SYRIAN ARAB REPUBLIC: COVID-19

Humanitarian Update No. 19

As of 29 September 2020

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.

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 4,102 (194 fatalities, 1,074 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 by the MoH, 126 are reported to be healthcare workers, largely in Damascus.
- As of 19 September, the MoH has reported approximately 37,000 tests have been performed in laboratories in Damascus, Aleppo, Homs, Lattakia and Rural Damascus governorates.
- Socio-economic impacts 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, 33,249,563 laboratory-confirmed cases of COVID-19, including 1,000,040 deaths (CFR=3.1 per cent) had been reported globally. The United States has the most confirmed cases (7,044,327) and the most deaths to date (203,620). In the Eastern Mediterranean Region, more than 2,369,048 COVID-19 cases have been reported, including 61,007 deaths, around 42 per cent of which occurred in Iran.

In Syria, 4,102 laboratory-confirmed cases have been reported by the MoH to date: 7 in Ar-Raqqa; 13 in Deir-Ez-Zor; 35 in Al-Hasakeh; 79 in Quneitra; 94 in Dar'a; 121 in Tartous; 142 in Hama; 145 in As-Sweida; 333 in Homs; 360 in Rural Damascus; 423 in Lattakia; 964 in Aleppo; and 1,386 in Damascus. In total, 526 new cases have been announced since the last report. The MoH has also announced 192 fatalities, representing an increase of 85 since 1 September, or 44 per cent of all reported deaths. In addition, 1,074 recoveries were announced.

Highlighting the particular risks faced by healthcare workers, according to the MoH, 143 healthcare workers have tested positive for COVID-19. This includes 59 in Damascus; 30 in Lattakia; 14 in Rural Damascus; nine in Aleppo; seven in Hama; six each in Quneitra, Tartous and Dar'a; three in Al-Hasakeh; two in As-Sweida; and one in Homs. Of particular concern, 11 healthcare workers are reported to have died, most recently on 3 September.

The steady increase in affected healthcare workers reported since July 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. 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.

Even while the current official numbers remain relatively low, it is clear the epidemiological situation in Syria has rapidly evolved and all factors – including that more than 92 per cent of announced cases to date have not been linked to exposure/contact with a known case – point to widespread community transmission. Since July, official numbers have risen sharply; including a peak of more than 1,600 confirmed cases (around half the current total) in August.

As earlier reported, humanitarian actors have received ongoing numbers of unverified reports concerning additional possible cases, in addition to other information which has indicated in some areas, existing healthcare facilities, particularly in July and August, were unable to absorb all suspected cases and/or are suspending surgeries or adapting wards to accommodate increased COVID-19 patients. While the UN is not in a position to verify or directly link such reports to COVID-19, other unverified reports received include difficulty obtaining a COVID-19 test; and rises in obituaries, death notices and burials.

Given the limited testing across Syria, it is therefore likely that the actual number of cases may far exceed official figures. In particular, it is likely significant numbers of asymptomatic and mild cases are going undetected. Contact tracing is also 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 further likely significant numbers of people with symptoms are not seeking tests or treatment or are 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.

As of 28 September, authorities in Northeast Syria (NES) have reported 1,557 cases (1,174 in Al-Hasakeh, 164 in Aleppo, 183 in Ar-Raqqa, and 36 in Deir-ez-Zor), including 62 fatalities and 47 recoveries. Healthcare workers have also been affected, with 92 reported cases. As is the case elsewhere, limited testing likely means significantly higher numbers exist.

As of 19 September, the MoH reported around 37,000 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus and the public health laboratories in Aleppo, Lattakia, Rural Damascus 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 relevant public health information.

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. After closing on 13 August, Jordanian authorities reopened the Jaber/Nassib border crossing for commercial movement on 27 September. International commercial passenger flights remain suspended – albeit with recently announced plans that international passenger flights will resume at Damascus International Airport from 1 October – however domestic flights are ongoing. Tartous and Lattakia ports remain operational, with precautionary measures.

Since the last report, further repatriation flights landed in Damascus, including from the United Arab Emirates (222), Libya (146) and Oman (197); to date, more than 5,000 nationals have been repatriated. The Government of Syria (GoS) has announced that when international passenger flights resume on 1 October, there will be no further repatriation flights. In recent weeks, a reported 2,000 Syrian nationals residing in Lebanon have also reportedly returned through land crossings, mainly Maasna border point.

From 16 August, the GoS has implemented new requirements for individuals arriving from official border crossing points with Lebanon, including presentation of a negative PCR certificate obtained within the past 96 hours at accredited laboratories. Those unable to present such a document are quarantined. The GoS further announced Syrians transiting through Lebanon must reach the borders no more than 24 hours before their flight and within 96 hours of a negative PCR test. Five private laboratories are reported to offer testing, in addition to two new centers in Damascus, and one further center dedicated to UN staff and diplomats.

In NES local authorities continue to provide exemptions for humanitarian goods and personnel at the Fishkabour/Semalka informal border crossing, and in other limited cases, including urgent medical cases to cross to Iraq. In addition, on 8 September, local authorities announced individuals holding expired European residency permits can cross to Iraq to undertake renewal processes once per week. All border crossing points remain closed as a precautionary measure. Humanitarian personnel 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 is partially open for humanitarian shipments, voluntary returns and visits relating to the agricultural harvest. Tabqa crossing point is reported as currently open to commercial and humanitarian cargo and NES residents possessing a residency card. 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 Zendin and Um Jloud in Aleppo, and Akeirshi and Abu Assi in Ar-Raqqa (except students) remain closed, although reports indicate in practice, crossings do occur. Al-Taiha in Aleppo is reported open for commercial traffic and NES residents possessing a residency card. Awn Dadat in Aleppo is reported open from 19-30 September for NES residents with residency documentation, however reports indicate at the time of writing that local authorities on the other side have stopped movement. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement. On 20 July, Bab Al Hawa in Idleb partially re-opened for humanitarian workers and emergency medical cases to cross to Turkey. Syrian citizens in Turkey can reportedly apply for voluntary return to Syria through the crossing.

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, closures of wedding halls, and some schools/classrooms where students or teachers had confirmed to have contracted COVID-19.

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 open, with physical distancing requirements. Public and private transportation services have resumed, as have schools, universities and institutions. 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.

In NES, on 28 August, citing 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. From 13 September, wedding halls, condolence/funeral halls and meeting halls are allowed to open with mandated precautionary measures. The local authorities have further indicated that face coverings in public spaces will be mandatory across all areas of NES. Local authorities also announced schools would reopen on 27 September, one week earlier than previously announced.

Humanitarian Impact

In June, the informal SYP/USD exchange rate was extremely volatile, rising on 8 June to the highest rate on record – approximately SYP 3,200 to US$ 1. While the informal exchange rate has rallied somewhat and remained relatively stable since, the current rate of approximately SYP 2,200 is still 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 to SYP 1,256 to US$ 1. In some areas, local authorities have 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 COVID-19, in past months dramatic price rises have been recorded in many basic commodities. According to WFP VAM data, the price of an average food basket (a group of basic goods providing 1,930kcal per day for a family of five for a month) in July was 3 per cent higher than June; 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 in 2010.

Prior to the pandemic, an estimated 80 per cent of people in Syria lived below the poverty line. In addition, 9.3 million people are considered food insecure. With the loss of job opportunities due to the impacts of COVID-19, particularly in daily wage labour or seasonal work, combined with rises in food prices, it is likely more families have now been pushed into food insecurity. Reports indicate even households with regular income are being adversely affected as the cost of living has spiraled. For example, WFP's national average food basket cost SYP 86,571 during July, exceeding the highest paid official government monthly salary of SYP 80,240. In October 2019, WFP's national average food basket was SYP 25,424.

An inter-agency socio-economic impact assessment of COVID-19 has been completed. Findings indicate a major economic downturn and significant social impacts, amplified by the ongoing financial crisis in Lebanon. As a result of the multiple crises (including but not solely COVID-19), it is estimated 200,000-300,000 jobs were permanently lost. The informal sector and businesses have been heavily impacted, with 15 per cent of small and medium sized business reporting permanent closure. In addition, remittances – on which many families heavily rely – are estimated to have reduced up to 50 per cent.

As reported earlier, 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. To date, reports indicate MoSAL have disbursed one-time payments (SYP 100,000) to about 40,000 people.

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 while supporting initiatives to bolster social and economic resilience. 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, dedicated assistance to people with disabilities, 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 informal exchange rate volatility and inflation has forced temporary suspension of local procurement and redesign of budgets, leading to likely delays in programme delivery. As reported previously, even as restrictions have eased, Heath, Nutrition and Protection sector partners in particular have reported challenges in implementing alternative modalities. UNRWA have reported a recent suspension of non-critical health care services, with telemedicine support offered as an alternative. Nutrition partners have reported a rise in moderate acute malnutrition since screening was disrupted from April, and surveys indicate a reduction of up to 50 per cent in immunization services. Within the reporting period, UNFPA reported challenges importing certain medical supplies critical to the COVID-19 response, owing largely to exchange rate volatility and banking challenges; in addition, the recent severe shortages of fuel was also reported by a wide range of actors, including UNFPA, as limiting field missions and adversely impacting transportation costs.

However, at the same time, other humanitarian programs have resumed with implementation of measures to ensure safety of staff and beneficiaries. While the Protection sector reported a steep decline in interventions in March and April; in May to end July, just over one million people were reached with protection interventions. UNDP report the recent launch, in coordination with WHO, of “Fadfada”, an online psychosocial support platform, to support increased needs reported related to quarantine and physical distancing stressors. UNICEF report that in the past week, nutrition activities (including group/individual counselling and home visits) have commenced in As-Sweida and Damascus, as have other nutrition activities in southern governorates. UNFPA further reported that 36 out of 48 women and girls’ safe spaces continued to operate, as did mobile teams provided health, PSS and counseling services to 3,322 beneficiaries.

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 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 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.

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 and physical distancing. During the reporting period, new RCCE-supported radio and television spots highlighting key preventive measures, including messages specifically targeting children were broadcast on ten public and private stations. While cumulative RCCE efforts to date have reached an estimated 15 million people, survey information and anecdotal evidence suggests the risk perception across Syria is very low and a considerable lack of adherence to individual preventive measures has been observed in some communities. With UNICEF and WHO technical support, preparations are underway to soon launch a public opinion survey on COVID-19 with the aim to further understand public perceptions.

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 is ongoing. Other channels, including through the Smart Card/Takamol application and online quizzes, are also being utilized. Direct awareness raising at distributions and door-to-door continues, as does engagement at universities, schools, of religious leaders in mosques, and with church networks.

During the reporting period WHO supported one further workshop for media professionals aimed at raising COVID-19 awareness and combating rumors. WHO also continues 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, UNFPA reached 7,874 people on awareness raising including through mobile teams, in clinics, and in women and girls' safe spaces, and distributed relevant IEC materials.

Training and regional outreach is also ongoing. During the reporting period, WHO supported a workshop for health workers on updated findings and recommended standards in the context of COVID-19. With the reopening of schools, UNICEF within the reporting period focused support on awareness raising in schools in 14 governorates, including distribution of 110,671 IEC materials promoting handwashing and physical distancing. OXFAM reported training of trainers in Rural

Damascus and Aleppo and is preparing rollout of IEC materials specifically targeting returnee communities. In Aleppo Governorate, Al-Ihsan worked to raise awareness through mobile teams, home visits and at their charity centers.

In NES, awareness campaigns and trainings of partner staff, including in camps, IDP settlements and collective shelters continue. During the reporting period, in Al-Hol camp, a community rapid assessment exercise commenced, led by UNICEF with WHO support WASH, with 2,500 questionnaires collected so far. In addition, two community leaders' consultation meetings were held to dispel rumours, in addition to ongoing support to 55 community volunteers working with the RCCE working group. In the reporting period, the volunteers reached 2,400 families with tent-to-tent visits.

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.

With WHO support, the new COVID-19 case definition for Syria has been disseminated, with the aim of broadening the scope for detection of cases. In the reporting period, WHO supported printing of posters with the updated case definition to distribute to health facilities. In addition, suspected cases has also been included as a priority in the EWARS system.

Within Syria, relevant stakeholders agreed to collect samples through 112 RRTs for referral to the CPHL for testing (in line with similar established mechanisms). 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 covered from Aleppo; however the majority of samples are collected by 24 RRTs operating under a parallel sample collection system supported by local authorities and humanitarian partners. During the reporting period, more than 5,400 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 is also continuing technical support to strengthen the existing surveillance system by developing an electronic surveillance platform for COVID-19.

As outlined in previous reports, RRTs continue to collect and deliver samples to the CPHL or regional laboratories in Aleppo, Homs and Lattakia with WHO support. As of 28 September, approximately 25,091 samples had been collected from thirteen governorates since mid-March, including 123 samples from Al-Hasakeh, 55 from Deir-ez-Zor and seven 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 including on operational status, capacity, new developments and restrictions. The Food Security Sector continues liaison with the Logistics Cluster to update partners.

National Laboratories

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. Of note, rehabilitation of the CPHL was completed to establish a designated laboratory for COVID-19; 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 38 laboratory technicians has also been completed, including for those working in regional laboratories. In September, with WHO support, a new laboratory to test for COVID-19 came online in Rural Damascus.

WHO has provided testing kits to the MoH since 12 February. To date, WHO has provided a wide range of reagents and supplies needed for testing including enzyme kits (31,240 reactions), extraction kits (47,250 reactions), screening kits (63,568 reactions) and confirmatory testing kits (1,920 tests), 60,000 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 six months' PPE for staff. WHO has further supplies and equipment in the pipeline, including four GeneXpert machines. In addition, UNHCR has procured one GeneXpert machine.

WHO has reported that at present, both WHO and MoH are facing challenges to obtain some specific supplies, largely due to limited market availability and transportation, which is impacting the capacity to expand testing. WHO continues to work with MoH to ensure availability of needed supplies.

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, at the public health laboratory in Homs, and the recently established laboratory at Jdidet Artuz Health Center in Rural Damascus. As of 19 September, the MoH reported that 37,000 tests have been conducted. 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 ongoing in collective shelters, with Shelter sector partners supporting upgrades in 21 shelters to date.

WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. Within the reporting period, WHO delivered a further 30,000 face shields to be prioritized for hospitals responding to COVID-19. 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, 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. In NES, a UNICEF and WHO shipment of more than 15 000 PPE items arrived in Qamishli to be distributed in camps and informal settlements respectively.

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. During the reporting period, in addition to water trucking (see below), UNICEF continued operation and maintenance of WASH infrastructure (including the provision of sodium hypochlorite for water disinfection) across the country. To date, UNICEF has supported light rehabilitation of WASH systems in 15 quarantine and isolation facilities, including Al-Hol. 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 referred to in the previous report, in light of schools reopening, WASH sector partners under the Implementation Plan of the School Reopening Framework continued to support delivery of soap and chlorine bottles to schools, in addition to procurement of IPC and hygiene kits. Additionally, UNICEF supported water trucking to 55 schools in East Ghouta.

As reported previously, UNDP has completed rehabilitation (including WASH) at a hospital isolation center in Damascus and continues to support rehabilitation of eight additional healthcare facilities identified as isolation centres in Tartous, Lattakia, Deir-Ez-Zor and Dar'a. 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. Medair has completed rehabilitation and re-equipment of WASH facilities in clinics and isolation facilities in Queitra, Idleb, Aleppo and Deir-Ez-Zor, in addition to distribution of PPE to partners.

Further, Triangle Génération Humanitaire (TGH) with SARC distributed 1,039 hygiene kits in Rural Damascus, alongside hygiene promotion sessions. Adventist Development and Relief Agency (ADRA) supported delivery of 3,605 COVID-19 sanitation kits in Idleb and Hama. UNFPA further distributed 2,500 protection dignity kits in Quneitra and sanitary napkins in Homs, in addition to hygiene kits including PPE and disinfectants to supported facilities.

Also as previously detailed, WASH sector partners continue to deliver increased quantities of water to particularly vulnerable communities. In the reporting period, UNICEF continued to support water trucking to targeted beneficiaries in East Ghouta, and support emergency water trucking to Al-Hol camp and Al-Hasakeh city (both averaging 600m3 per day). TGH continued water trucking for safe drinking water in 11 villages in Eastern Ghouta. UNDP also continue to support rehabilitation of seven pumping stations and 26 wells and the provision of dosing pumps to ensure water quality in Al-Hasakeh Governorate.

UNHabitat continues to implement solid waste management projects in Homs and Hama, and in the reporting period conducted two hygiene awareness sessions. UNRWA continued to support essential WASH services to Palestine refugees in ten accessible camps (and three informal camps) including maintenance of the existing sewerage and water supply networks and solid waste management. Sterilization of installations also continued, as did distribution of PPE to 125 sanitation laborers as a priority. Further, UNFPA continued to support targeted pregnant and lactating women, with WFP and UNICEF, utilizing the WFP e-Voucher system, to support women to buy hygiene items that they may need from designated stores in Dara'a governorate.

Training in IPC and use of PPE also continued. WHO supported four one-day workshops for 60 healthcare workers in Aleppo and Quneitra on triage, IPC/PPE, case definition and referral pathways, in addition to an additional workshop for trainees including on IPC/PPE at partner hospitals.

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 21 isolation centres are currently running, with a cumulative capacity of 1,034 beds, including 855 isolation beds, 179 ICU beds, and 158 ventilators. The 33 quarantine centres are reported to have 5,764 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 part of enhancing capacity and to ensure a continuity of health services and appropriate management of COVID-19 cases, WHO has commenced a new procurement of medical equipment and supplies. As outlined previously, UNDP is supporting rehabilitation at nine hospitals. PUI has completed light rehabilitation of WASH systems at isolation centres in Dar'a and Deir-Ez-Zor.

As outlined in previous reports, 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, almost 61 tons has been distributed to 17 hospitals, including 16 in cross-line areas (12 of which were previously supported by the UN through Yaruobiah crossing), two private hospitals serving as referrals for Al-Hol, and two hospitals in areas of government control. Distribution of the remaining 24 tons covering more than 40 primary health care facilities is awaiting facilitation from relevant authorities.

WHO continues to deliver case management trainings. In the reporting period, WHO supported training of 100 healthcare workers on case management in Rural Damascus, Quneitra and Tartous including on immediate life support and ventilator management. In addition, WHO continued training for midwives, supporting an additional capacity building training for 30 midwives in Lattakia.

In NES, there are 23 planned isolation centres for moderate-severe and critical cases, with nine currently partially operational (four in Al-Hasakeh, four in Ar-Raqqa and one in Kobane). When completed the total capacity will be 844 beds for moderate-severe cases (372 currently active) and 121 for ICU (59 currently active). Two facilities are still undergoing rehabilitation, while others need more substantial work, including additional equipment. NGOs are providing support to 14 of these facilities. There are tentative plans to establish at least three further facilities, including a 120-bed isolation hospital in Washokani. In Ar-Raqqa, an NGO has completed an isolation ward at the National Hospital and NGO-supported facilities in Tabqa, Ar-Raqqa and Malakiyeh are active, with facilities in Ein Issa, Deir-Ez-Zor, Kobane and Menbij likely to be activated during first half of October. Across NES there are at least 10 specially equipped ambulances available to support COVID-19 related referrals.

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 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 when COVID-19 related items from any humanitarian organization are in the pipeline through WFP's Global Service Provision. This, in addition to close liaison with the Whole of Syria Health Cluster, will provide full visibility on the pipeline for COVID-19 related supplies.

Through funds received from 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 until 25 November. 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. Of these until recently, 15,458 were living in 90 collective shelters, however in recent weeks, reports indicate an estimated 2,279 individuals have moved from the collective shelters to a new informal camp established by local authorities. 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.

To date, two confirmed cases have been reported among residents at Al-Hol, with the most recent case confirmed on 14 September affecting an 18-year-old in phase 3, and one at Areesha camp. All have reported to have recovered. In addition, four cases have been reported at informal camps in Menbij. Contact tracing has emerged as a significant issue in camps; WHO and other health partners are working to increase capacity of health workers in this regard.

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. In most camps areas are completed or nearing completion. At Areesha, Mahmoudli and Tweina/Washokani, isolation centers are now operational. At Abu Khashab, WASH works for the isolation centre are ongoing. At Roj, works have been largely completed. In Newroz, suspected cases are currently being isolated in a rub-hall, with works ongoing to improve the site. 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, Lattakia and Homs has been completed with PUI support. UNICEF has finalized the preparations to rehabilitate WASH facilities in informal settlements in As-Sweida.

Shelter and NFI partner activities continue. Training and PPE for staff has increased, and precautionary measures such as masks, physical distancing and rotating staff have been implemented. While partners have resumed distributions, with NFI partners for example spacing out distributions and providing delivery at home to reduce overcrowding. During the reporting period, a first shipment of PPEs from UNICEF arrived in Qamishli, with plans to distribute to camps being finalized.

Al-Hol Camp

Given the parallel sample collection system in NES, in the event of suspected cases, focal points notify both the DoH RRT and local authorities for sample collection.

To date, two cases of COVID-19 among residents has been confirmed, in addition to 20 personnel working in the camp (mainly healthcare workers). Both residents who have contracted COVID-19 have been released from the COVID-19 treatment facility after the specific isolation period. Recognizing that a complete lockdown of the camp would be near impossible to enforce, partners have advocated strongly for enhanced preventive measures. Alternatives for some distributions have been agreed, including bringing food assistance directly to camp residents. Some activities, including in education and protection, are suspended for the time being.

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 COVID-19 treatment facility (formerly referred to as the isolation center) at Al-Hol is complete, with capacity for 80 individuals, including two rub-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. In the reporting period, a dedicated call was held among partners to address emerging gaps. These include upgrades to existing and installation of additional hand washing stations; the establishment of a laundry area; the procurement of additional oxygen cylinders; and chlorine for disinfection.

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. As is the case in other camps, enhanced RCCE is required to promote better adherence to individual preventive measures and to dispel inaccurate rumors among residents. In particular, partners plan to develop and disseminate key messages on the purpose of the isolation center which is being rebranded as a COVID-19 treatment facility. A new assessment is underway across all phases utilizing 60 trained volunteers to better understand camp resident awareness including that related to COVID-19 symptoms.

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.

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. 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 $10.2 billion to meet COVID-19 related needs across 63 countries through 2020. To date, $2.86 billion, or 28 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 have been revised to $192 million. Funding, however, remains a major concern with only $70 million raised to date. Of immediate and critical priority is $4.6 million needed to maintain laboratory pipelines (equipment, reagents and supplies) until end-2020 by WHO; $7 million required for COVID-19 emergency medicines and $2.5 million for non-COVID-19 emergency medicines; and $1.5 million needed to procure PPE vital to protect frontline workers.

The Syria Humanitarian Fund (SHF) 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) is ongoing. On 9 July, the SHF released a $40 million allocation, aiming to address humanitarian needs in underserved areas; support mitigation of the socio-economic impacts stemming from COVID-19 preventive measures; and prepare for an enhanced response for medium-term COVID-19 interventions based on the Syria Preparedness and Response Plan for COVID-19. An update on the allocation will be included in the next report. 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 August, 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

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