral pathway in coordination with WHO. UNRWA have also continued a triage system in their 25 health centers.

As outlined in previous reports, samples continue to be collected by RRTs (99 at the district level, 13 at the governorate level) and sent to the CPHL or regional laboratories in Aleppo, Homs and Lattakia with WHO support. As of 22 July, approximately 4,300 samples had been collected from ten governorates, including three samples from Al-Hasakeh.

## Points of Entry

At all points of entry (PoE), the MoH has stationed at least one ambulance with medical personnel. To date, WHO has supported screening efforts by providing PPEs, infrared thermometers, guidance notes, registration forms and one thermal scanner camera. To reduce the risk of importing and exporting cases, WHO has developed a three-tiered strategy to enhance preparedness and response capacity at PoE; including early detection and timely isolation of suspected cases among travelers; effective IPC measures; and establishment of multi-sectoral mechanisms for preparedness.

Further, WFP, as the Logistics Cluster lead, continues to monitor ports of entry for cargo movement including operational status, capacity, new developments and restrictions. The Food Security Sector continues liaison with the Logistics Cluster to update partners with information as necessary.

## National Laboratories

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. Rehabilitation of the CPHL to establish a designated laboratory for COVID-19 was completed in June; in addition two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were fixed; and the laboratory generator repaired. On-site training for 24 CPHL laboratory technicians has also been completed. In the reporting period, WHO supported refresher training for CPHL laboratory technicians and four new technicians to support expansion of laboratory capacity to include Rural Damascus.

WHO has provided testing kits to the MoH since 12 February. To date, WHO has provided enzyme kits (31,240 reactions), extraction kits (27,250 reactions), screening kits (57,792 reactions) and confirmatory testing kits (1,920 tests), 52,000 swabs and viral transport medium for sample collection, and five polymerase chain reaction (PCR) machines, in addition to 5,000 waste bags and 21,000 bags for samples, and PPE for staff. WHO has further supplies and equipment in the pipeline, including four GeneXpert machines. In addition, UNHCR is procuring one GeneXpert machine.

Following WHO support for on-site training of laboratory technicians and delivery of essential supplies, COVID-19 testing is also ongoing at the Tishreen University Hospital in Lattakia, the Zahi Azraq Hospital in Aleppo, and at the public health laboratory in Homs. As of 24 July, the MoH reported that 12,416 cases have been tested, with a current average of 226 tests performed per day. As detailed above, the GoS committed to establish laboratories in all 14 governorates. The increased capacity and decentralization of testing, including in NES, continues to be a priority for WHO to support.

## 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 21 shelters to date.

WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. To date, WHO has delivered more than 2.5 million PPE items, including surgical masks, gloves, reusable heavy-duty aprons, gowns, headcovers, alcohol hand-rubs, medical masks, goggles and coveralls, and alcohol hand-rubs. In the reporting period, UNICEF also provided PPE to hospitals in Damascus and Rural Damascus, including 77,500 surgical masks, 4,850 hands sanitizers, 7,200 disposable non-woven surgical caps, and 1,550 boxes of 100 glove pairs.

UNICEF, including in its capacity as the WASH cluster lead, continues to engage with partners to strengthen IPC in healthcare facilities, schools and learning spaces, youth centres and communities, in addition to regular WASH services. To date, UNICEF has supported light rehabilitation of WASH systems in 15 quarantine and isolation facilities across the country, including Al-Hol, with plans to rehabilitate WASH facilities at a new isolation centre in Damascus underway. As previously reported, additional light rehabilitation of WASH facilities was also completed in the Dweir quarantine centre.

As part of ensuring appropriate IPC measures during national examinations, WASH sector partners (UNDP, UNICEF, Syrian Arab Red Crescent, Rebuild and Relief International and UNHCR) supported light rehabilitation of WASH facilities at accommodation and examination centres and provision of WASH items to all accommodation and exam centers; in addition to PPE, hand sanitizers, dignity kits and relevant awareness raising. With 9<sup>th</sup> grade exams expected to take place next month, WASH partners are coordinating to prepare for similar assistance, with planning to include to support approximately 15,000 students who will travel cross-line.

As reported previously, UNDP continue to support WASH rehabilitation in three healthcare facilities identified as isolation centres in Tartous, Damascus and Dar'a, with plans to further support rehabilitation (including WASH) at an additional 14 health facilities in all governorates. Further, Première Urgence Internationale (PUI) has now completed rehabilitation of the quarantine centre in Deir-Ez-Zor, and light rehabilitation of WASH systems at two facilities in Dar'a and Deir-Ez-Zor.

Also as previously detailed, WASH sector partners continue to deliver increased quantities of soap and hygiene kits. In the reporting period, UNICEF in collaboration with SARC continued distribution of family hygiene kits in areas of Idlib governorate, including 3,250 people in Abo-Al Dohur, and an additional 12,092 people in Sinjar. In addition, UNICEF continue support to water trucking, including 800 m3 daily to IDPs in Eastern Ghouta, an increase of 200 m3 daily to five camps in northern rural Aleppo to support increased hand washing, and 1,000m3 daily to Al-Hol and Al-Hasakeh city.

Training in IPC and use of PPE also continued. WHO supported a further four workshops on IPC measures in Damascus, with 100 healthcare workers trained on triage, IPC/PPE measures and case management for SARI cases when COVID-19 is suspected. In addition, WHO further supported one-day workshops on triage, IPC/PPE, case definition and referral pathways at 226 primary health care centres in 13 governorates, and a further 50 healthcare providers at isolation hospitals on IPC and waste management. UNICEF supported training for 86 NGO health workers and IYCF program volunteers on IPC measures and rational use of PPE in Homs.

As detailed in previous reports, UNRWA continues to support increased sanitation activities through 120 sanitation labourers (18 recently recruited) at the nine official and accessible Palestine refugee camps (and one informal camp). In cooperation with GAPAR, water provision is currently being enhanced at the camps. UNDP continues to support municipalities in solid waste collection and removal activities, with 342 workers recruited in Al-Hasakeh to support solid waste removal and collection, and support to rehabilitation of wells and pumping stations also continues. UN-HABITAT also continued three projects in Homs and Hama to improve the community capacity to respond to a potential outbreak of COVID-19, including provision of solid waste containers, and cleaning campaigns.

## Case Management

Working closely with MoH technical teams, Health and WASH partners, WHO continues to meet on a daily basis to monitor, plan and assess incident management system functions. To support the MoH's plans to establish quarantine and isolation for treatment centres in all governorates, WHO completed inter-sectoral mapping in coordination with departments of health.

To date, humanitarian partners have been informed by local authorities of 34 identified quarantine facilities and 50 isolation spaces in 13 governorates. At the central level, the MoH has announced 23 isolation centres are currently running, with a cumulative capacity of 1,018 beds, including 841 isolation beds, 177 ICU beds, and 149 ventilators. The 30 quarantine centres are reported to have 5,774 beds. In the reporting period, information has been received indicating that some patients have been requested by some isolation centres to quarantine at home.

Since 28 April, repatriation flights for Syrian nationals have progressively arrived, with approximately 2,940 nationals – out of around 10,000 who registered – repatriated from various locations to date. During the reporting period, a repatriation flight from Iraq arrived, carrying approximately 250 Syrian nationals, who remain in quarantine.

Given that even the most advanced health systems globally have been quickly overwhelmed, the priority remains on providing support to and reinforcing isolation facilities. As outlined previously, UNDP is supporting rehabilitation at three hospitals. PUI has completed light rehabilitation of WASH systems at isolation centres in Dar'a and Deir-Ez-Zor. As outlined in the previous report, WHO delivered 85 tons of medical supplies by road from Damascus to Qamishli, to be distributed to

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

WHO continues to deliver case management trainings (resuscitation and ventilation management). In the reporting period, WHO supported specialist training for 175 healthcare workers from five governorates, targeting doctors, nurses and anesthesia technicians working in ICU and emergency departments.

In NES, there are up to 21 prepared isolation centres for moderate-severe cases, with five currently operational (approximately 309 out of 975 available beds). A further two facilities are planned by NGO partners, with funding yet to be secured, and a further two or three by local authorities, with work still not started or in very initial stages.

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

## Operational Support and Logistics

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

WHO has established the Supply Chain Coordination Cell to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring. WHO has also established three buyers consortia – a PPE Consortium, a Diagnostics Consortium, and a Clinical Care Consortium – to ensure that some critical supplies are reserved to meet the requests of countries most in need. The COVID-19 supply needs from all hubs have been shared with WHO EMRO for compilation and submission to the Global COVID-19 Supply Chain Task Force for consideration, a multi-stakeholder body to coordinate demand, procurement and allocation of supplies for low- and middle-income countries. The RC/HC has also designated a dedicated Supply Chain Task Force Coordinator for within Syria who will oversee and validate related requests for Damascus-based partners uploaded onto the system.

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

Within Syria, distributions and service delivery have been rapidly adapted. WFP alone has 1,600 distribution points within Syria; work is ongoing to adapt modalities in order to decongest distribution sites. Other options being utilized includes combining distributions; with modalities shared across networks to ensure all sectors can adapt where possible.

The Logistics Cluster is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to identify bottlenecks. Further, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in fortnightly consultations with partners, including cluster coordination and Supply Chain working group meetings, and engaging with the PWG to keep an overview of any potential downstream supply needs. Finally, WFP Headquarters will notify the Logistics Cluster as and when COVID-19 related items from any humanitarian organization are in the pipeline for Syria through WFP's Global Service Provision. 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.

Through funds received by the OCHA COVID-19 reserve SHF allocation, WFP, as lead agency of the Logistics Cluster, is now providing access to an UNHAS service, including air cargo transport, from Damascus to Qamishli.

## 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 other governorates. As yet, no confirmed cases had been reported from any camp or collective shelter.

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

Sectors continue to coordinate to establish isolation areas at camps and informal sites. Sector partners have agreed that two large tents will be allocated in each camp (with one or two camps the exception); one for suspected cases and the other for confirmed, with the possibility of expansion over three stages. Design proposals have been shared and feedback is ongoing. Plans are also being revisited to ensure isolation of mild suspected cases, utilizing either family-sized tents or individual cubicles inside one large tent. In addition, external referral of all moderate and severe suspected cases has also been agreed (except at Al-Hol).

Development has commenced in most camps with the tender process completed. During the reporting period, UNICEF continued support of construction of WASH facilities at the designated isolation centres in Areesha and Mahmoudli camps, in addition to their regular support to camps and collective shelters. At Washokani, partners have agreed on protocol and procedures of case management, and a partner confirmed isolation centre management. At Abu Khashab, Shelter and WASH works for the isolation centre are ongoing. 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 14 collective shelters in Hama, Tartous, Latakia and Homs has been completed with PUI support. PUI is awaiting approval to commence light rehabilitation of WASH systems at two other shelters in Damascus. UNICEF has finalized the preparations to rehabilitate WASH facilities in informal settlements in As-Sweida.

Further, Shelter partners have conducted 47 assessments of collective shelters in Aleppo, Damascus, Deir-Ez-Zor, Homs, Latakia and Tartous to identify repairs to hygiene facilities, improve privacy and reduce overcrowding. To date, work has been completed in 21 shelters, covering approximately 2,331 people, with further approvals pending. In Aleppo, Al-Hasakeh, Homs and As-Sweida, 804 shelter kits have been provided. Further, in Al-Hasakeh, 75 shelters have been assessed, and shelter kits for 100 families were provided to quickly improve privacy and complete basic repairs, however, partitioning for shelters in schools was not approved. Sanitation campaigns are ongoing, as are awareness campaigns, including during the reporting period Syria Al Yamama undertaking hygiene promotion for community leaders in IDP shelters and host communities in Al-Hasakeh, and at Al-Hol, for 600 people.

Three NFI partners have also reallocated funds for hygiene kits. While NFI partners have resumed distributions, many partners have reported prioritizing PPE for frontline and healthcare staff while relying on other mitigation measures, owing to a shortage in the market.

### ***Al-Hol Camp***

No confirmed cases of COVID-19 have so far been reported at Al-Hol. 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 have agreed that ambulances will support internal referrals during day shifts, with training to take place on COVID-19 prevention measures and case management.

As reported previously, construction of the planned isolation area at Al-Hol is complete, with capacity for 80 individuals, including two sub-halls, two large tents and three family-size tents. Latrines include capacity for people with special needs, and SOPs are currently being developed by health partners to cover IPC measures. A partner has confirmed readiness to take over management of the centre and is awaiting approval. It is understood that the relocation of 400 Third Country National (TCN) families from Al-Hol to Al-Roj has commenced; further details are being sought from Camp Administration on selection criteria, with engagement ongoing particularly relating to protection concerns.

To date, WHO has delivered two shipment of PPEs (28,641 items) 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. 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. In the reporting period, partners reported improvement in water supply in all phases of the camp.

UNICEF has further continued support of IPC measures with partners at the camp including disinfection of all communal kitchens, WASH facilities and the isolation area. Other enhanced WASH interventions also continue, including delivery of 30 liters of water per person/per day in all phases. In the reporting period, while emergency water trucking has continued, disruptions to Alouk water station – a frequent occurrence in past months – has once impacted the water supply at Al-Hol, limiting the ability of residents to implement basic preventive measures against COVID-19, such as hand washing and increased hygiene.

## CHALLENGES

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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 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 requires 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, including due to wholesalers withdrawing supplies due to current exchange rate volatility, resulting in the inability of partners to procure items.

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. As an example, in past months, the Alouk water station, a critical source of water for nearly 500,000 people in NES, has been disrupted multiple times, leading to water shortages, including in the reporting period. While emergency water trucking has been initiated by partners during times of disruption, the UN emphasizes that now, more than ever, essential civilian infrastructure including water and electricity must not be politicized.

## FUNDING

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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, and 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 third update to the GHRP was issued on 16 July with revised requirements of \$10.3 billion to meet COVID-19 related needs across 63 countries until the end of 2020. To date, \$1.87 billion, or 18 per cent 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 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; which will be updated as the situation evolves and aligned to the GHRP. Funding, however, remains a major concern with only \$55.6 million raised to date. Of immediate and critical priority is \$10 million needed to expand testing capacity; \$6.5 million needed to support case management/clinical readiness and \$3.1 million needed to procure PPE vital to protect frontline workers.

The Syria Humanitarian Fund has commenced disbursement of \$23 million for 32 approved projects across the Health (\$12.5 million), WASH (\$4.3 million), Protection (\$2.3 million), Food (\$0.04 million) and Logistics sectors (\$0.2 million), including four multi-sectoral projects (\$2.85 million). SARC has also prepared a four-month plan to respond to COVID-19, 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 response to the pandemic over the next three months. As of end May, the appeal was 57 per cent funded.

**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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