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HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 2,830 (116 fatalities, 646 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 are susceptible. However, the elderly; people with underlying health conditions; vulnerable IDPs and refugees; and healthcare workers with inadequate personal protective equipment (PPE) are at greater risk.
- Of the cases announced to date by the MoH, 90 are reported to be healthcare workers, largely in Damascus.
- As of 24 August, the MoH has reported approximately 26,572 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, 25,327,098 laboratory-confirmed cases of COVID-19, including 848,255 deaths (CFR=3.4 per cent) had been reported globally. The United States has the most confirmed cases (5,936,572) and the most deaths to date (182,162). In the Eastern Mediterranean Region, more than 1,924,511 COVID-19 cases have been reported, including 51,019 deaths, around 42 per cent of which occurred in Iran.

In Syria, 2,830 laboratory-confirmed cases have been reported by the MoH to date: ten in Deir-ez-Zor; 26 in Al-Hasakeh; 64 in Dar'a; 73 in Quneitra; 87 in Tartous; 106 in As-Sweida; 114 in Hama; 211 in Homs; 290 in Rural Damascus; 359 in Lattakia; 466 in Aleppo; and 1,024 in Damascus. In total, 1,153 new cases have been announced since the last report. The MoH has also announced 116 fatalities – an increase of 52 since the last report – and 646 recoveries. Of the cases, 105 cases were announced as imported and 203 as a secondary case (exposure/contact with a known case).

Of note, according to the MoH, 90 healthcare workers have tested positive for COVID-19; an increase of 21 since the last report. This includes 51 in Damascus, 14 in Rural Damascus, six in Aleppo, five in Quneitra, four in Lattakia, three in Tartous, two each in Hama and As-Sweida, and one each in Homs, Hama and Al-Hasakeh. This highlights the particular risks faced by healthcare workers and underscores – given Syria's fragile healthcare system with already insufficient numbers of qualified healthcare personnel – the potential for its overstretched healthcare capacity to be further compromised. Of concern, humanitarian actors continue to receive reports that healthcare workers in some areas do not have sufficient PPE. The WHO continues to lead efforts to support increased distribution of PPE where needed to ensure the protection of healthcare workers already operating under very challenging circumstances.

In particular throughout July and August, humanitarian actors have received ongoing and increased numbers of 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. Unverified reports received include a rise in obituaries, death notices and burials. Increased reporting across a range of media outlets on COVID-19 has also continued in Syria, notably on Facebook, where health care professionals, posting in a personal capacity, have indicated that the actual COVID-19 caseload in Damascus alone is far higher than official records.

While the UN is not in a position to verify this information or directly link it to cases of COVID-19; it is clear that during the past two months the epidemiological situation across Syria has rapidly evolved. In July, 532 cases were confirmed, compared to 157 cases in June and 79 cases in May. At the time of writing, authorities have confirmed 2,008 cases in August and 65 in September. Given the limited testing across Syria, it is therefore likely that in particular asymptomatic and mild cases are going undetected and the actual number of cases may far exceed official figures. Of note, among official

cases confirmed by the MoH the source of approximately 89 per cent of cases to date remains unknown. These factors indicate that community transmission across Syria is now widespread.

As official numbers have increased, contact tracing has also emerged as a particular challenge, including in more remote governorates and camps. In addition, for reasons including community stigma and individual reluctance to go to hospitals, it is likely significant numbers of people with symptoms are not seeking treatment or obtaining private services offering home care. In addition to making actual numbers of cases difficult to ascertain, this may increase the risk of late referral of severe/complicated cases for treatment, negatively impacting the long-term health prospects and survival of patients.

Since the last report, authorities in Northeast Syria (NES) have announced a further 323 cases bringing the total in NES to 557 (460 in Al-Hasakeh, 62 in Aleppo, 32 in Ar-Raqqa, and 21 in Deir-ez-Zor). Of these, 34 fatalities have been reported, with 88 recoveries. Healthcare workers have also been affected, with 92 reported cases.

As of 24 August, the MoH report around 26,572 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus and the public health laboratories in Aleppo, Lattakia and Homs. The UN continues to advocate for the enhancement of laboratory and case investigation capacity across Syria, including in NES, and 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 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. Tartous and Lattakia ports remain operational, with precautionary measures which have slowed down operations, including mandatory sterilization procedures, and minimum staff.

Between 23 August and 1 September, an additional 663 Syrian nationals were repatriated from Qatar (150), Cairo (250) and Sharjah (263); to date, approximately 3,874 nationals have been repatriated from abroad on flights to Damascus and Lattakia airports. In recent weeks, a reported 2,000 Syrian nationals residing in Lebanon have also reportedly returned through land crossings, mainly Maasna border point.

On 16 August, the Government of Syria (GoS) announced new entry requirements for individuals arriving from official border crossing points with Lebanon, including presentation of a negative PCR certificate, obtained in the past 96 hours at accredited laboratories in Lebanon. Those unable to present such a document are to be quarantined. In addition, the GoS further announced that Syrians wishing to transit through Lebanon abroad must reach the borders no more than 24 hours before their flight and within 96 hours of a negative PCR test. Reports indicate that testing can be obtained at five private laboratories, in addition to two new centers (Al-Jalaa and Tishreen sports city) in Damascus, in addition to one dedicated to UN staff and diplomats.

During the reporting period, supplementary 12th grade exams were completed, as were 9th grade exams. As was the case for 12th grade exams in July, humanitarian partners provided multi-sectoral support including IPC measures such as sterilization of accommodation and examination centers and the provision of PPE to teachers, invigilators and observers; as well as the provision of meals, NFIs and dignity kits to those hosted in accommodation centers.

In NES local authorities continue to provide exemptions for humanitarian goods and personnel at the Fishkabour/Semalka informal border crossing. All border crossing points, most recently closed on 13 July as a precautionary measure against COVID-19, remain closed. Humanitarian personnel, students and medical cases are reportedly exempt. While earlier reports indicated mandatory quarantine periods for humanitarian personnel, subsequent reports indicate this is no longer the case or not applied in practice.

Al-Bukamal-Al Quaem crossing is reported open for commercial and military movements; Ras al-Ain border crossing 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 (except for students sitting national exams). Al-Taiha in Aleppo is reported open for commercial traffic. Ghazawiyet Afrin and Deir Ballut in Aleppo are reportedly open for commercial, military, and humanitarian cargo movement but closed to civilian crossings. On 20 July, Bab Al Hawa in Idlib partially re-opened for humanitarian workers and emergency medical cases to cross to Turkey.

Preventive measures

The GoS continues to maintain a widespread easing of preventive measures introduced throughout May, albeit with some ongoing changes, including recent ad-hoc suspension of prayers in some locations, and closures of wedding halls.

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, with mandated precautionary measures. 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. The GoS has further announced that the new school year will commence on 13 September. While broad-based restrictions are not anticipated to be re-imposed due to economic and social impacts, it remains possible the GoS may enforce localized lockdowns, such as previously imposed on Jdeidet al-Fadl in Quneitra and Ras al-Ma'ara in Rural Damascus.

In NES, on 28 August, citing the economic and social reasons, local authorities largely lifted general preventive measures imposed on 23 July, allowing shops/services and local authority departments to reopen, and movement between towns, cities and districts. However, social gatherings including weddings and funerals are still banned, and places of worship and public places remain closed. The local authorities have further indicated that from 18 August, face coverings in public spaces will be mandatory across all areas of NES. On 29 August, local authorities issued a directive announcing that the 2020-2021 school year would be postponed until 4 October 2020 as a COVID-19 preventive measure.

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. While throughout July and August, the informal exchange rate has rallied somewhat and remained relatively stable, the current rate of approximately SYP 2,200 still represents a significant devaluation compared to one year ago, when it was around SYP 694. 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, the 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 July was 3 per cent higher than June, representing an overall easing of the rapid price rises recorded in the preceding months. However, July's national average food basket price was still 131 per cent higher than in January 2020 (six months ago), and 251 per cent higher than the same time last year. Overall, the current price is 22.8 times higher than the average price recorded before the crisis.

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 have been pushed into food insecurity. 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 86,571 during July, 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 has been completed. 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 (potentially up to 50 per cent), particularly in view of the Syrian diaspora in Lebanon and Saudi Arabia. Businesses have been heavily impacted, with 15 per cent of small and medium sized business reporting permanent closure. 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 previously, 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 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 with implementation of measures to ensure safety of staff and beneficiaries. In July, the Health sector reported supporting 943,733 medical procedures and 1,201,475 treatment courses. UNRWA has resumed many health services in recent weeks, although is continuing telemedicine support as an alternative, with more than 16,500 calls received since the service was activated. UNFPA also continues to provide maternal and neonatal health services and GBV prevention and response services, with 285,673 people receiving reproductive health, awareness raising, and MHPSS since March. In addition, UNICEF and Action Against Hunger (AAH) both report resumption of nutrition programmes, including home visits.

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. 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 (CCC), 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 and contingency planning for camps.

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 9th and 12th grade students who travelled cross-line to GoS-controlled areas

The UN RC/HC and WHO Country Representative, along with other UN leadership in country, 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.

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, 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 appropriate. While cumulative RCCE efforts to date have reached an estimated nearly 15 million people, survey information and anecdotal evidence suggests the risk perception across Syria is very low and there is considerable lack of adherence to individual preventive measures observed in some communities.

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 15 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.

During the reporting period WHO-supported mobile teams, in cooperation with UNICEF, conducted awareness-raising campaigns in Hama, Homs and Latakia, in addition to psycho-social support (PSS) to 30,000 people in need. Door-to-door visits were also conducted to combat stigma and deliver mental health/PSS services. WHO has further implemented a session on COVID-19 awareness in all trainings to engage healthcare workers in RCCE interventions. 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. In the reporting period, UNHCR supported seven trainings for community volunteers, including on COVID-19 awareness.

Training and regional outreach is also ongoing. During the reporting period, UNICEF conducted a first round of RCCE workshops in reaching 280 trainees across all governorates, covering key concepts of risk communication and community engagement. In Al-Hasakeh, Action Against Hunger (AAH) conducted awareness sessions on IYCF best practices in the

context of COVID-19. The Syrian Society for Social Development (SSSD) continued online awareness sessions and campaigns, targeting more than 10,000 people in Hama, Homs and Tartous governorates.

In NES, awareness campaigns and trainings of partner staff, including in camps, IDP settlements and collective shelters are ongoing; of note, a six-month plan covering Al-Hol is underway. An RCCE campaign to rebrand the isolation centre in Al Hol camp as a COVID-19 Treatment Facility is planned for the coming period.

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.

On 17 August, after support from WHO, the new COVID-19 case definition for Syria was endorsed and disseminated, with the aim of broadening the scope for detection of cases. Suspected cases was also included as a priority in the EWARS system. Also in the reporting period, WHO further supported a meeting among health care stakeholders to review the current epidemiological situation, discuss challenges regarding laboratory testing, and review the first draft of the COVID-19 surveillance guidelines and reporting tools.

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. 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. During the reporting period, more than 3,249 suspected COVID-19 cases and contacts were investigated within 24 hours of an alert being received.

To enhance surveillance efforts, WHO is working to expand active surveillance beyond the existing 125 hospitals to all primary healthcare facilities. WHO are also continuing technical support 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.

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 Latakia with WHO support. As of 31 August, approximately 20,625 samples had been collected from thirteen governorates since mid-March, including 100 samples from Al-Hasakeh, 54 from Deir-ez-Zor and one from Ar-Raqqa.

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.

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 34 CPHL laboratory technicians has also been completed. In the reporting period, training for laboratory technicians for Rural Damascus had been completed and was being validated.

WHO has provided testing kits to the MoH since 12 February. To date, WHO has provided enzyme kits (31,240 reactions), extraction kits (47,250 reactions), screening kits (62,992 reactions) and confirmatory testing kits (1,920 tests), 52,000 swabs and viral transport medium for sample collection, five polymerase chain reaction (PCR) machines and two extraction 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 has procured 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 August, the MoH reported that 26,572 tests have been conducted (18,238 in Damascus; 2,619 in Homs; 2,333 in Aleppo; and 3,382 in Lattakia, with a current average of 509 tests performed per day). During the reporting period, the positivity rate – that is the prevalence of positive cases compared to the number of tests conducted – increased to 5.9 per cent. 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 4.4 million PPE items, including 1.5 million medical masks, 67,848 N95/FFP2 respirator masks, 1.3 million gloves, 7,500 reusable heavy-duty aprons, 83,869 gowns, 662,600 headcovers, 464,800 shoe covers, 4,769 goggles and 18,406 coveralls, 3,500 face shields, 308,407 alcohol hand-rubs and 75 PPE kits. In addition, over a million PPEs have been delivered by health sector partners.

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. In the reporting period, UNICEF provided 91,000 PPEs to four hospitals in Damascus and Rural Damascus, and to 205 NGO health workers in Aleppo. 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. Light rehabilitation of WASH facilities at Dweir quarantine centre is complete. Given the importance of Dweir to host potentially significant numbers of returnees and also cases requiring isolation in the event of hospitals being overstretched, partners have identified gaps and are working on a way forward to improve existing facilities.

As part of ensuring appropriate IPC measures during national examinations for ninth grade students, WASH sector partners (UNDP, UNICEF, SARC, Rebuild and Relief International and UNFPA) supported light rehabilitation of WASH facilities at 42 accommodation centres in Rural Damascus, Hama and Ar-Raqqa governorates. As per previous reports, WASH items have also been provided to all examination centers in addition to PPE, hand sanitizers, dignity kits and relevant awareness raising, as well as sanitation and disinfection of all accommodation and examination centers. WHO also provided the MoE with 40 infrared thermometers, 5,000 surgical masks and 200 gowns to medical teams to support national exams.

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 WASH rehabilitation at two facilities in Dar'a and Deir-Ez-Zor. Triangle Génération Humanitaire (TGH) with SARC distributed hygiene kits to 1,895 individuals in Hama, in addition to hygiene promotion sessions, and SSSD distributed hygiene kits to 74 persons in Rural Damascus, and supported a community-led initiative with UNHCR in Homs to make and distribute hand sanitizers for persons with specific needs in Homs.

Also as previously detailed, WASH sector partners continue to deliver increased quantities of water to particularly vulnerable communities. In the reporting period, TGH continued daily water trucking to 260,100 individuals in Eastern Ghouta. UNICEF and WASH partners including SARC also continued to support emergency water trucking, including to Al-Hasakeh city and neighbouring communities (including Al-Hol camp). Partners delivered 2,500m³ per day for an estimated 250,000 people. UNICEF further supported a water treatment plant at Al-Hol producing 10m³ per hour.

UNHabitat continues to implement a solid waste management projects in Homs and Hama, including delivery of 50 solid waste containers, 3,000 liters of sodium hypochlorite, and spraying machines. As detailed in previous reports, UNRWA continues to support increased sanitation activities through 120 sanitation labourers at the nine official and accessible Palestine refugee camps (and one informal camp) in addition to garbage collection, and disposal at the designated landfills.

Training in IPC and use of PPE also continued. WHO supported eight university hospitals in Damascus with a two-day training on epidemiological analysis, IPC/PPE, case definition and referral pathways, for 330 trainees. WHO further supported six two-day trainings for 180 workers at isolation hospitals and quarantine centers on case management and IPC/waste management measures, in addition to 173 health care workers from 93 primary health care centers in Damascus, Rural Damascus, Lattakia and Deir-Ez-Zor. UNICEF supported two trainings on IPC and rational use of PPEs for 107 health workers in Damascus and Aleppo. Finally, International Medical Corps (IMC) with SARC conducted COVID-19 awareness sessions in Deir-Ez-Zor, covering preventive measures, symptoms and measures to deal with suspected cases.

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 22 isolation centres are currently running, with a cumulative capacity of 1,066 beds, including 894 isolation beds, 174 ICU beds, and 155 ventilators. The 30 quarantine centres are reported to have 5,824 beds. As mentioned in previous reports, information indicates that patients experiencing mild symptoms have been requested by some isolation centres to quarantine at home.

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.

WHO continues to deliver case management trainings. In the reporting period, WHO supported specialist training for 300 health care workers on case management in Homs, Lattakia, As-Sweida, Dar'a, Deir-Ez-Zor and Damascus, including a specialized training course on immediate life support and ventilator management. In addition, WHO further supported training, including on case management for 180 healthcare workers at isolation hospitals and quarantine centers, in addition to 173 healthcare workers from 93 primary health care centers in four governorates. AAH also provided specialist training for healthcare workers in Al-Hasakeh and Dar'a.

In NES, there are up to 22 prepared isolation centres for moderate-severe cases, with six currently operational (309 out of 975 available beds). During the reporting period, a 57-bed isolation centre at Washokani informal settlement came online; plans are underway to double capacity for suspected cases requiring enhanced individual isolation. Significant work, including additional equipment, is still required before all isolation centers can be fully activated, although NGO-supported facilities in Menbij, Tabqa, Raqqa, Malikiyah, Ein Issa and Kobane should be partially operational in the next ten days. These facilities, as well as additional NGO-supported facilities in Deir-Ez-Zor, Amuda and Darbasiyeh, should be fully activated during September.

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 pipeline in real time by health sector partners. The dashboard is updated weekly.

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 monthly consultations with partners through cluster coordination meetings. Ad-hoc Supply Chain working group meetings and close collaboration with the PWG ensures the Logistics Cluster can 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 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 providing access to an air cargo transport service from Damascus to Qamishli. This is in addition to an UNHAS service for air passengers between Damascus and 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. At the time of writing, one confirmed case had been reported for a resident at Al-Hol, and one at Areesha camp. For the latter, the person has been transferred for treatment at hospital in Al-Hasakeh and the immediate family to the isolation center at the camp. For Al-Hol, see the section below.

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. Development has commenced in most camps with most completed or nearing completion. At Washokani, a 57-bed (45 moderate; 12 ICU) is now operational. At Abu Khashab, Shelter and WASH works for the isolation centre are ongoing. At Roj, isolation works have been completed. In addition, external referral of all moderate and severe suspected cases has also been agreed (except at Al-Hol).

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 and NFI partners are continuing to conduct their activities while applying the precautionary measures of masks, physical distancing and rotating staff. 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

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.

On 27 August, the first confirmed case of COVID-19 among residents was reported in phase 7, in addition to the five healthcare workers operating at one of the field hospitals reported previously. The resident has been transferred to the isolation center. Samples from a second suspect case, also from phase 7, were collected on 31 August. The suspect case has also been relocated to the isolation center. Recognizing that a complete lockdown of the camp would be near impossible to enforce, partners have advocated strongly for restriction movements within and between blocks as well as phases for the next seven days, including closure of non-essential shops in the main market in phase 1; installation of hand sanitizing points at the entrance of main market; and to enforce mask wearing at entrance to market. To date these recommendations have yet to be applied by Camp Administration. Advocacy is ongoing, as are efforts to initiate contact tracing.

Field hospitals within Al-Hol have confirmed there are three ventilation devices on site. 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 planned on prevention measures and case management.

As reported previously, construction of the 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 IPC SOPs have been developed by health partners. During the reporting period an NGO has surged staff and equipment to ensure that the center is fully operational, however at present partners recommended it only for mild cases. It is understood that relocation of 400 Third Country National 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. Following the joint UN-agency awareness campaign, daily awareness sessions continue; during the reporting period 30 volunteers were trained on RCCE and 200 community leaders attended awareness sessions. Food, NFI and Hygiene kit distributions are taking place on a two-month rotation.

UNICEF has further continued support of IPC measures with partners at the camp including disinfection of all communal kitchens, WASH facilities, the camp gate and garbage bins. Other enhanced WASH interventions also continue, including delivery of 30 liters of water per person/per day in all phases, UNICEF's support of a water treatment plant at Al-Hol producing 10m³ per hour. In the reporting period, while emergency water trucking has continued, disruptions to Alouk water station – a frequent occurrence in past months – have again occurred.

CHALLENGES

As is the case globally, the impacts of COVID-19 are all encompassing, and present challenges across multiple fronts – ranging from operational (movement restrictions, lengthy quarantines) to personal (concerns over physical wellbeing / family separation), and logistical (market disruptions, remote working modalities). In Syria, as is the case elsewhere, the operating environment is in flux, with factors 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. 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 limiting the ability to deploy staff and contractors where needed, including international staff unable to cross borders. Evolving preventive measures also disrupt humanitarian programming, as do unforeseen events. As an example, the Alouk water station, a critical source of water for nearly 500,000 people in NES, has been disrupted more than a dozen times this year, leading to water shortages. 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

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 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 through 2020. To date, \$2.35 billion, or 22.8 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 also prepared a four-month plan to respond to COVID-19, 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>

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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