HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 5,580 (278 fatalities, 1,861 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, 193 are reported to be healthcare workers, largely in Damascus.
- As of 27 October, the MoH has reported approximately 47,500 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, 44,002,003 laboratory-confirmed cases of COVID-19, including 1,167,998 deaths (CFR=2.7 per cent) had been reported globally. The United States has the most confirmed cases (8,683,298) and the most deaths to date (225,073). In the Eastern Mediterranean Region, more than 2,976,313 COVID-19 cases have been reported, including 75,640 deaths.

In Syria, 5,580 laboratory-confirmed cases have been reported by the MoH to date: 7 in Ar-Raqqa; 16 in Deir-Ez-Zor; 35 in Al-Hasakeh; 90 in Quneitra; 155 in Dar'a; 180 in As-Sweida; 188 in Hama; 248 in Tartous; 501 in Lattakia; 585 in Rural Damascus; 705 in Homs; 1,241 in Aleppo; and 1,629 in Damascus. In total, 1,478 new cases have been announced since the last report on 29 September. The MoH has also announced 267 fatalities, representing an increase of 86, in addition to 1,861 recoveries; the CFR is approximately 4.9 per cent.

Highlighting the particular risks faced by healthcare workers, according to the MoH, 193 healthcare workers have tested positive for COVID-19, an increase of 50 in October. Of particular concern, 11 healthcare workers are reported to have died. The ongoing 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. 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.

Also of note, since schools have reopened, at the time of writing the MoH had reported 303 confirmed COVID-19 cases among school children and teachers/school personnel. Of these, three had sadly died, including one teacher, one school cleaner, and one student. These cases also highlight the challenges of preventing transmission in schools, particularly given the overall country context of overcrowded classrooms, insufficient qualified teaching personnel, and poor/damaged infrastructure. Both WHO and UNICEF, along with Health and Education sector partners, continue to support schools in COVID-19 preventive actions, including through teacher and school health worker trainings, PPE distributions, and infection prevention and control (IPC) measures including increased water trucking and soap distributions.

Even while the current official numbers remain relatively low, it is clear in past months the epidemiological situation in Syria has rapidly evolved and all factors – including that the vast majority 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 2,000 confirmed cases 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 27 October, authorities in Northeast Syria (NES) have reported 4,164 cases (2,756 in Al-Hasakeh, 587 in Aleppo, 757 in Ar-Raqqa, and 64 in Deir-ez-Zor), including 112 fatalities and 672 recoveries. Healthcare workers have also been affected, with 435 reported cases. As is the case elsewhere, limited testing likely means significantly higher numbers exist.

As of 27 October, the MoH reported around 47,500 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. International commercial passenger flights resumed at Damascus International Airport from 1 October. Tartous and Lattakia ports remain operational, with precautionary measures.

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. Private laboratories offer testing, including one 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, however other movements generally remain restricted. 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.

On 12 October, local authorities in NES announced that all internal crossings would be open for movement, and reports indicated this is occurring at Tabqa, Akeirshi and Abu Assi in Ar-Raqqa and Al-Ta'ih in Aleppo, although reports also indicate some individuals have been prevented moving to GoS areas in the former. Further reports indicate that internal crossings in the Tal-Abiad-Ras al-Ain remained closed for all movements. In addition, restrictions appear to remain in place at Um Joul in Aleppo; at Awn Dadat, the crossing was initially opened at 12 October, but closed again on 19 October.

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. Abu Zendin in Aleppo remains closed, although reports indicate in practice, crossings do occur. 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, ad-hoc changes, including recent suspension of some schools/classrooms where students or teachers had been confirmed to have contracted COVID-19. Otherwise, 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, local authorities have similarly largely lifted general preventive measures and resumed schools, with some mandatory precautionary measures in public spaces, including wearing of face coverings and physical distancing.

**Humanitarian Impact**

For most of the past year, Syria’s economy has experienced an unprecedented downturn that has had profound impacts on the welfare of a significant proportion of the population. While these economic hardships have not been primarily driven by COVID-19, the pre-existing and underlying fragility of the Syrian economy – in addition to multiple shocks over the span of the past 12 months – has meant that COVID-19 related factors has had a disproportionate negative socio-economic effect across the country. In practical terms, families across Syria have largely faced heavily eroded employment opportunities, skyrocketing prices and shortages of basic goods and services, and widespread deterioration of household coping mechanisms.

Among these shocks has been the extreme volatility of the informal SYP/USD exchange rate, which on 8 June rose to its highest rate on record – approximately SYP 3,200 to US$ 1. While the informal rate has rallied somewhat, fluctuating in past months between approximately SYP 2,100 - 2,400, the current value 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 such as disruptions to supply chains, panic buying and hoarding, and restrictions on trade, industry and agriculture, food prices have soared in past months. 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 September 2020 was SYP 83,715, which, while fairly consistent with the preceding month’s cost, remains an increase of 236 per cent over the past 12 months. Overall, the current price is 21.8 times higher than the average price recorded in 2010.

Food prices, in addition to other factors such as periodic shortages of staples including wheat, has led to a significant deterioration in food insecurity indicators across Syria. According to WFP, as of April 2020, 9.3 million people were considered food insecure, with one million severely 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, disruptions to food supply chains and deterioration of access to markets particularly during the time of lockdowns, it is likely more families have now been pushed into food insecurity. Reports indicate even households with regular income have been adversely affected as the cost of living has spiraled. For example, WFP’s national average food basket has for the past few months exceeded the highest paid official government monthly salary of SYP 80,240.

According to a WFP report on the socio-economic impacts of COVID-19, current projections indicate a likely further deterioration of the food security situation in Syria, with possible longer-term, entrenched consequences, including the likely increase of acute and chronic malnutrition. A recovery is not expected in the short term. An inter-agency socio-economic impact assessment of COVID-19 completed in August found that in the preceding months, an estimated 200,000-300,000 jobs had been permanently lost. In April, 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, the vast majority being daily labourers. 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.

For many currently living in Syria, the current socio-economic situation represents some of the most challenging humanitarian conditions experienced in the past ten years of crisis. While estimates one year ago suggested at least 80 per cent of the population lived below the poverty line, current conditions indicate that it is likely more families have been pushed toward poverty and destitution. In mid-October, the GoS announced some new economic measures, including a restructuring of income tax brackets and increase in the tax-free threshold, and one-time payments of SYP 40-50,000 to civil servants and military, including retired personnel. However, this is unlikely to provide much alleviation for the most vulnerable, particularly those without a formal income.

In recognition of the likelihood of far-reaching socio-economic impacts of COVID-19, 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 delays in programme delivery. Recent surveys of partners across all sectors has indicated that most organizations have experienced some negative impact to their programming in recent months, including due to fluctuations in the informal exchange rate, COVID-19 precautionary measures, difficulty transferring funds, reduced capacity due to COVID-19, and more recently, due to fuel shortages and/or increased fuel prices. Almost all (96 per cent) reported an increase in operating costs since July. Precautionary measures, even as restrictions have eased, continue to also impact programming, with Health, Nutrition and Protection sector partners in particular reporting challenges in implementing alternative modalities.

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. UNFPA reported that during October, mobile health teams and 36 out of the 48 women and girls’ safe spaces continued to operate, providing individual counseling and GBV Case Management to those at risk, including GBV survivors. UNDP also continued to support, with WHO, of “Fadfada”, an online psychosocial support platform, to support increased needs reported related to COVID-19 stressors.

**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, IPC, 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. The 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, remains a priority.

**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 on proper use of masks and effective hygiene practices, continued to be broadcast.

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 – particularly in lower density communities – and a considerable lack of adherence to individual preventive measures has been observed in some communities. With UNICEF and WHO technical support, a public opinion survey on COVID-19 with the aim to further understand public perceptions is underway, utilizing 30 trained data collectors targeting 6,000 individuals. The final report is expected by November.

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, following the widespread wildfires in the coastal regions, WHO-supported medical teams provided additional awareness-raising on COVID-19 in Homs and Hama governorates. WHO also continued 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 continued awareness raising targeting women, adolescent girls and pregnant and lactating women, including through mobile teams, in clinics, community well-being centers, family protection units and women and girls’ safe spaces, and distributed relevant IEC materials in addition to direct engagement through social media groups.

Training and regional outreach is also ongoing. During the reporting period, more than 300 volunteers were engaged in activities in all governorates to promote Global Hand Washing Day, with an emphasis on COVID-19 prevention. Oxfam reported a number of Global Handwashing Day outreach activities, including in Rural Damascus, Deir-Ez-Zor and rural Aleppo, including direct engagement with mothers and children, and distribution of IEC materials. UNICEF also supported two five-day trainings on RCCE for 50 health educators in Lattakia and Tartous, and continued their ongoing RCCE efforts, including using edutainment and a mobile van to disseminate messages, including in particular in Aleppo, where more than 26,000 individuals in the most vulnerable communities were reached on key messages, including on combating social
stigma. In addition, WHO and UNICEF supported a one-day workshop for 24 journalists in advance of the national polio vaccination campaign, including key messages on COVID-19.

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 utilizing 80 volunteers reaching 9,776 households concluded, with data currently under analysis. Humanitarian partners also continue to support initiatives to promote mask compliance, including production of cloth face masks and related awareness campaigns, with plans in the coming month to produce 50,000 cloth face masks a week as part of a campaign to promote 100 per cent compliance in health facilities. Moving forward, partners plan to expand this initiative to teachers.

**Surveillance, Rapid Response Teams and Case Investigation**

WHO continues to engage closely with the MoH with technical teams meeting daily. With WHO support, the new COVID-19 case definition for Syria has been disseminated, and suspected cases has been included as a priority in the early warning alert and response system (EWARS) in Syria. Currently 1,271 sentinel sites report cases through the EWARS system across all 14 governorates. With the support of WHO, MoH is conducting active surveillance utilizing a network of surveillance officers across 13 governorates, who are in regular contact with and actively visit private and public health facilities to monitor admissions.

Within Syria, relevant stakeholders agreed to collect samples through 112 RRTs for referral to the CPHL for testing (in line with similar established mechanisms). To date, 470 RRT personnel in 13 governorates have received dedicated 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 4,850 suspected COVID-19 cases and contacts were investigated within 24 hours of an alert being received. In addition, WHO supported the transport of 630 suspected case specimens to the central laboratories.

To enhance surveillance efforts, within the reporting period, WHO supported training of 37 RRT personnel from all 14 governorates, and a three-day workshop for 30 surveillance officers. 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 October, approximately 31,471 samples had been collected from thirteen governorates since mid-March, including 231 samples from Al-Hasakeh, 84 from Deir-Ez-Zor and 13 from Ar-Raqqa.

**Points of Entry**

At all points of entry (PoE), the MoH has stationed at least one ambulance. To date, WHO has supported screening efforts by providing PPEs, infrared thermometers, barriers, registration forms and one thermal scanner camera. Among 15 GoS-designated PoEs, seven have now partially opened for international travelers, including airports in Damascus, Aleppo and Lattakia. WHO has supported assessments of 11 PoEs in Rural Damascus, Homs, Tartous, Aleppo and Lattakia; and based on findings, are now working to fill identified gaps, including medical points and ensuring sufficient effective IPC measures. Further assessments are planned in November.

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 to support expansion of testing in four regional laboratories in Lattakia, Homs, Aleppo and most recently, 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 conducting approximately 60,000 tests, in addition to five polymerase chain reaction (PCR) machines and two extraction machines, 5,000 waste bags and 21,000 bags for samples, and six months’ PPE for staff. WHO has further supplied 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 27 October, the MoH reported that approximately 47,500 tests have been conducted. As detailed above, 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 5,800 medical masks to partner Al Birr in Hama for health workers; 6,000 N95 masks and 30,000 protective gowns to isolation centers in Homs, Aleppo and Lattakia; and 2,500 goggles, 80 alcohol hand-rubs, and 4,500 face shields in Damascus. To date, WHO has delivered more than 6 million PPE items, including medical masks, N95/FFP2 respirator masks, gloves, reusable heavy-duty aprons, gowns, headcovers, shoe covers, goggles, coveralls, face shields, alcohol hand-rubs and PPE kits. In addition, over a million PPEs have been delivered by health sector partners.

In the reporting period, UNFPA procured and delivered over 515,000 various items of PPE to partners, including medical masks, latex gloves and disposable gloves, in addition to over 6,000 bottles of disinfectants and surface sanitizers, and alcohol-based hand sanitizers and gels. Further, 12 waste bins and 375 boxes of nitrile gloves were delivered. UNFPA further provided implementing partners, including in Hama and Al-Hasakah, additional PPE, 30,600 antiseptic soap bars and over 50,000 hygiene COVID-19 kits.

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 932 tons of sodium hypochlorite for water disinfection during the reporting period) across the country. To date, UNICEF has supported light rehabilitation of WASH systems in 15 quarantine and isolation facilities, including Al-Hol and Dweir quarantine centre. 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 previous reports, in light of schools reopening, WASH sector partners under the Implementation Plan of the School Reopening Framework continued to support delivery of soap and disinfectants to schools. In the reporting period, WHO supported training-of-trainers sessions for 135 school health doctors in Damascus, Tartous, Hama and Aleppo, and further supported the delivery of IPC/PPE items, 40 infrared thermometers, for medical teams working with the MoE. UNICEF continued to support delivery of 23,000 IPC and cleaning items to 11,500 schools across the country, including, in coordination with the Syrian Arab Red Crescent (SARC), delivery of 20,000 soap bars to students in Deir-Ez-Zor and surrounding communities. Additionally, UNICEF supported water trucking to 48 schools in East Ghouta and ten schools in northern rural Aleppo. Oxfam distributed soaps to 100 students in Deir-Ez-Zor as part of Global Handwashing Day.

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 Quneitra, Idleb, Aleppo and Deir-Ez-Zor, in addition to distribution of PPE to partners.

Further, the Syrian Society for Social Development reported carrying out several disinfection campaigns in Damascus and Rural Damascus, including in schools, mosques, and other public areas. Oxfam also reported distribution of 1,900 family hygiene kits, 500 child hygiene kits and 4,830 mini kits in various locations in Aleppo. UNFPA further reported distribution of 69 Protection Dignity Kits and 66,012 packs of sanitary napkins to pregnant and lactating women in Al-Hasakeh, in addition to assistance, with WFP and UNICEF, to support women to buy hygiene items that they may need in Dar’a.

Also as previously detailed, WASH sector partners continue to deliver increased quantities of soap and water to particularly vulnerable communities, including to areas in Idlib governorate. In the reporting period, UNICEF continued to support water trucking in East Ghouta, and support emergency water trucking to Al Hol camp and Al-Hasakeh city, five camps in northern rural Aleppo, and Al Zhouria in Homs (more than 2,600m3 per day). In addition, UNICEF commenced provision of 150m3 per day to targeted communities in Rural Damascus. 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 a solid waste management projects in Homs and Hama, and in the reporting period distributed 30 steel solid waste containers to six municipalities in Rural Damascus for upcoming activities. UNRWA continued to support essential WASH services to Palestine refugees in ten accessible camps (nine official) including maintenance of the existing sewerage and water supply networks and solid waste management. Sterilization also continued, with a focus on markets, crowded areas and schools. Distribution of PPE to 125 sanitation laborers continues as a priority. Further, UNFPA supported training on making detergents in Homs, with subsequent distributions to the community.

Training in IPC and use of PPE also continued. UNICEF supported four one-day trainings for 100 nurses and midwives on IPC for COVID-19 in Damascus, Homs and Tartous.

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 33 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 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 in July, to be distributed to various health facilities and health authorities for health partners in NES. As of early October, all 85 tons has been distributed to 17 hospitals, including 16 in cross-line areas (12 of which were previously supported by the UN through Yarubia crossing), two private hospitals serving as referrals for Al Hol, and two hospitals in areas of GoS control.

WHO continues to deliver case management trainings. In the reporting period, WHO supported 13 one-day trainings for 235 healthcare workers on case management in Homs, Aleppo, Dar’a, Al-Hasakeh and Quneitra.

In NES, there are 23 planned isolation centres for moderate-severe and critical cases, with 12 currently partially operational (four in Al-Hasakeh, five in Ar-Raqqa, and one each in Kobane, Menbij and Deir-Ez-Zor). When completed, the total capacity will be 844 beds for moderate-severe cases (80 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 17 of these facilities. In Ar-Raqqa, an NGO has completed an isolation ward at the National Hospital. NGO-supported facilities in Tabqa, Ar-Raqqa and Malakiyeh are active, with facilities in Ein Isa, Deir-Ez-Zor, Kobane and Menbij.
also activated during October. Gaps in coverage remain, particularly in Deir-ez-Zor and Tabqa. 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 include 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 4,532 individuals have moved from the collective shelters to a new informal site (Al Talae/Serikanye) 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, nine confirmed cases have been reported among residents at Al Hol, with the most recent case confirmed on 28 October, in addition to one case at Areesha camp, and four at Mahmoudli. At Al Hol, three residents are reported to have sadly died, while three cases recovered, and three cases currently remain under supervision in the camp COVID-19 treatment facility. In addition, in some camps, including Roj and Al Hol, camp staff have been reported to have tested positive for COVID-19. 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. Given the emergence of reported cases in some camps, in general only critical activities are ongoing to reduce the risk of transmission, gatherings are not allowed, and ongoing distributions have been adapted to avoid overcrowding.
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 confirmed cases and the other for confirmed, with the possibility of expansion over three stages. In most camps areas are completed or nearing completion. At Mahmoudli and Tweina/Washokani, isolation centers are now operational but still has gaps for solid waste management, and at Areesha, the center is ready albeit still requires staffing. At Abu Khashab, WASH works for the isolation centre are ongoing, with gaps in provision of some items, including beds, pillows and partitions. At Roj, works have been largely completed, albeit with staff gaps for the treatment facility. 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).

To date, 7,572 people out of 13,370 targeted have been reached with COVID-19-related shelter response through rehabilitation and light maintenance at 36 collective shelters in five governorates. Other planned responses have since been cancelled due to lack of official clearances. Of these, and 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.

Further, Shelter and NFI partners are continuing to conduct their activities while applying the precautionary measures of masks, physical distancing and rotating staff. Supply of PPE to 110 Shelter/NFI staff has continued. While partners have resumed distributions, with NFI partners for example spacing out distributions and providing delivery at home to reduce overcrowding, partners report that movement restrictions implemented in NES have slowed the pace of work.

**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, nine cases of COVID-19 among residents has been confirmed, in addition to five healthcare workers and several distribution staff. Sadly, three residents have died (in hospitals located outside the camp), three have recovered and three active case remain in the COVID-19 treatment facility at the camp. Recognizing that a complete lockdown of the camp would be near impossible to enforce, partners have advocated strongly for enhanced preventive measures. Advocacy is ongoing, as are efforts to initiate contact tracing. Alternatives for some distributions have been agreed, including bringing food assistance directly to camp residents. Some activities, including in education and protection, are currently suspended.

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, including Al-Hasakeh National Hospital. 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/isolation area 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. An NGO surged staff and equipment to ensure that the center is fully operational, however at present partners recommended it only for mild cases. Despite ongoing discussions, there has been limited progress to upgrade needed facilities.

To date, WHO has delivered three shipments of PPEs (48,641 items total) 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. A new assessment has been concluded across all phases to better understand camp resident awareness including that related to COVID-19 symptoms; at the time of writing WHO and UNICEF were working on assessing the results for next steps.

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 $10.3 billion to meet COVID-19 related needs across 63 countries through 2020. To date, $3.3 billion, or 32.6 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 $179 million, a decrease of $9.6 million on original requirements. Funding, however, remains a major concern with only $77.9 million raised to date. Of immediate and critical priority is $22.4 million needed to ensure a regular supply of testing kits, reagents and other laboratory materials as well as COVID-19 and other essential medicines and PPE; $12 million needed to maintain essential WASH services and support in camps, shelters and informal settlements; and $10 million needed to secure a safe learning environment for students.

The Syria Humanitarian Fund has disbursed $23 million for 32 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 August, the appeal was 57 per cent funded.

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

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