



178

 total confirmed cases

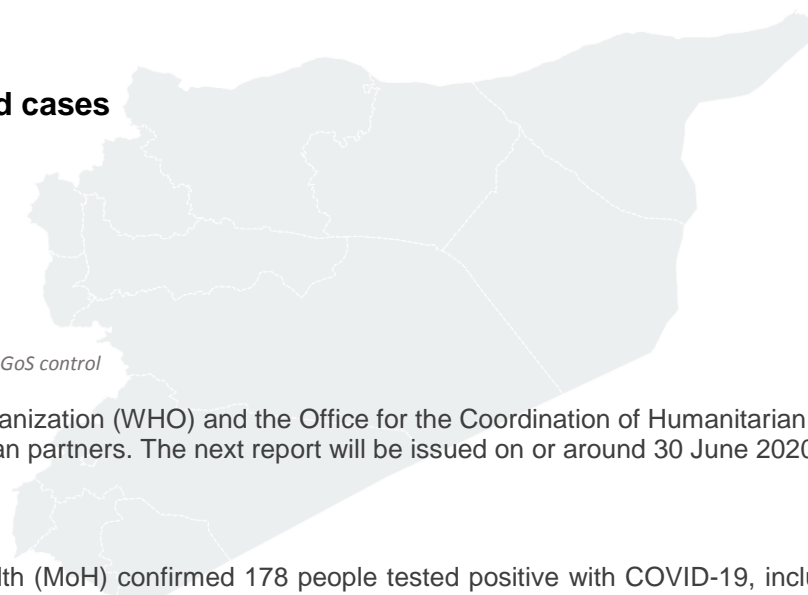
93 Active cases

78 Recovered

7 Deaths

Source: Syrian Ministry of Health (MoH)

*MoH data does not include areas outside of GoS control



This report is produced by the World Health Organization (WHO) and the Office for the Coordination of Humanitarian Affairs (OCHA), in collaboration with humanitarian partners. The next report will be issued on or around 30 June 2020.

HIGHLIGHTS

- As of 18 June, the Syrian Ministry of Health (MoH) confirmed 178 people tested positive with COVID-19, including seven people who died and 78 who recovered.
- Socio-economic impacts of COVID-19, notably in food security and livelihoods, continue to exacerbate existing substantial humanitarian needs across the country.
- As of 13 June, six people with COVID-19 were reported in north-east Syria (NES), including one death and five people who recovered.
- In north-west Syria (NWS) of a total of 860 samples tested negative using polymerase chain reaction (PCR), as of 11 June.
- As of 13 June, 5,833 COVID-19 tests have been performed in laboratories in Damascus, Aleppo, Homs and Latakia governorates. The enhancement of laboratory and case investigation capacity across Syria remains a priority, as does the timely communication of all information relevant to the safeguarding of public health.

SITUATION OVERVIEW

To date, the Syrian MoH has reported 178 people with COVID-19 across Syria, including 100 cases in Damascus; 67 in Rural Damascus; one in Dar'a; one in Latakia; one in Hama; two in As-Sweida; five in Homs; and one additional case where the location has yet to be announced. The most recent fatality involving a 70-year old female was announced on 17 June.

Of the 178 cases, 85 cases were announced as imported, including Syrian nationals recently repatriated, in addition to a truck driver working across borders. According to information available at the time of writing, a cluster of at least 46 positive cases in Rural Damascus were traced to contact with the man. Contact tracing is reported as ongoing across four governorates.

Of the six fatalities in Government of Syria (GoS)-controlled areas, five were in Damascus and one in Rural Damascus. To date, the Syrian MoH has announced 74 recoveries.

As of 13 June, the MoH report around 5,833 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus and the public health laboratories in Aleppo, Latakia and Homs. It remains a priority to enhance laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams (RRTs).

As of 13 June there have been six reported cases of COVID-19 in NES, including one death and five cases which have since recovered; all from the same cluster in Hassakeh city

As of 11 June, a total of 1,072 samples from patients were collected in NWS. Of these, 438 were from Aleppo Governorate and 634 from Idlib Governorate through the Early Warning, Alert and Response Network (EWARN) system. Of these samples, 1,069 were tested in a laboratory in Idlib, while three were tested in Turkey. All tested negative.

The economic impact of COVID-19 continues to take its toll across Syria, compounding an already humanitarian situation on the ground. Due to volatile exchange rate fluctuations, as well as other factors, including knock-on effects of the preventive measures of COVID-19 on the economy including disruption of supply chains, limited production hours and panic buying, price rises in most basic commodities have been observed.

According to World Food Programme (WFP), the price of an average food basket in May stood at SYP 56,668, 11 per cent higher compared to April, and 133 per cent higher when compared to the same time in 2019. Meanwhile, a number of traders have reported experiencing a notable drop in stock levels, with some commodities not available, including vegetable oil and sugar, due to wholesalers waiting for stability of the informal exchange rate. Shortages of other essential commodities, such as medicine, have also been reported.

Prior to the COVID-19 crisis, an estimated 80 per cent of people in Syria already lived below the poverty line, with high levels of food insecurity. According to estimates, 9.3 million people in Syria are now considered food insecure; an increase of 1.4 million in the past six months. With the loss of job opportunities due to the impacts of COVID-19, particularly for those reliant on daily wage labour or seasonal work, it is likely more may be pushed to food insecurity in the coming months.

As the socio-economic impacts of COVID-19 for Syria are likely to be far-reaching in nature, the Humanitarian Country Team (HCT) continues to work with UN agencies and humanitarian partners to ensure ongoing provision of life-saving assistance (including through adjusted modalities to reduce risks to beneficiaries and staff) while seeking to identify and support initiatives to bolster social and economic resilience.

In this regard, life-saving food assistance to 3.5 million people has continued with adjusted distribution modalities, as has agricultural and livelihoods programmes. The UN Development Programme (UNDP) and partners have further focused on support for micro, small and medium enterprises for workers temporarily out of employment with social safety net activities, in addition to distribution of agricultural inputs and livestock to sustain food security in rural areas.

PREPAREDNESS AND RESPONSE

Hub-level preparedness and response planning

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

The current key priorities in Syria are:

- Enhancing surveillance capacity, including active surveillance, with a critical need to expand laboratory capacity at national and subnational level 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.

WHO, acting on the eight pillars of the global WHO Strategic Preparedness and Response Plan, continues engaging the Syrian MoH and health partners to enhance technical capacity and awareness, including on rational use of PPE, case management, infection prevention and control, environmental disinfection, and risk communication; and is focused on procuring and enhancing integral medical supplies including in laboratory testing and PPE, for case management and healthcare facilities. A WHO multi-disciplinary team is also on stand-by to be deployed. On 31 March, UN Secretary-General Antonio Guterres launched a report Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19, which forms the basis of incorporating socio-economic impacts as the ninth pillar of the response.

As the UN supports national preparedness and response in Syria, the specific country context continues to pose considerable challenges. This includes: a fragile health system lacking sufficient personnel; infrastructure and existing essential equipment; insufficient water and sanitation infrastructure; significant existing vulnerable populations reliant on humanitarian assistance such as refugees, asylum-seekers and IDPs; challenges accessing certain areas including due to ongoing hostilities; fragmented governance; challenges for humanitarian workers to move freely to support and implement humanitarian programmes due to preventive measures, including border restrictions and challenges procuring essential supplies including due to border restrictions, a deteriorating economy and competition for local supplies. As the response expands, there is a greater need to enhance the surveillance system and increase national laboratory capacity at sub-national level, in order to accommodate more timely diagnosis of more samples from a greater range of geographical locations.

Across NES and NWS, countermeasures taken to mitigate the potential spread of COVID-19 coupled with the ongoing decline in the SYP, along with the already high levels of needs - including 1.7 million people in NES and 2.8 million people in NWS - continue to exacerbate an already dire humanitarian situation for people living there.

The number of suspected and confirmed cases in NES remains low due to preventative measures taken by local authorities. The overall risk of transmission remains high due to a number of risk factors, including (including low levels of compliance/enforcement of curfew measures, as well as low surveillance capacity and existence of a parallel surveillance system).

Since mid-May there has been a significant increase in people movements into NES, either via cross-line transit points between government and non-government-controlled areas, or more recently, border crossings with Kurdistan Region of Iraq (KRI)

The NES COVID-19 Task Force (TF) is concerned about the possibility of a rapid increase in cases, caused by the loosening of restrictions and increased frequency and scale of movements through points of entry (PoE), as well as a possible 'second wave' of COVID-19 in the winter.

As of 12 June, at least 197 samples were taken from people in NES through three surveillance systems for testing, representing an increase of 47 samples over the last two weeks. In some cases, multiple samples from the same individual have been collected.

In NWS, the effects of the COVID-19 pandemic, coupled with the rapid devaluation of the SYP, continue to exacerbate the humanitarian needs of 4 million people living in the area, including 2.7 million internally displaced. Most recently, some 780,000 of the nearly 1 million people displaced in NWS between last December and early March reportedly remain in displacement. An estimated 2.8 million people are in need of humanitarian assistance to meet basic needs such as food, shelter, water, health and education; the impact of these recent developments exacerbate the existing humanitarian needs and create new need among the population.

Since early June in Idleb alone, the value of the SYP has continued its decline, with the informal exchange rate reaching a historical record of 3,175 SYP per USD on 9 June. As of publication time, the exchange rate is fluctuating around 2,650 SYP per USD. In real terms, the current rate represents a devaluation of the SYP by some 105 percent since the start of May and by some 360 percent in the one year since June 2019.

The prices of basic necessities, including bread, food, water and hygiene supplies, are now reaching record highs, well beyond the ability of the population to cope. People are experiencing shortages of food and other key supplies in markets, OCHA reported on [12 June](#).

The economic impact comes atop the complexity of COVID-19 preventive measures, which have already been taking a toll on the availability of goods in markets since April. The impact of the devaluation exacerbates an already dire humanitarian situation for people where only 17 per cent of children and mothers who need treatment for acute malnutrition were reached, leaving a gap for more than 57,000 individuals. Some 60 per cent of the people who need to access a safe water supply are being reached, leaving a gap of 1.3 million people across northwest Syria. In the Idleb area only, it is estimated that at least 45 percent of the population rely fully on water trucking as their only source of water, while and at least 65 percent rely on water trucking to complement their consumption of water.

Recent military developments on the ground, including shelling and clashes along the frontlines in southern Idleb and airstrikes on 8-9 June are concerning. As a result of these tensions, civilians living in areas close to the frontlines in southern Idleb and northern Hama, including those who had recently returned to these areas after the ceasefire, are once again reportedly fleeing from their homes. While the number of people who are moving is not yet clear, local sources estimate that hundreds of families have already fled. Given the precarious economic situation as well as COVID-19 concerns, a displacement movement may be even more devastating than usual for those who have to flee their homes and for the host communities receiving them, who are themselves facing difficulties coping with the economic downturn.

Crisis-wide planning, coherence and advocacy

Advocacy efforts continue to focus on humanitarian access, including NGO partners' ability to move and operate in NES, as well as facilitating access to critical COVID-19-related supplies through local and global procurements and stocks.

Additional supply requirements for COVID-19 response, i.e. PPE, diagnostic and biomedical equipment, have been consolidated across all hubs and total US \$122 million. Hubs are in the process of submitting coordinated requests via the Global Supply Chain Portal.

Reporting on COVID-19 related response progress is under way and will inform an update of the Syria chapter in the Global HRP for Covid-19, to be launched mid-July.

Access Restrictions

As of 14 June, a general relaxation of the several COVID-19 preventative measures issued in the majority of the country continues to be observed. At the same time, various access constrains continue to limit the ability of humanitarian staff and goods to reach people in need and of civilians to access essential services.

Most land borders into Syria remain closed, with some limited exemptions (from Jordan, Turkey and Lebanon), including commercial and relief shipments, and movement of personnel from humanitarian and international organizations. Borders with Lebanon and Jordan remain closed to civilians while a limited number of humanitarian workers have been able to enter Lebanon from Syria. The crossing points with Lebanon have remained open for humanitarian and commercial cargos. Although international flights remain restricted, some repatriation flights for Syrian nationals have been operating and a shipment of medical aid coming from China has been reported, while Damascus, Aleppo and Qamishli airports are still operating domestic and cargo flights.

The border with Jordan remains completely closed. Access to Rukban from within Syria remains under discussion with the various parties while individual departures are being catered to, particularly emergency medical cases. As sustained humanitarian access is yet to be ensured to Rukban, acute concerns regarding the deteriorating living conditions as well as the lack of medical services, especially in times of pandemic, are growing. There are still no qualified medical personnel inside the camp and only few commercial trucks recently manage to reach the camp.

In GoS-controlled areas, the widespread easing of preventive measures introduced throughout May continued. The daily curfew has remained lifted, as has the travel ban between and within governorates. Markets, restaurants, cafes, gyms, public parks, theaters, cinemas and most leisure facilities are now allowed to open, so long as precautionary COVID-19 measures are adopted and, in some cases, limits on capacity. Mosques and churches are also open, including for group prayers, provided physical distancing is observed. Public and private transportation services have also resumed, as have universities and institutions. Restrictions remain in place at most other crossing points inside Syria.

In NWS, individual crossing to and from Turkey remains restricted while humanitarian and commercial deliveries are authorized. Bab Al Hawa (BAH) and Bab Al Salam (BAS) crossings remain partially closed, while facilitating measures have been granted for humanitarian supplies since the start of the health crisis. Therefore, UN cross-border shipments continue and have in fact increased since March while commercial trucks (used by most NGOs) were partially impacted. Humanitarian and commercial shipments, and NGO staff movements, continue through BAS and BAH from Turkey to Syria. Restrictions at the two crossing points of Deir Ballut and Ghazzawiyeh linking Idleb and north Aleppo areas, continue, however creating limited impact on the humanitarian shipments and staff crossings. While restrictions are still in place in other crossing points, including Aoun Al Dadat and Abu Zandin, Um Al Julud was opened for commercial crossings only.

In NES, the curfew has been extended until 16 June, with some minor relaxations attached to the previous extension maintained, including permission for movements between administrative districts, the reopening of all religious buildings and the reopening of restaurants for takeaway service. A mandatory curfew remains in place between 7pm and 6am. Although NGOs remain exempt from movement restrictions, authorities have stressed that these facilitating measures must not be used for non-work purposes. The border with Iraq remains closed since early March, however, humanitarian partners continue to be allowed to move supplies from Iraq once a week on Tuesdays, although the volume has decreased and delays are noted. On 3 June, 33 staff (including 15 medical personnel) were able to cross into NES from KRI, and seven staff crossed out of NES to KRI on 9 June.

Country-Level Coordination

At the national level, the UN established a COVID-19 Crisis Coordination Committee, led by the UN Resident Coordinator and Humanitarian Coordinator (RC/HC) with the WHO Representative for Syria serving as the Incident Manager, to closely engage with the GoS and other stakeholders in the implementation of the multi-sectoral response.

OCHA Syria also continues to engage the Inter-Sector Coordination (ISC) team in Damascus to coordinate the response within Syria.

WHO holds daily meetings in Damascus and weekly health sector coordination meetings and operational calls to monitor implementation of the COVID-19 Preparedness and Response Plan (PRP). Weekly operational calls on NES are also ongoing, including on the development of a camp strategy which will outline multiple planning scenarios and guidance for the establishment of quarantine and isolation spaces within camps and camp-like settings to ensure a coherent approach. 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 relevant authorities.

Key activities include developing sectoral-specific guidance on risk mitigation and other strategies, and information dissemination among partners, in addition to development of sector-specific response plans incorporated in the operational response plan. Currently, sectors are finalizing preparations to support the national exams, including humanitarian support to around 29,000 students (9th graders currently postponed) who will travel cross-line to government-controlled areas in Aleppo, Ar-Raqqa, Deir-ez-Zor and Idlib governorates.

Multi-sectoral support will include temperature checks at crossing points, Infection prevention and control (IPC) measures, including the sterilization of accommodation and examination centres, as well as the provision of personal protection

equipment (PPE) to teachers, invigilators and observers; as well as the provision of meals, non-food items (NFIs) and dignity kits.

The UN RC/HC and WHO Country Representative continue to engage in discussions with senior officials on the COVID-19 response, including with the Deputy Minister of Foreign Affairs, the Minister and Deputy Ministers of Health, the Ministers of MoSAL and the Ministry of Local Administration and Environment (MoLAE), as well as the International Committee of the Red Cross (ICRC) and Syrian Arab Red Crescent (SARC).

In NES (as of 13 June), the NES COVID-19 TF continues to oversee collective preparedness and response efforts, under the joint chairmanship of the NES Forum and the NES Health Working Group (WG). This TF oversees three sub-TFs – Risk Communication and Community Engagement (RCCE), IPC and Case Management – which are driving key collective work-streams under these respective pillars.

Despite the low number of confirmed cases to date, partners have been encouraged to continue to scale-up preparedness. Planning is underpinned by two broad scenarios: i) a rapid increase in the number of confirmed COVID-19 cases in NES due to a relaxation of the curfew and border closures; and ii) a second wave (or delayed first wave) of COVID-19 cases towards the end of 2020 and into the winter. Under both scenarios the core assumption is that an increase in the number of cases is inevitable.

Weekly COVID-19 coordination meetings for all camps continue, with respective camp management agencies updating on the COVID-19 preparedness status in respective camps. At the camp-level, COVID health committees have now been established across all camps with the exception of Twaihina and Tal Samen (where there is no permanent health partners present), as well as the Menbij camps. Integral to the camp level COVID committees is the appointment of a case management and contact tracing focal point to oversee the referral of suspected cases to the COVID-19 operational desk and activate camp-level containment measures (i.e. isolation, contact tracing and quarantine). Over the last two weeks, significant progress has been made in clarifying the case management approach in camps, including the modalities for external referral.

The PRP will be updated over the course of the coming weeks and will include updated/nuanced scenarios and planning assumptions to enhance the prioritization of interventions; a ‘pillar nine’ which outlines activities and requirements to address the socio-economic impacts of COVID-19; and revised plans relating to enhancing surveillance and laboratory testing to reflect the newly established capacity for local testing by local authorities over recent months. The Inter-Sector Working Group (ISWG) is also developing a monitoring framework to assess coverage and gaps against the NES PRP, building on the framework developed by Syria hub colleagues and aligned with WoS sector frameworks to ensure complementarity.

As part of the ‘means for verification’ under this monitoring framework, minor adjustments have been made to the monthly NES Forum 4Ws template to simplify reporting on COVID-related activities. With regards RCCE, as these activities are cross-cutting and therefore likely to result in significant duplication of information if reported at sector-level, a separate reporting tool has been developed and organization-level focal points identified to submit this information. To date, at least 11 NES NGOs have completed/planned RCCE activities through this tool with ongoing efforts to improve reporting. 20 agencies have nominated focal points for reporting.

In NWS (as of 11 June), the NWS COVID-19 TF continues to coordinate the application of relevant IPC measures with health partners and other clusters, particularly in light of emerging population movements due to school examinations.

Functional triage across the health facilities is a key activity being coordinated under the TF and managed by health partners. Information gathering through ad-hoc surveys from different partners at the field level is underway in order to identify gaps in the COVID-19 response effort. Key findings include limited space in some health facilities, information gap on why the tents are being used for setting up triage amongst others.

The TF is monitoring the referral system at health facility level, including the level of treatment required and availability of services and beds, and inter-facility transfer in order to improve coordination across the care continuum.

The TF agreed and endorsed on a distribution plan for ventilators and PPE. Ventilator capacity will be increased to support three active COVID-19 referral hospitals and two in-plan ones. The distribution will take place in the coming days.

There have been a few delays in starting operations of COVID-19 Community Based Treatment Centres (CCTC) has been facing delays (donor agreements, recruiting staff etc.). Only two CCTCs remain active as of this date (Idleb city and Kafr Takhareim).

Risk Communication and Community Engagement

The HCT has activated the RCCE Group, which aims to inclusively engage communities while communicating critical risk and event information concerning COVID-19.

Working closely with WHO and Syrian MoH, the 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.

As preventive measures have been lifted across Syria - increasing community engagement opportunities - the RCCE is working closely with partners to also ensure any interventions are planned and executed with appropriate safety precautions for staff, volunteers and community members.

Development, printing and distribution of information, education and communication (IEC) materials is ongoing, in addition to awareness raising on social media, WhatsApp, radio and television channels, and direct community engagement/person-to-person, including during distributions and in mosques and churches.

Some 12 million people have been reached by television and radio awareness campaigns and printed IEC materials. Over six million people have been reached through social media, which partners continue to actively utilize for awareness raising. Other channels, including through the Smart Card/Takamol application and online interactive quizzes, are also being utilized. Direct awareness raising through teams at distributions and door-to-door continues, as does UNICEF's support of the Ministry of Awqaf to engage 1,000 religious leaders working in 3,600 mosques. Church networks are also being utilized, with 14 educational and religious centres and nine volunteer groups mobilized. UNICEF are also working to expand their awareness volunteer campaigns at key services centers to reach university campuses as they have reopened.

In addition to support detailed in previous reports, WHO in collaboration with health partners and the Ministry of Education (MoE) supported a series of 20 national workshops from 2 June for 500 health and medical school staff on protective and precautionary measures. In addition, in the reporting period, WHO supported MoH with a tobacco control programme in the context of COVID19 awareness campaign, including distribution of IEC and a 4 June workshop for 25 health educators. WHO also continues to provide technical support for the MoH COVID-19 Dynamic Infographic Dashboard for Syria, in Arabic and English.

UNFPA also continues to conduct awareness raising in its reproductive health clinics and mobile teams in 13 governorates. UNHCR report that 40 community-led initiatives were approved last month, which will reach more than 46,000 people in eight governorates, with 87 per cent of the initiative directly addressing and responding to COVID-19, including in awareness raising. In addition, UNICEF report awareness raising integration is ongoing with regular program activities including immunization and back to learning campaigns. Trainings related to awareness raising also continues. UNICEF is supporting ongoing capacity building sessions on awareness message delivery in Aleppo, Deir-Ez-Zor, Homs and Hama for 137 health workers and volunteers.

Regional outreach is also ongoing, including with several UN agencies carrying out targeted regional social media and WhatsApp campaigns. An example in the reporting period was when child protection partners reported carrying out awareness campaigns and distributing IEC materials in Al Hol Camp, Ar-Raqqa and Deir-Ez-Zor, to more than 3,000 parents and children, including social distancing. UNICEF also launched entertainment activities, including mobile theatre with youth volunteers in Al-Hasakeh, Quneitra and Rural Damascus, and is supporting safety vans in various governorates to deliver awareness messages to some 157,000 children and their families.

In NES (as of 13 June), awareness campaigns and training of partner staff, including in camps, IDP settlements and collective shelters are ongoing. In April, WHO, UNHCR and UNICEF completed a COVID-19 awareness campaign covering the five formal IDP camps, 74 collective shelters, 43 IDP settlements in Ar-Raqqa and Deir-Ez-Zor and two informal camps in Menbij. In addition, in the reporting period four trainings for 61 NGO healthcare workers in Al-Haskaeh, Al Hol and Areesha camps on COVID-19 awareness were completed.

There has been a slight reduction in the proportion of respondents who would 'stay home' as the 'main course of action' if they or a family member feels ill, according to the 10th round of a COVID-19 Rapid Assessment, with 51 per cent of sub-districts suggesting that they would stay home as the main course of action. Levels of public awareness around the recommended course of action to take should they fall ill remain at relatively high levels, with a significant increase since the end of March when only 16 per cent of sub-district indicated that they would stay home as the main course of action should they or a family member falls ill.

Findings from the second round of a NES Knowledge, Attitudes and Practices (KAP) survey conducted between the 18-22 May were released. The assessment built on the first round of the KAP survey conducted between 17-22 April and involved interviews with 1,231 individuals across Hassakeh, Raqqa, Deir-ez-Zor and Aleppo governorates.

In NWS (as of 11 June), the Coronavirus Awareness Team (CAT) developed recommendations regarding non-medical (fabric/cloth) facemask use, with feedback from IPC. The final version will be shared with the TF for final review and endorsement.

A productive meeting between WHO, UNICEF and CAT was held to discuss an enhanced digital communication strategy, the development of standard reporting forms and data collection tools, an information-sharing strategy between WaSH and RCCE, and the distribution of soap bars by WASH to CAT awareness teams, and increased reporting of activities to the Emergency Taskforce through UNICEF.

A new reporting tool for awareness activities was rolled-out to CAT members. Six partners reported on the use of this tool this week, and more partners will be supported to ensure that this tool is used to capture indicators set by the WASH cluster.

CAT is working with a partner to provide training to awareness teams on health and hygiene practices for people with disabilities.

Following discussions between the RCCE group and WASH Cluster, partners are collaborating to distribute 720,000 food parcels with soap, including 420,000 with COVID-19 stickers, instead of the in-person distribution of brochures.

As of 11 June, six WHO partners reported utilizing 345 awareness workers to reach 19,853 beneficiaries with different awareness-raising activities in Afrin, Azaz, Harim, Idleb, Jebel Saman and Jisr-Ash-Shugur. In terms of awareness worker trainings, 459 NGO awareness workers were reached out of the planned 1,000. This is added to the staff trained through other NGO sources.

A WHO partner continued delivering awareness activities in 212 different public facilities. One partner distributed soap to 7,341 households and trained 17 water unit staff on COVID-19 sensitization.

WHO received approval for the Syria Cross-border Humanitarians Fund (SCHF) regarding an upcoming project to train 2,200 volunteers and 600 community health workers (CHWs). Another partner started awareness activities with 90 volunteers.

CAT provided a one-month distribution plan of PPE for 1,600 awareness workers to WHO and received the approval plan from the supply team in WHO office. Additional PPEs are scheduled to arrive Bab Alhawa in the second week of June and distributed to the partners.

WHO's medical supply line team is working with RCCE to identify the needs of PPE for awareness teams for one month. WHO is planning to provide a one-month supply of PPE to CHWs and awareness teams, including surgical masks and gloves.

WASH approved the provision of one soap bar per awareness session for 1,600 workers for six months.

In May, 496 community leaders, imams, local councils, and youth and women leaders across NWS completed a two-day psychological first aid (PFA) COVID-19 training.



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 EWARS system across all 14 governorates.

With the support of WHO, the Syrian MoH is conducting active surveillance utilizing 1,932 surveillance officers across 14 governorates, who are in regular contact with and actively visit private and public health facilities to monitor admissions. Within Syria, including NES, all relevant stakeholders have agreed to collect samples through rapid response teams (RRTs) for referral to the CPHL for testing (in line with similar established mechanisms for sample testing).

To date, 344 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral, with further trainings scheduled in June. In NES, five RRTs are active in Al-Hasakeh, five in Ar-Raqqa and four in Deir-Ez-Zor, while Menbij/Kobane is being covered from Aleppo. WHO also continues to support the Syrian MoH with contact tracing through the WHO-developed application "Go.Data". The MoH continues active case finding applying random sampling methods. During the reporting period, approximately 471 cases were investigated.

Where possible, UNICEF's fixed health clinics are applying the triage system, in addition to the RRT referral pathway in coordination with WHO. UNRWA have also continued a triage system in their 25 health centers; to date, 14,188 patients at UNRWA facilities with respiratory complaints have been examined following triage care and related protocols; no COVID-19 case has been detected.

As outlined in previous reports, samples continue to be collected by RRTs and sent to the Central Public Health Laboratory (CPHL) in Damascus or regional laboratories in Aleppo, Homs and Lattakia with WHO support. In June at the time of writing, 883 samples were collected from 12 governorates, including one case from Al-Hasakeh and four from Deir-Ez-Zor.

In NES (as of 12 June), at least 197 samples have been collected in response to alerts received through one of the three surveillance systems operational to track reports of suspected cases, conduct case investigation and ultimately contain the virus's spread.

Of these, six samples were confirmed as positive; one case via Syrian MoH testing capacity in Damascus (having been identified through an alert through the EWARS network), two cases tested by local authorities via PCR testing capacity (both of which have since recovered, having recently received a negative PCR test result and positive antibody test result)

and a further three cases which were confirmed via positive antibody tests administered by the local authorities indicating a previous infection.

As of 12 June, 61 swab samples (Hassakeh-3, Deir-ez-Zor-33, Raqqa-25) were collected in response to alerts received through the EWARN system, managed by a partner in Turkey. These samples were transferred to Idleb for testing (with one sample tested in Turkey). All proved negative, with seven tests pending at the time of writing.

As of 12 June, 77 swab samples (all in Hassakeh), an increase of 18 over the last two weeks, were taken by the local authorities and transferred to Qamishli for testing. Of these, 75 samples were confirmed as negative, with two samples coming back positive on 29 April.

Overall the majority of tests have been conducted on recent arrivals from Damascus- reportedly those showing symptoms- and the close contacts of the confirmed cases in Al Amran neighbourhood. In the last two weeks, a number of samples have been tested from patients referred to a dedicated isolation facility in Hassakeh, as well as a handful of individuals who crossed into NES from Iraq and were either displaying symptoms or had a positive rapid diagnostic test. In total at least five samples have been taken from individuals in camps. A further 16 swab samples were also collected from Afrin and transferred to the SA PCR facility in Tall Refaat- all were negative.

To improve access to real-time information on COVID-19 outbreak trends, enhance early detection and support a more coherent testing strategy, NES health partners are stepping up active surveillance of Severe Acute Respiratory Infections (SARI) in hospitals in NES. As part of this, hospital-level focal points have been identified to report on SARI cases on a weekly basis.

Currently, the number of confirmed/suspected cases in NES is lower than expected, particularly as the first confirmed case was in mid to late March and had no travel history, indicating the existence of community transmission.

While a number of factors, including the pre-emptive closure of PoEs, movement restrictions, low population density of many areas (e.g. rural villages), and a rapid lockdown of the neighbourhoods where cases were confirmed and warmer temperatures may have limited transmission, it is also likely that low surveillance capacity has resulted in undetected community transmission in some areas. It is hoped that enhanced surveillance and expanded testing capacity may provide more insight on the spread of the virus, with partners continuing to prepare for a possible surge (i.e. multiple clusters and/ or widespread community transmission).

For planning purposes, partners are preparing for two scenarios: i) a possible spike in cases in the short-term as lockdown measures are lifted and movements into NES increase and; ii) a possible continuation of the current status-quo, with no/very few new cases reported over the summer months ahead of an anticipated 'second wave' next winter. Maintaining readiness remains critical under both scenarios.

In NWS (as of 11 June), no laboratory confirmed cases of COVID-19 have been reported. The completeness and timeliness of the sentinel sites were 92 per cent and 57 per cent respectively compared to 99 per cent and 85 per cent from previous week (as of 5 June). The decline in the reporting indicators resulted from closure of some reporting facilities and late reporting during the Eid Holidays.

To initiate the integrated approach for cross-testing of all new tuberculosis (TB) patients and all lab-confirmed COVID-19 cases, an operational guideline protocol has been finalized and the implementation has started as of 1 June 2020. Possibilities of considering other high-risk groups are being explored. A prioritization exercise is ongoing in order to include selected NCD patients for testing for COVID-19.

In April and May 2020, 2,221 NGO staff from 123 health facilities were trained on surveillance for COVID-19, including physicians, nurses, community health workers and other health professionals.

Bilateral discussion is ongoing between WHO and health partners and steps have been taken to strengthen the surveillance and increase number of testing of samples for COVID-19.

Points of Entry

At all points of entry (PoE), the Syrian MoH has stationed at least one ambulance with medical personnel. WHO has supported screening efforts by providing PPEs, infrared thermometers, guidance notes, registration forms and one thermal scanner camera. WFP, as the Logistics Cluster lead, continues to monitor ports of entry for cargo movement including operational status, capacity, new developments and restrictions. The Food Security Sector continues liaison with the Logistics Cluster to update partners with pertinent information as necessary.

In NES (as of 13 June), a continued high level of movement/activity has been reported in the past two weeks through PoEs to NES (comprising one airport, nine land-border crossings and six crossing points between local authorities and GoS or Turkish areas of control). Qamishli airport (in GoS areas) has reopened to commercial flights from Damascus, with screening and tests (thought to be Rapid Diagnostic Tests (RDTs)) administered upon arrival. Of the 16-land border-crossings into NES (three into Turkish-controlled areas), one crossing is/was considered 'open' while eight crossings 'partially open'.

NES NGOs are supporting screening and referral at the Tabqa and Salahiyeh crossing points between GoS and non-governmental-controlled areas. This support includes the establishment and operation of screening/triage tents as well as the provision of PPE to PoE staff.

All crossing points into NES have implemented basic screening procedures comprising a temperature check, questionnaire and RDT. Those people who have symptoms, a temperature or test positive are taken to a dedicated isolation area where a more detailed medical assessment is undertaken. Where deemed appropriate, a sample may subsequently be taken for a PCR test. While all people crossing into NES are reportedly told to self-quarantine for 14 days upon arrival, there is no mechanism for enforcing or monitoring adherence. There continue to be significant concerns around the application of screening procedures, including the use of RDTs and absence of mandatory quarantine.

In NWS (as of 4 June), seven of the 13 cross-border/cross-line PoEs, are partially open and have measures in place to screen travelers, suspect and refer cases. WHO has strengthened the measures within five PoEs through its implementing partners, by increasing the number of human resources, deploying a vehicle for referrals and providing equipment and supplies, including PPE. Of those five POEs, three are cross-border (Alhamam, Bab Alsalameh and Bab), and two are cross-line (Ghazawiyet and Deir Ballut).

In the last two weeks of May, a total of 1,385 travelers crossed in both directions across the Alhamam PoE and almost 11,965 travelers crossed in both directions across the Der Balut PoE. WHO received information that the crossline PoEs in northern Aleppo (Abu Zandin and Um Jloud) were opened few times for special circumstances. With national exams set to take place in June, significant movement is expected within the two crossline PoEs and maybe within Mezanaz PoE as well. WHO and the Health Cluster continue to coordinate with their implementing partners to ensure the proper coordination with the local authorities and the Turkish authorities. This includes the deployment of a mobile team to screen travelers and refer suspected cases when the PoE will be opened.

Laboratory

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. To date, two air-conditioners and two refrigerators have been procured; two air-conditioners, four refrigerators and the laboratory generator have been repaired. Further rehabilitation of the CPHL to establish a designated laboratory for COVID-19 is ongoing. On-site training for 24 CPHL laboratory technicians has been completed.

Over the reporting period, WHO delivered to the Syrian MoH, 40 screening kits, extraction kits (28,750 reactions) and a quantitative RT-PCR kit (2,500 reactions), and 4,000 swab and viral transport mediums to CPHL. In addition to date, WHO has provided 44 enzyme kits (4,400 reactions), 107 extraction kits (4,375 reactions), 82 screening kits (7,872 reactions) and 11 confirmatory testing kits (1,056 reactions), 14,000 swabs and viral transport medium for sample collection, and five polymerase chain reaction (PCR) machines, in addition to 5,000 waste bags and 10,000 bags for samples, and PPE for laboratory staff. WHO has further supplies and equipment in the pipeline expected to arrive in the next one to four months.

Following WHO support for on-site training of laboratory technicians from Aleppo, Homs, Lattakia and Damascus and delivery of essential supplies, COVID-19 testing is now ongoing at the Tishreen University Hospital in Lattakia (with 335 samples tested as of 26 May), the Zahi Azraq Hospital in Aleppo (63 samples), and at the public health laboratory in Homs (185 samples). As detailed above, the GoS committed to establish laboratories in all 14 governorates.

In NES (as of 12 June), two of the four PCR machines acquired by local authorities in Qamishli and Tall Refaat (not accessible to NES partners) are operational. While officially open two days per week, the laboratory is ready and able to open more regularly and has been able to test cases at short notice in exceptional circumstances. Local authorities have also committed to a 24-hour turnaround of test samples (from the point of sample collection to communication of results) as well as double testing (i.e. the 'rapid' test with a lower level of sensitivity as well as the longer test with higher sensitivity).

In view of the current lack of demand for testing due to low levels of surveillance, the lack of testing capacity (in terms of PCR testing kits) and a need to ensure quality compliance, the laboratory strategy of local authorities has shifted in recent weeks. Plans to activate additional testing sites are currently on hold, with efforts ongoing to scale-up centralized capacity through the Qamishli laboratory. This will include permanent staffing to enable 24/7 operating hours. As part of this initiative, local authorities are working to bolster case investigation capacity with Rapid Response Teams (RRTs) being established across NES. These RRTs will be responsible for sample collection in their respective areas of operation and transferring samples to the laboratory in Qamishli.

Shortages in testing materials continues to remain a critical challenge. At present, local authorities have less than 1,500 PCR testing kits available. Partners are continuing their efforts to source additional diagnostic supplies so testing can be ramped up.

In the meantime, NES partners continue to advocate for the implementation of a clear testing strategy which prioritizes close contacts, SARI cases and vulnerable groups displaying symptoms. While local authorities have indicated that they expect to receive a further five PCR machines and up to 750 testing kits from Europe, shipment/transportation arrangements are still being worked out at the time of publication.

Early in the response, local authorities received a consignment of some 75,000 RDTs from an unknown benefactor. Since then, NES partners have struggled to convince local authorities to curb their usage, noting the lack of reliability and specificity of these tests, as well as the potential for confusion about the meaning of test results. NES partners continue to cite global guidance recommending the use of RDTs in research settings only and not within any other setting, including for clinical decision-making, until evidence supporting use for specific indications is available.

In NWS (as of 11 June), a total of 1,072 samples were collected, all of which proved negative using PCR. Of these, 438 were from people in Aleppo and 634 were from people in Idleb. Three of the samples were tested in Turkey. WHO is supporting the Idleb laboratory by procuring 2000 UTM/VTM which will be used for testing samples for COVID-19 as well as for other respiratory illnesses.



Infection Prevention and Control

Partners continue to work closely with 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 adhering to social distancing, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

Similar efforts are now underway to reduce risks in collective shelters. Shelter sector partners in coordination with MoLAE continue assessments (including interagency missions) to determine needed repairs to address issues such as overcrowding, poor hygiene and inadequate sanitation facilities, with upgrades completed in 21 shelters to date.

WHO continues to increase PPE supplies in Syria, with a focus on protecting health workers. To date, WHO has delivered over 1.3 million PPE items, including surgical masks, gloves, reusable heavy-duty aprons, gowns, head covers, alcohol hand-rubs, medical masks, and goggles.

Shipments of PPE and sterilization items have also been dispatched to Qamishli National Hospital, the DoH in Al-Hasakeh, and in Deir-Ez-Zor. Over the reporting period, a second shipment of medical supplies delivered by WHO (including wheelchairs, hygiene kits, patient beds and general supplies) to Qamishli by road was completed, including to the national hospitals in Qamishli, Al-Hasakeh, Menbij, Ar-Raqqa and Tabqa, the Al-Hikmen private hospital in Al-Hasakeh, and to partners in Qamishli, Ar-Raqqa and Al-Hasakeh.

WHO continued training. In NES, four trainings for 61 healthcare workers at the Al-Hayat and Al-Hikmeh private hospitals, as well as the Al-Hol and Areesha IDP camps on IPC, waste management, preventive measures, isolation precautions and case management was completed, with planning for similar trainings at isolation centres underway.

Over the reporting period, UNICEF, including in its capacity as the WASH cluster lead, continued to engage with the Health Sector and other actors to strengthen IPC in healthcare facilities, schools and learning spaces, youth centres and communities, in addition to its regular WASH services. UNICEF also continues to support light rehabilitation of WASH systems in hospitals across the country, with work completed at in eight facilities (including Al-Hol), with seven other continuing.

To ensure appropriate IPC measures during national exams this month, WASH sector partners are supporting the light rehabilitation of WASH facilities at the accommodation and examination centres; as well as providing liquid chlorine for disinfection, water storage tanks and sanitation kits; as well as disinfection of centres; and emergency water trucking. In addition, WASH partners will support health awareness teams to conduct orientation sessions at the accommodation centres and provide relevant IEC materials. WHO is providing sanitizers, PPE, and 92 infrared thermometers.

UNDP continues to support WASH rehabilitation within three priority healthcare facilities identified as isolation centres in Tartous, Damascus and Dar'a, with plans to further support rehabilitation (including WASH) at an additional 14 health facilities in all governorates.

In addition to light rehabilitation completed at an isolation centre in Dar'a (Al Bassel Education Centre) a partner continues to support light rehabilitation at the designated isolation center in Deir-Ez-Zor. The Education Sector is also mapping WASH needs in schools. To date, 1.15 million soap bars and IPC materials for 11,500 schools have been procured. WASH sector partners continue to deliver increased quantities of soap and hygiene kits. In the reporting period, UNICEF provided a top up to the WFP e-voucher programme to enable 1,420 families in Tartous and Lattakia governorates to purchase hygiene items.

To date, UNFPA has distributed 3,667 dignity kits and 5,859 sanitary napkins through partners in three governorates. Further in the reporting period, one partner distributed 1,817 sanitization kits in northern rural Homs. Another partner, in partnership with SARC, supported disinfection activities in a number of high-traffic public spaces (bakeries, clinics) in

Deir-Ez-Zor. Another partner provided around 300,000 PPE and 700 disinfection items to cover the needs of 200 health care workers in Al-Hasakeh for three months, in addition to 500 baby kits to ensure safe breast feeding in the context of COVID-19 in Aleppo.

In NES (as of 13 June), various IPC measures have been implemented in camps. At the entrance to camps, humanitarian actors have supported the Camp Administration to establish temperature screening points and installed mandatory hand-washing stations, with partners providing equipment including thermometric scanners, as well as basic training on medical screening to the guards.

Camp visitors have been banned, along with community gatherings and focus group discussions comprising more than seven individuals. Across camps partners are installing additional sanitation facilities, scaling up water provision and distributing COVID kits (containing additional soap, towels, buckets, bleach, gloves and a basin- to facilitate HH level handwashing). Gradually the gaps previously reported in the informal camps (Washokani, Abu Khashab, the Menbij camps, Tal Samen and Twaihina) have been covered. Limited gaps remain, particularly in relation to COVID-19 kit coverage (containing additional soap, towels, buckets, bleach, gloves and a basin to facilitate HH level handwashing) and hand-washing infrastructure.

Two NES NGOs have committed to cover 49 collective centres in Hassakeh with a full package of IPC/RCCE-related interventions – including increased water provision, distribution of IEC material, hygiene promotion, WASH facility assessments (with a view to undertaking upgrades and installation of additional handwashing stations -finalized in 36 of the 49 collective centres). A NES NGO has completed core COVID kit distributions in all collective centres in Hassakeh, however, there is currently a gap in ‘top-up’ kits at 19 collective centres. Coverage of remaining collective centres in Hassakeh Governorate is particularly limited, with no COVID-19 related IPC response so far planned in 35 centres.

This is in large part due to the high concentration of collective centres in Tal Tamer (the highest number of collective centres in Hassakeh after Hassakeh city) which remains inaccessible for many partners given its close proximity to the frontline.

Meanwhile, NES NGOs are providing IPC/RCCE-related assistance to 60 informal settlements, including 17 in Aleppo (Menbij), 34 in Raqqa and nine in Deir-ez-Zor. Interventions include hygiene promotion and dissemination of IEC materials, COVID-19 kit distributions, increased water provision and installation of hand-washing facilities in a limited number of settlements.

In Aleppo Governorate, of the 31 informal settlements mapped, no response is reported in 14 of these while lack of additional water provision and handwashing facilities at the household level are reported as a gap in all 31 settlements. In Raqqa Governorate, there are an estimated 2,800 HHs across 19 informal settlements not receiving any additional assistance related to COVID-19 where Covid-19 kits will be distributed in the coming two months by one NES NGO. In Deir-ez-Zor there is so far no planned response in 47 mapped informal settlements with an estimated population of around 2,000 HHs while one NES NGO completed Covid-19 kits distributions in two informal settlements hosting 240 HHs.

In NWS (as of 11 June), a WHO partner is preparing specialized COVID-19 IPC training for community-based isolation treatment centres.

A WHO partner is conducting monitoring visits to trained health facilities ensuring the endorsement of IPC-standard measures in place and providing inquired IPC on job coaching and technical support to health facility manager and senior health professional staff.



Case Management

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

To date, humanitarian partners have been informed by local authorities (Governors and DoHs) of 32 identified quarantine facilities and 50 isolation spaces across 13 governorates.

At the central level, the Syrian MoH has announced 14 fully equipped isolation centres are now operational, with a cumulative capacity of 531 beds, including 423 isolation beds, 108 intensive care unit (ICU) beds, and 87 ventilators. The 32 quarantine centres have 1,235 beds.

A partner has completed light rehabilitation of WASH systems at Dar'a (Al Bassel Education Centre), and is progressing work at the Health Institute in Deir-Ez-Zor. WHO continues to deliver case management trainings (resuscitation and ventilation management). Over the reporting period, 50 health care workers were trained in Damascus. Plans are underway to train a further 448 healthcare workers at 226 primary healthcare centres.

In NES, during the reporting period, a partner provided medical equipment to support the isolation centre in Al-Hasakeh (New Medical Center). There are 21 prepared isolation centres for moderate-severe cases in NES, with five currently operational (approximately 309 out of 975 available beds). A further two facilities are planned by NGO partners, with funding yet to be secured, and a further two-three by local authorities, with work still not started.

In addition, sectors have completed an isolation centres at the Al-Hol IDP camp and are establishing referral pathways. In Ar-Raqqa, an isolation ward is being set up at the National Hospital, and a quarantine centre at Hawari Bu Median school in Ar-Raqqa city. On 20 April, NGOs opened a first phase (60 beds) of a 120-bed hospital in a repurposed factory building outside Al Hasakeh, however, due to lack of demand, the hospital has been placed on standby, and can be reinstated quickly should circumstances warrant.

Across NES there are up to 18 specially equipped ambulances to support COVID-19 related referrals. Of these, seven are in Al-Hasakeh, three in Ar-Raqqa, four in Deir-Ez-Zor (but require additional preparation) and four in Aleppo.

In NWS (as of 11 June), there have been no hospitalized COVID-19 cases reported at the four activated hospitals in Idlib, Dana, Kafr Tkharim.

A total of 136 PHC doctors (113 males and 13 females) have attended the face-to-face Mental Health Gap Action Programme (mhGAP 2.0) with seven training sessions completed across Azzaz, Idlib-Aldana, and Afrin, training sessions also on protection against sexual exploitation and abuse (PSEA) and gender-based violence (GBV).

The case management task force sub-group conducted its regular meeting on 3 June, including a follow-up of the implementation of case management at designated hospitals, endorsement of the protocols, and introduction of the case record form as standardized. Based on survey conducted by WHO partners, initial data shows that the triage system is not properly implemented among a number of health facilities.

The secondary healthcare intensive care unit (ICU) and non-communicable disease (NCD) quality of care field mentoring team continue to provide field visits and technical support to the 15 ICUs and 17 general hospitals in NWS. During the reporting period, the distribution of ICU/NCD kits was reassessed and a session was conducted on the use of the medicines in the kits based on NCD guidelines and management protocols.

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.

Globally, challenges include an unprecedented demand of essential medical items including PPE, which may also have a cascading effect in disrupting manufacture of critical medical equipment and medicines. 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 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.

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

The Logistics Cluster is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to quickly identify bottlenecks in supply into Syria of humanitarian assistance. Further, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in fortnightly consultations with partners. These include cluster coordination and Supply Chain working group meetings and engaging with the PWG to keep an overview of any potential downstream supply needs that may arise. Finally, WFP Headquarters will notify the Logistics Cluster as and when COVID-19 related items from any humanitarian organization are in the pipeline for Syria through WFP's Global Service Provision. This, in addition to close liaison with the Whole of Syria Health Cluster, will provide the Logistics Cluster with full visibility on the upstream pipeline for COVID-19 related supplies.

In NES (as of 13 June), NGOs continue rely on a combination of local procurement for basic medical items (such as basic PPEs), procurement from the Kurdistan Region of Iraq (KRI) and international procurement. The COVID-19 outbreak has contributed to an acute shortage of essential supplies, including PPE, medical equipment, such as ventilators, and certain medicines. Local supply chains in NES have been affected by disruption to cross-border commercial activity, while NES partners also face restrictions on procuring items in KRI for export. Additionally, disruption of commercial and airfreight services due to the closure of airports in KRI until at least 15 June have left partners unable to mobilize pipeline capacity at short notice, although over recent weeks some cargo shipments have been received. While partners continue to negotiate access to bring supplies into NES, they face challenges in accessing global markets to procure supplies due to their relatively limited size and centralized supply chain response mechanisms that are predominantly UN-centric.

To enhance access to PPEs, biomedical supplies and diagnostic equipment NES NGOs are coordinating closely with WHO and OCHA around utilizing the COVID-19 Global Supply Portal. Health NGOs have participated in an orientation session on the supply portal, with ongoing discussion around the logistics of accessing these supplies for NES partners.

Over the past two weeks a number of NES NGOs have reported increased challenges in locally procuring certain COVID-related supplies. This has particularly affected the procurement of IPC materials 12 (most pharmaceuticals and medical equipment are procured outside Syria), with quotations received from suppliers requiring rapid ratification as prices are sometimes changing multiple times each day. In turn, this has contributed to delays in procurement.

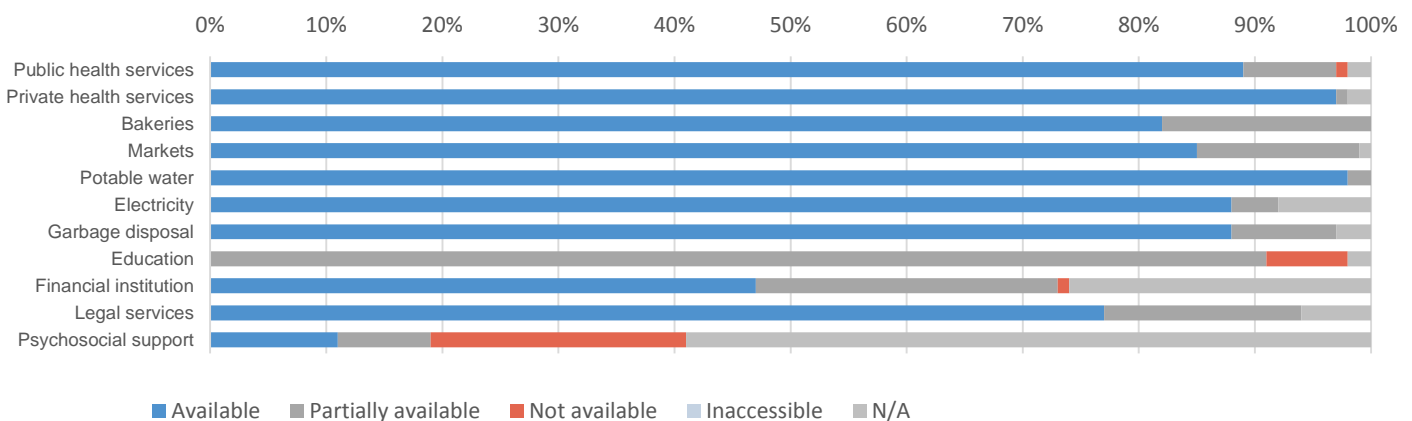
In NWS (as of 11 June), as of 11 June, WHO delivered a consignment of 2,000 Viral Transport Medias (VTMs) to a lab in Idlib (Dana) for the COVID-19 response effort. A total of 41 facilities will be provided PPE (masks and surgical gloves) for three months. PoEs requested supplies for two weeks, and 1,600 community health workers will be provided with supplies for one month.

Annexes

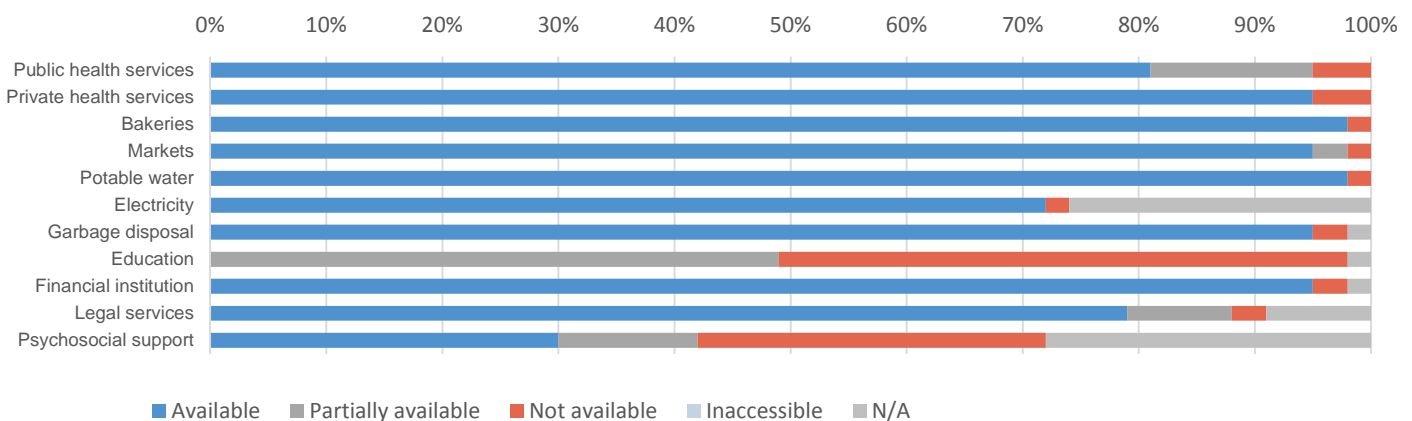
STATUS OF BASIC SERVICES

(Source: HNAP as of 15 June 2020)

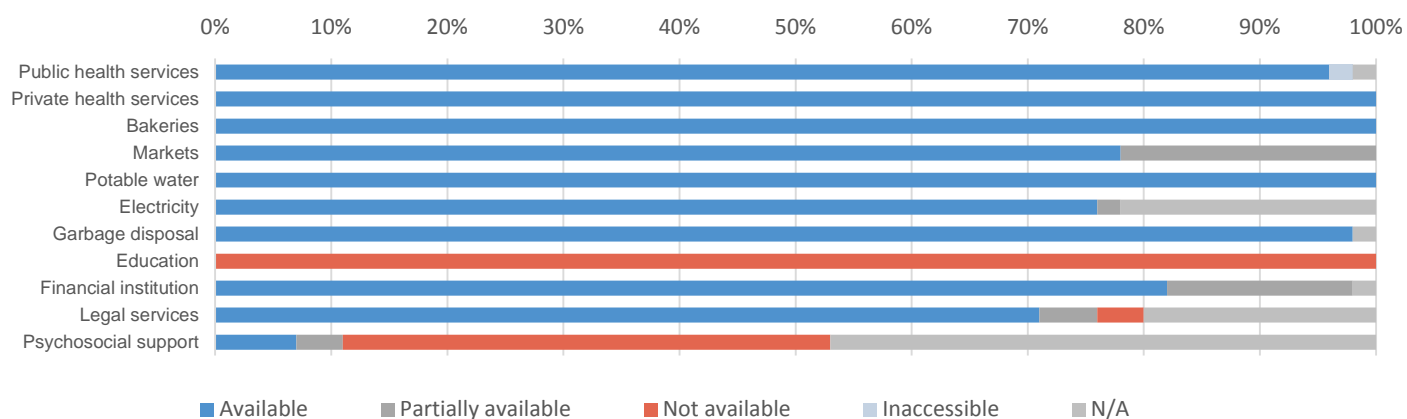
GOS



NSAG



SDF



NUMBER OF SUB-DISTRICTS IMPLEMENTING MITIGATION MEASURES

(Source: HNAP as of 15 June 2020)

MITIGATION MEASURES	GOS		NSAG		SDF	
	YES	NO	YES	NO	YES	NO
Community lockdown (no travel)	1	196	1	42	0	45
Total curfew (everyone stays home)	0	197	0	43	0	45
Partial curfew (everyone stays home for certain days/ hours)	2	195	0	43	7	38
Home isolation for symptomatic cases	61	136	1	42	16	29
Provision of spaces in health facilities to monitor suspected cases	53	144	31	12	17	28
Isolation in health centres for suspected cases	47	150	7	36	10	35
Quarantine of diagnosed COVID-19 cases	12	185	3	40	6	39
Testing for COVID-19	59	138	3	40	5	40
Regular temperature checks (check points, public places, etc.)	45	152	26	17	4	41
Closure of public spaces (restaurants, shops, etc.)	1	196	1	42	23	22
Distribution of soap/disinfectant/ masks	4	193	2	41	4	41
Disinfection campaigns	75	122	15	28	2	43
Awareness campaigns	98	99	20	23	23	22

More Information

- [COVID- 19 General information:](#)
- [COVID-19 Country and Technical Guidance](#)
- [WHO COVID-19 Dashboard](#)
- [IASC COVID-19 Outbreak Readiness and Response \(including protocols\)](#)
- [COVID-19 Advice for the Public](#)
- [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#)
- [Statement on the third meeting of the International Health Regulations \(2005\) Emergency Committee regarding the outbreak of COVID-19](#)
- [How to talk to your child about COVID-19](#)
- [Guidance for Pregnant and Lactating Women](#)
- [Guidance on Rational use of Personal Protective Equipment for COVID-19:](#)
- [COVID-19 Online Courses](#)
- [Advice on International Travel](#)

For further information, please contact:

Inas Hamam, Communications Officer, WHO Regional Office for the Eastern Mediterranean, hamami@who.int
David Swanson, Regional Public Information Officer – OCHA ROMENA, swanson@un.org