



3,765 total confirmed cases

932 Recovered

170 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 9 October 2020.

HIGHLIGHTS

- As of 19 September, the Syrian Ministry of Health (MoH) reported 3,765 laboratory-confirmed cases, 932 recoveries and 170 deaths.
- In northeast Syria (NES), the number of confirmed cases continues to rise, with 1,121 cases confirmed as of 18 September, including 328 recoveries and 52 deaths. The actual number of COVID-19 cases in NES is likely significantly higher due to significant gaps in detection and testing capacity.
- As of 19 September, the MoH reported approximately 34,033 tests performed in laboratories in Damascus, Aleppo, Homs and Latakia governorates. A new laboratory in Rural Damascus has been established. Of the cases announced by the MoH, 143 are reported to be healthcare workers, mainly working in Damascus.
- In northwest Syria (NWS), a major focus has been on curbing transmission among health care workers (HCWs), as over 35 per cent (25) of cases are among HCWs. To mitigate outbreaks among the medical community, a number of actions are being undertaken. One of the most significant challenges remains the isolation of people living in crowded conditions and camp settings.

SITUATION OVERVIEW

In Government of Syria (GoS)-controlled areas of the country, 3,765 laboratory-confirmed cases have been reported by the MoH as of 19 September: three in Ar-Raqqa; 13 in Deir-ez-Zor; 26 in Al-Hasakeh; 76 in Dar'a; 76 in Quneitra; 104 in Tartous; 130 in As-Sweida; 139 in Hama; 270 in Homs; 317 in Rural Damascus; 410 in Latakia; 873 in Aleppo; and 1,328 in Damascus. In total, 1,892 new cases have been announced since the last report. The Syrian MoH has announced 170 fatalities, representing an increase of 58 cases since 1 September, or one-third of all reported deaths. In addition, 932 recoveries were reported.

Highlighting the particular risks faced by healthcare workers, 143 healthcare workers have tested positive for COVID-19, according to the Syrian MoH; an increase of 53 since the last report. This includes 59 in Damascus, 30 in Latakia, 14 in Rural Damascus, nine in Aleppo, six in Quneitra, six in Tartous, seven in Hama, six in Dar'a, three in Al-Hasakeh, two in As-Sweida and one in Homs. Eleven HCWs are reported to have died, most recently on 3 September.

The steady increase in affected healthcare workers reported since July underscores – given Syria's fragile healthcare system with already insufficient numbers of qualified healthcare personnel – the potential for its overstretched healthcare capacity to be further compromised. Humanitarian actors continue to receive reports that healthcare workers in some areas do not have sufficient personal protective equipment (PPE). The WHO continues to lead efforts to support increased distribution of PPE where needed to ensure the protection of healthcare workers already operating under very challenging circumstances.

While official numbers remain relatively low, it is clear that in past weeks the epidemiological situation in Syria has rapidly evolved and all factors – including that some 91 per cent of announced cases to date have not been linked to exposure/contact with a known case – point to community transmission now being widespread. Since July, official numbers

have risen sharply and outpaced the rate of expansion in reported numbers of tests performed. In the past four weeks alone, confirmed cases reported by the MoH have increased by around 94 per cent.

As of 18 September, there are 1,121 confirmed cases of COVID-19 in NES. Of these, there were 741 active cases, 328 recovered cases and 52 deaths. More information on the epidemiological situation in NES by area is provided under the next section. Of the 1,121 cases, the highest number of cases (358) were reported from Qamishli and Al Hasakeh District (264) in Al Hasakeh Government.

As of 12 September, new confirmed cases continue to be concentrated in Al-Hasakeh Governorate, with the highest weekly increase recorded in Derik (Malakiyeh) District with 50 new confirmed cases (a 53 per cent increase in confirmed cases week-on-week). The number of new confirmed cases recorded outside Al-Hasakeh remains limited. Overall, the number of confirmed cases in NES does not provide an accurate reflection of infection prevalence.

Under-testing resulting from a combination of factors, including low reporting, the widespread use of rapid diagnostic tests (RDTs), and the misapplication of clinical screening protocols, presents a high likelihood of significant undetected transmission, particularly for cases with more mild symptoms. In addition, there are concerns around the laboratory's capacity to process a significant increase in samples.

The high risk of undetected transmission in NES is compounded by the limited lockdown measures imposed in many areas, local coordination challenges (including around the deployment of rapid response and contact tracing teams, as well as the referral of patients with severe symptoms to designated COVID-19 facilities), sub-optimal case management capacity, as well as concerning levels of transmission being reported among healthcare workers and at key health facilities.

As of 18 September, 165 of the 1,121 confirmed cases of COVID-19 in NES were recorded amongst health workers. Of these, 66 (40 per cent of cases among health workers) were recorded in Hassakeh District. As previously reported, transmission has been recorded at the three main hospitals in the city- Hassakeh National Hospital (HNN), Hassakeh Military Hospital (HMH) and Al Hikma Hospital. As of the week beginning 6 September, there were reportedly two active COVID-19 cases amongst health workers at both HNN and HMH.

The number of confirmed cases among healthcare workers is likely considerably higher with reports that some health workers displaying symptoms have not been tested and a lack of visibility on transmission in some hospitals. This has had a significant impact on health service continuity. The high level of exposure among health workers is due to a combination of factors, including low levels of compliance with personal preventative measures – including proper use of PPE and lack of social distancing among staff, inadequate screening/triage at the entrance to health facilities, suspect cases visiting health facilities rather than reporting symptoms remotely, movement of health workers between multiple health facilities and, in some cases, reported shortages of PPE. Over the last week, in consultation with the NES COVID-19 Technical Committee, local authorities' central Directorate of Health (DoH) circulated a formal directive to all local health committees mandating additional measures/safeguards to limit transmission among health workers.

To date, there have been seven confirmed cases among camp residents in NES, including a 19-year-old woman at the Al Hol camp on 14 September who is currently in isolation, as well as four cases confirmed at camps in Menbij on 19 September. It's not been possible to impose local lockdowns in camps or movement restrictions, and screening of close contacts is only occurring at the Al Hol IDP camp, not Menbij.

There remains a significant risk and high likelihood of transmission in camps. Since the previous update, several confirmed cases of COVID-19 have been recorded among non-resident staff (including health workers) at multiple camps. Although community-level testing is not possible, active surveillance inside camps in NES is being stepped up, including through a dedicated camp-wide campaign in Al Hol. This aims to enhance detection of suspect cases with a view to containing any outbreaks as effectively as possible. Key challenges in relation to COVID-19 risk mitigation and response capacity include the total lack of screening procedures at the entrance to some camps, poor adherence to lockdown/preventative measures, underreporting of symptoms (especially when mild) among the camp population, low contact tracing capacity, the lack of dedicated quarantine capacity in camps, as well as limited readiness of isolation areas in all camps (gaps including partitions for suspect cases, medical waste disposal capacity i.e. incinerator, laundry area and WASH infrastructure), with many people refusing to relocate to the isolation area.

In NWS, as of 12 September, 213 confirmed cases of COVID-19 were reported (69 from Idleb and 144 from Aleppo governorate), including three deaths (Case Fatality Rate: 1.4 per cent). Until that date, 193 cases developed mild symptoms, 10 developed moderate/severe symptoms, and 10 cases were asymptomatic. 87 (41 per cent) of the cases have already recovered. Among the cases, 110 were males and 103 females. The mean age of the cases is 34 years, five cases are under five years of age, and 15 cases are over 60 years old. Of all cases, 67 (31 per cent) are health care workers.

As part of capacity building activities, the early warning alert and response system (EWARN) District Level Officers have conducted 40 training sessions for 40 Health Facilities in Ariha, Idleb, Harim, Afrin, Jarablus and Jisr as Shagur district

from Idleb and Aleppo governorates to train 505 NGO health care providers on the basics of COVID disease surveillance and diagnosis. Also during this period, under the collaborative initiative between the EWARN partner and the MoH Turkey for Laboratory Quality Assurance program for COVID-19, the second batch of samples were dispatched from Ankara reference laboratory to be tested in Idleb laboratory.

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 [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 the national and sub-national 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.

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 PPE, case management, infection prevention and control, environmental disinfection, and risk communication; and is focused on procuring and enhancing medical supplies including in laboratory testing and PPE for case management and healthcare facilities.

On 31 March, UN Secretary-General Antonio Guterres launched a [report](#) entitled Shared Responsibility, 'Global Solidarity: Responding to the socio-economic impacts of COVID-19', which forms the basis of incorporating socio-economic impacts as the ninth pillar of the response.

As the UN supports national preparedness and response in Syria, the specific country context poses considerable challenges. This includes: a fragile health system lacking sufficient personnel; infrastructure and existing essential equipment; insufficient water and sanitation infrastructure; significant existing vulnerable populations reliant on humanitarian assistance; challenges accessing certain areas including due to ongoing hostilities; challenges for humanitarian workers to move freely to support and implement humanitarian programmes due to preventive measures including border restrictions; challenges procuring supplies including due to border restrictions, a deteriorating economy and competition for local supplies, as well as sanctions. As the response expands, there is a need to both increase and decentralize testing, in order to accommodate more timely diagnosis of more samples from a greater range of geographical locations including NES.

In NWS, a major focus has been on curbing transmission amongst HCWs, as over 35 per cent (25) of cases are among HCWs. To mitigate outbreaks among the medical community, a number of actions are being undertaken. Surveillance is working to come out with a renewed testing strategy for NWS, based on WHO recommendations, adopting to context. This will include:

- Testing of HCWs at high risk facilities dealing with respiratory illness
- Periodicity of testing in focus areas (hot spots)
- Testing of HCWs with multiple shifts/contracts
- Testing of HCWs where there are multiple co-infection-related service delivery points (for e.g. tuberculosis)

Renewed focus on infection prevention and control (IPC) measures in facilities (bi-weekly reporting from implementing partners' (IP) monitoring teams), refresher trainings for staff. Health Directorates (HDs) and Health Cluster recommendations to IPs to avoid dual employment of HCWs. Mechanism of declaring deaths to be coordinated with case management and HDs and surveillance – with proper review of epi. and case sheet/sequence of clinical manifestation as per WHO guidance. For the management of deceased persons, the referral system task force is coordinating with HDs and hospitals to hand over management as per WHO guidelines. WHO through its Health Information System (HIS) project will accelerate implementation of death certificate implementation.

Discussions are ongoing to repurpose a number of COVID-19 community-based treatment centers to quarantine centres, mainly for asymptomatic contacts amongst internally displaced persons (IDPs). A quarantine centre working group involving

relevant cluster coordinators has been conveyed to discuss inter-cluster contributions and coordination mechanisms for quarantine centres. Reducing turnaround time of lab results is a key focus area. The Afrin lab opening and decentralized sample collection at health service delivery points are concrete actions being pursued.

NES NGO partners continue to implement and scale-up COVID-19-related activities under all of WHO's eight preparedness and response pillars for COVID-19.

Crisis-wide planning, coherence, and advocacy

On 16 September, the Emergency Relief Coordinator (ERC) Mark Lowcock briefed the UN Security Council in New York that it would only be possible to get a clearer picture of the situation once testing was stepped up. He noted that the source of nearly 90 percent of confirmed cases could not be traced to a known source, suggesting widespread community transmission.

ACCESS RESTRICTIONS

As of 17 September, border crossings remain impacted as Syria and neighboring countries continue to sustain and reinforce their precautionary measures. Most land borders into Syria remain closed, with some limited exemptions (from Turkey and Lebanon), including commercial and relief shipments, as well as movement of humanitarian and international organization personnel. International commercial passenger flights remain suspended, however, domestic flights are ongoing. Repatriation flights continue to land in Damascus (since the last report, from Khartoum, Kuwait, Baghdad and Cairo). Tartous and Lattakia ports remain operational, with precautionary measures in place.

The GoS continues to maintain a widespread easing of preventive measures introduced throughout May, albeit with some ongoing changes, including recent ad-hoc suspension of prayers in some locations, as well as closures of wedding halls. Otherwise, the daily curfew remains lifted, as does the travel ban between and within governorates.

During the reporting period, the new school year commenced on 13 September. While broad-based restrictions are not anticipated to be re-imposed due to economic and social impacts, it remains possible the GoS may enforce localized lockdowns. Restrictions remain in place at most other crossing points inside Syria. Abu Zending, Um Jلود and Awn Dadat in Aleppo, and Akeirshi and Abu Assi in Ar-Raqqa (except students) remain closed. Al-Taiha in Aleppo is reported open for commercial traffic and students. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement.

Access to Rukban from within Syria remains under discussion with the various parties. The border crossing point with Jordan remains closed, curtailing access to the UN-clinic. Although the Jaber/Nassib border crossing remains closed since 12 August, on 8-9 September, Jordanian authorities exceptionally allowed 87 commercial trucks stranded in the border area to cross into Jordan.

In NWS, the increase of COVID-19 cases continues since the detection of the first case on 9 July. Efforts are ongoing to increase capacity at the Bab Al-Hawa border crossing between Turkey and Syria, the one remaining entry point for UN humanitarian assistance to NWS. These will address new costs and mitigate risks and challenges associated with the longer distances that need to be travelled to reach people in areas previously served via Bab Al-Salam. New restrictions on the movement of NGO staff through the Bab Al-Hawa border crossing also impact humanitarian work.

In recent weeks, increased levels of military hostilities have been reported in NWS, particularly in frontline areas of Idlib and south of the M4 highway, with more frequent shelling reported since early July 2020. Moreover, attacks using improvised explosive devices and incidents involving explosive remnants of war, including landmines, continue to endanger the lives of civilians and constrain humanitarian access. Reports continue of tensions between non-state armed groups escalating into armed confrontations, creating increased risks for civilians, as well as for the conduct of humanitarian activities.

In NES, on 28 August, citing economic and social reasons, local authorities largely lifted general preventive measures imposed on 23 July, allowing shops/services and local authority departments to reopen, as well as movement between towns, cities and districts. Additionally, NES local authorities have announced that face coverings in public spaces will be mandatory across all areas, although adherence remains extremely low and there is no enforcement of the measure. Local authorities have also postponed the 2020-2021 school year to 4 October.

Humanitarian partners continue to adhere to self-imposed limitations on movements, including working from home, working in shifts, reducing non-essential field visits/meetings and, in camps, supporting a more localized response among camp residents. 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.

All border crossing points remain closed as a precautionary measure. Humanitarian personnel and medical cases are reportedly exempt. While earlier reports indicated mandatory quarantine periods for humanitarian personnel, subsequent reports indicate this is no longer the case or not applied in practice. Erbil International Airport is open for both commercial and cargo flights. As local authorities are still operating at approximately 30 per cent capacity due to COVID restrictions, bureaucratic delays in organizing cargo flights and obtaining NGO tax exemptions remain common.

The Al-Bukamal-Al Quaem crossing is reportedly open for commercial and military movements, while the Ras al-Ain border crossing remains closed except in limited circumstances. Tabqa crossing point is reported as currently open to commercial and humanitarian cargo, however, delays of up to 15 days have been reported of several cross-line humanitarian deliveries dispatched to Qamishli as a result of administrative processes introduced by the local authorities. Medical cases and students are also reported allowed to cross with a 14-day quarantine on arrival.

Country-Level Coordination

At the national level, the United Nations (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 Non Food Items (NFIs)s 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 Ministry of Social Affairs and Labor, the Ministry of Legal Affairs, and Ministry of Education, as well as the International Committee of the Red Cross (ICRC) and Syrian Arab Red Crescent (SARC). During the reporting period, the UN RC/HC led a mission to Qamishli, visiting Al-Hol and Al-Roj camps, including the COVID-19 treatment facility in the former, and meeting with the Governor of Al-Hasakeh, SARC and ICRC to discuss key issues, including how to ensure the continued functionality of Alouk water station.

The NES COVID-19 Task Force (TF) continues to oversee collective COVID-19 preparedness and response efforts under the chairmanship of the NES Forum. Since the end of July, the TF has resumed weekly meetings, bringing together the work of three sub-TFs- Risk Communication and Community Engagement (RCCE), Infection Prevention and Control (IPC) and Case Management – which are driving key work streams under these collective pillars. As well as providing a weekly platform to update health partners and sector coordinators on COVID-19 related developments, the TF supports engagement with the local authorities through the NES COVID-19 technical committee by the DoH and seven local COVID committees chaired by the relevant local health authorities, as well as addresses key cross-cutting issues affecting health partners.

At the camp-level, health committees continue to operate across all camps in NES to oversee actions related to COVID-19 prevention and mitigation. The Camp Administration also participates in these bodies. These committees support key functions, including contact-tracing, community engagement (including liaising with the community on adherence to isolation and quarantine/self-quarantine procedures) and the readiness of isolation spaces. Contingency plans to support the continuity of services have been developed across all camps. The plans specify the activities which can/should be maintained, activities which have been adapted to mitigate the risk of transmission, as well as activities which have been suspended to reduce the transmission risk.

In NWS, a major focus in coordination has been on curbing transmission among HCWs. Health partners have also created a COVID-19 TF to follow up on key issues. A separate Quarantine Working Group has also been established, focusing on quarantine measures for asymptomatic but at-risk individuals. Local level coordination occurs throughout.

Risk Communication and Community Engagement

The United Nations Country Team (UNCT) has activated the RCCE Group, which aims to inclusively engage communities while communicating critical risk and event information regarding COVID-19. Working closely with WHO and the Syrian 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 are lifted, the RCCE continues to work with partners to engage the public on the ongoing risks of COVID-19, as well as promote behavioral initiatives such as hand and respiratory hygiene and physical distancing.

Over the reporting period, new RCCE-supported radio spots highlighting key preventive measures commenced broadcasting on 10 public and private stations. While cumulative RCCE efforts to date have reached an estimated 15 million people, survey information and anecdotal evidence suggests the risk perception across Syria remains low and a considerable lack of adherence to individual preventive measures has been observed in some communities.

In observance of the World Patient Safety Day on 17 September, WHO, in cooperation with the Syrian Ministry of Higher Education, supported a workshop to introduce HCWs and professionals to the most up-to-date reports and findings recommended by WHO within the context of COVID-19. Topics gravitated around maternal health, preventive measures while dealing with children as well as the interaction between patients and doctors.

Supported by WHO, the Syrian Ministry of Information (MoI) conducted workshops targeting e-media, TV, radio and photography professionals with an objective of raising awareness and combatting rumors related to the COVID-19 pandemic. Furthermore, the workshops are to advocate media professionals and influencers to foster fact-supported credible information only. The last session will conclude on 24 September.

WHO and UNICEF are following up on the RCCE Rapid Assessment Survey, which will be implemented by MOI at the national level. WHO and UNICEF provided the technical recommendations and expertise related to the survey protocol and are promptly following up on it.

In NES, awareness campaigns and trainings of partner staff, including in camps, internally displaced persons (IDP) settlements and collective shelters, continue. During the reporting period, 32 focal points from camp administration/management, local community and INGOs were trained on RCCE. At the Al-Hol camp, WASH sector partners continue hygiene promotion focusing on COVID-19 utilizing 20 community workers and initiated a community rapid assessment exercise. During the reporting period, at the Areesha camp partners launched a joint campaign utilizing 55 volunteers trained on COVID-19 messages and community engagement.

In NWS, and as of 28 August, a total of 11 partners reported utilizing 1,176 awareness workers to reach 113,571 beneficiaries with different RCCE activities across nine districts (Afrin, Al Bab, Ariha, Azaz, Harim, Idleb, Jarablus, Jebel Saman, Jisr-Ash-Shugur).

Coordination partners have given initial approval to provide 1,120,000 fabric facemasks to be distributed with the polio campaign expected to start around 10 October. Priority will be given to IDP camps, while a parallel educational campaign is planned to teach people on how to use the masks properly.

WHO participated in meetings with RCCE stakeholders to discuss the following outcomes:

- Doctors will be allowed to speak during Jumaa prayers about prevention, including mask usage.
- Local authorities will support a campaign to teach people how to make masks at home
- NGOs are encouraged to add an awareness-raising component in any of their project
- If NGO staff are not committing to prevention measures, including medical staff, this should be monitored by NGO managements
- The RCCE working group (WG) have a long list of camp managers to receive training on how to deal with COVID-19 cases, where to refer, who to call, what to do to contain the spread, as well as how to cooperate with stakeholders (referral network, health facilities, EWARN). The list includes over 900 names and prioritization of who will be trained in September is ongoing.
- The RCCE WG developed public messages to introduce community-based treatment centres (CCTCs) and overcome the negative advertising that was used against isolation centers. Work is now ongoing with a consultant to have videos and pictures showing how these centres are well managed to encourage people moving to those centres.

WHO conducted psychological first aid training on COVID and self-care, including protection against sexual exploitation and abuse (PSEA), for 164 frontline workers from the existing CCTCs and isolation hospitals during nine training sessions. Peer-to-peer support and coaching for participants will be provided for three months.



Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the Syrian MoH with daily technical team meetings. Severe acute respiratory infection, one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria. Currently 1,271 sentinel sites report cases through the EWARS system across all 14 governorates.

With the support of WHO, the Syrian MoH conducts active surveillance utilizing a network of surveillance officers across 13 governorates, who are in regular contact with and actively visit private and public health facilities to monitor admissions. With WHO support, the new COVID-19 case definition for Syria has been disseminated, with the aim of broadening the scope for detection of cases. Suspected cases were also included as a priority in the EWARS system.

Within Syria, including NES, all relevant stakeholders have agreed to collect samples through 112 rapid responses teams (RRTs) for referral to the Central Public Health Laboratory (CPHL) for testing (in line with similar established mechanisms for sample testing). To date, 432 rapid response team (RRT) personnel in 13 governorates have received dedicated training, including refresher training on COVID-19 case investigation, sample collection and referral.

In NES, 13 RRTs are active in Al-Hasakeh, two in Ar-Raqqa and four in Deir-Ez-Zor, while there are three in Menbij and two in Kobane. Over the reporting period, more than 2,000 suspected COVID-19 cases and contacts were investigated within 24 hours of an alert being received.

To enhance surveillance efforts, WHO is working to expand active surveillance beyond the existing 125 hospitals to all primary healthcare facilities. WHO is also continuing technical support to strengthen the existing surveillance system by developing an electronic surveillance platform for COVID-19. During the reporting period, WHO participated in a joint assessment of Ibn Al Nafis Hospital in Damascus to follow up on timely reporting of suspected cases and assess capacity for testing for COVID-19 within the hospital laboratory.

Also during this period in NWS, under the collaborative initiative between the EWARN partner and the MoH Turkey for laboratory quality assurance programme for COVID-19, a second batch of samples were dispatched from Ankara reference laboratory to be tested at the Idleb laboratory.



Points of Entry

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

The World Food Programme (WFP), as the Logistics Cluster lead, continues to monitor PoEs, including on operational status, capacity, new developments and restrictions. The Food Security Sector continues to liaison with the Logistics Cluster to update partners.

From 16 August, the GoS has implemented new requirements for individuals arriving from official border crossing points with Lebanon, including presentation of a negative polymerase chain reaction (PCR) certificate, obtained within the past 96 hours at accredited laboratories. Those unable to present such a document are quarantined. The GoS further announced that Syrians wishing to transit through Lebanon abroad must reach the borders no more than 24 hours before their flight and within 96 hours of a negative PCR test. Five private laboratories are reported to offer testing, in addition to two new centers (Al-Jalaa and Tishreen sports city) in Damascus, and one further centre 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. All border crossing points remain closed as a precautionary measure. Humanitarian personnel and medical cases are reportedly exempt. While earlier reports indicated mandatory quarantine periods for humanitarian personnel, subsequent reports indicate this is no longer the case or not applied in practice.

Restrictions remain in place at most other crossing points inside Syria. Abu Zending, Um Jلود and Awn Dadat in Aleppo, and Akeirshi and Abu Assi in Ar-Raqqa (except for students) remain closed. Al-Taiha in Aleppo is reported open for commercial traffic and students. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement. On 20 July, the Bab Al Hawa border crossing in Idlib 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. Between 1 – 12 September, over 168,356 travelers were screened, of which 138 suspected cases were referred to the CCTCs. An additional 592 suspected cases were referred to the CCTCs and the referral hospitals from other health facilities inside NWS.

In NES, as of 23 July, local authorities formally announced the closure of all land border-crossings into NES from both the Kurdistan Region of Iraq (KRI) and GoS areas in all but emergency cases. The weekly exemption for NES NGOs to cross into/out of NES via the Fishkabour-Semalka crossing remains in place. In addition, the main commercial hub, the Walid crossing, remains open to transport imports into NES. As of 15 September, the Fishkabour-Semelka crossing will also be opened up for cancer cases and separated spouses to return to NES. A weekly cap of 40 crossing into NES will be put into place. In terms of cross-line movements from GoS controlled area into opposition-controlled areas, thousands of weekly crossings continue to be reported via formal crossing points in Raqqa (Tabqa and Abu Assi), as well as informal crossing points, particularly in Deir-ez-Zor.

On gaps at PoEs, Qamishli Committee of Health (CoH) oversee the screening of arrivals at Semelka and Walid crossing points with KRI and have recently highlighted a number of specific gaps with regards PoE capacity. This includes lack of dedicated ambulances at the crossing points, an isolation caravan, equipment for sanitizing/disinfecting vehicles, PPE for border staff and basic medical equipment. Although NES NGOs are not prioritizing support to PoEs, the NES COVID-19 TF is coordinating with other stakeholders to ensure these gaps are covered.

Laboratory

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. Of note, the rehabilitation of the CPHL was completed to establish a designated laboratory for COVID-19 as two air-conditioners and two refrigerators were procured and two air-conditioners and four refrigerators were fixed while the laboratory generator was repaired. On-site training for 34 laboratory technicians was also completed, including for those working at regional laboratories. During the reporting period, with WHO support, a new laboratory to test for COVID-19 came online in Rural Damascus.

WHO has provided testing kits to the MoH since 12 February. To date, WHO has provided a wide range of reagents and supplies needed for testing including enzyme kits (31,240 reactions), extraction kits (47,250 reactions), screening kits (63,568 reactions) and confirmatory testing kits (1,920 tests), 60,000 swabs and viral transport medium for sample collection, five PCR machines and two extraction machines, in addition to 5,000 waste bags and 21,000 bags for samples, and six months' PPE for staff. WHO has further supplies and equipment in the pipeline, including four GeneXpert machines. In addition, UNHCR has procured one GeneXpert machine.

Both WHO and the Syrian MoH are reportedly facing challenges to obtain some specific supplies, largely due to limited market availability and transportation. 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, and at the public health laboratory in Homs. As of 12 September, the MoH reported that 34,033 tests have been conducted. As noted above, during the reporting period, a new laboratory for COVID-19 came online in Rural Damascus at the Jdidet Artuz Health Center, with a daily testing capacity of 60-70 tests. The GoS remains committed to establish laboratories in all 14 governorates. The increased capacity and decentralization of testing, including in NES, continues to be a priority for WHO to support.

As of 12 September, a total of 7,162 samples have been collected from the NWS, including 3,356 in Aleppo and 3,806 in Idlib. Of these, 7,147 samples have been tested, with 15 still pending. Total number of new samples collected in the previous 24 hours was 100 (Aleppo 57 and Idlib 43). In total 5,065 samples have been tested since reporting of the first case from NWS, with a test positivity rate of 4.2 per cent.

A new PCR machine and supplies for testing by PCR has reached the Afrin laboratory which is expected to be functional in the coming week. An additional PCR machine and supplies for additional testing by PCR also reached the Jarablus laboratory in Aleppo Governorate.

In NES, local authorities have an estimated 27,000 to 31,000 COVID-19 PCR tests in stock, equivalent to between 540 and 620 testing kits (each with 50 tests). In addition, at least two partners are planning to procure additional PCR testing kits, with one of these partners having received approval to move ahead with the procurement of between 200-400 kits (10,000-20,000 tests). While this additional capacity is welcome, there remains no established pipeline for mobilizing/replenishing

diagnostic supplies. The NES Forum continue to advocate for multiple modalities to supply diagnostic items to ensure there are sufficient stocks over the coming months, particularly with the anticipated onset of flu season. The lack of PCR testing kits is one of the key factors contributing to the current low-level of testing in NES, with local authorities reluctant to undertake intensive testing in the event of a further surge in cases during the winter.

Since 23 July, there has been a gradual expansion of the Qamishli laboratory capacity, with the laboratory now operational at least five days per week (up from just two days per week a month ago). This increase in operating hours follows the activation of a second PCR machine at the Qamishli laboratory. Despite this increase, however, there remain significant gaps in capacity, limiting the extent to which the number of daily tests can be ramped up and precluding expansion of testing to close contacts and health workers (both for screening and for those in self-quarantine). The NES Forum COVID-19 Technical Committee continues to advocate for local authorities to establish additional testing capacity through the activation of the six additional PCR machines (either in the Qamishli laboratory or by opening another laboratory) already on the ground in NES. There is also an urgent need to establish a second laboratory team to enable seven-day/ongoing testing. In addition to increasing testing capacity, detection capacity remains low limiting the number of samples collected and sent to the laboratory in the first place. As a result of the low number of samples collected, the laboratory was closed on several occasions over the last week. The current daily number of samples being tested is far short of processing capacity. The number of samples tested rarely exceeds 100 per day although on at least one occasion over 200 samples were processed, indicating significant scope to scale-up even without an expansion of current laboratory capacity.



Infection Prevention and Control (IPC)

WHO, UNICEF, health and WASH (water, sanitation and hygiene) partners continue to work closely with relevant authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors continue health facility assessments to gauge IPC capacity, with many implementing IPC measures, including by establishing distance, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas. Similar efforts are underway in collective shelters. Shelter sector partners in coordination with the Ministry of Legal Affairs continue assessments (including interagency missions) to determine needed repairs, with upgrades completed 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 119,502 items of PPE to be distributed in isolation centres, hospitals, and primary health care centres and laboratories. To date, WHO has delivered more than 4.4 million PPE items, including 1.5 million medical masks, 67,848 N95/FFP2 respirator masks, 1.3 million gloves, 7,500 reusable heavy-duty aprons, 83,869 gowns, 662,600 head covers, 464,800 shoe covers, 4,769 goggles, 18,406 coveralls, 3,500 face shields, 308,407 alcohol hand-rubs and 75 PPE kits. In addition, over a million PPE items have been delivered by health sector partners.

UNICEF, including in its capacity as the WASH cluster lead, continues to engage with partners to strengthen IPC in healthcare facilities, schools and learning spaces, youth centres and communities, in addition to regular WASH services. During the reporting period UNICEF distributed 7,000 additional PPE items, and further continued operation and maintenance of WASH infrastructure (including the provision of sodium hypochlorite for water disinfection) across the country. To date, UNICEF has supported light rehabilitation of WASH systems in 15 quarantine and isolation facilities, including Al-Hol. Light rehabilitation of WASH facilities at the Dweir quarantine centre is complete. Given the importance of Dweir to host potentially significant numbers of returnees and also cases requiring isolation in the event of hospitals being overstretched, partners have identified gaps and are working on a way forward to improve existing facilities. In light of schools reopening, WASH sector partners (UNDP, UNICEF, SARC, IMC) have supported delivery of over two million pieces of soap, sanitization of schools and emergency water trucking, in addition to procurement of 4,535 sprayers, 66,400 chlorine bottles, and distribution of IPC kits and protocols to all schools in Tartous, Lattakia and some areas in Idleb, reaching an estimated half a million students. Additionally, UNICEF supported water trucking to 13 schools in Aleppo city.

In NES, local health authorities issued a formal directive to all local health authorities (LHA)/Committees on Health(CoH) stipulating basic measures which should be taken by all health stakeholders to limit the transmission of COVID-19 among health workers and at health facilities. This directive requires all LHA to implement and enforce the following measures:

- Adherence to personal preventative measures and appropriate use of PPE, with all health employers required to get employers to sign a personal declaration form agreeing to follow basic preventative measures before working in a facility.
- Self-quarantine for all health workers who have had close contact with a confirmed COVID-19 case. For health workers only, a system should be established to reduce the self-quarantine period from 14 to 7 days where an individual is asymptomatic and returns a negative PCR result after the seventh day. Where these criteria are not met, self-quarantine must be maintained for the full 14-day period. The process for testing health workers should be overseen by a focal point on the local COVID Committee.

In NWS, during the reporting period, a WHO partner conducted IPC specialized training for CCTC staff. As a result, a total of 90 medical and non-medical staff are working at one CCTC in NWS and prepared to train local authority partners on COVID-19 IPC guidelines for the safe management of a dead body in the context of COVID-19. On 22 August, implementing partners inaugurated the health facility triage assessment in Idleb, Bab Al Hawa and Harem district.



Case Management

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

To date, humanitarian partners have been informed by local authorities of 34 identified quarantine facilities and 50 isolation spaces in 13 governorates. At the central level, the Syrian MoH has announced 21 isolation centres are currently running, with a cumulative capacity of 1,034 beds, including 855 isolation beds, 179 intensive care units (ICU) beds, and 158 ventilators. The 33 quarantine centres are reported to have 5,764 beds. As per previous reports, information indicates that patients experiencing mild symptoms have been requested by some isolation centres to quarantine at home.

Given that even the most advanced health systems globally have been quickly overwhelmed, the priority remains on providing support to and reinforcing isolation facilities. As part of enhancing capacity and to ensure a continuity of health services and appropriate management of COVID-19 cases, WHO has commenced a new procurement of medical equipment and supplies. As outlined previously, UNDP is supporting rehabilitation at three hospitals. One international partner has completed light rehabilitation of WASH systems at isolation centres in Dar'a and Deir-Ez-Zor.

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

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

In NES, NGOs are supporting 15 COVID-19 isolation facilities. Of these, two are currently fully operational with a further three partially operational. Of the 446 beds planned for moderate-severe cases, 150 are currently operational across four facilities. Of the 80 ICU beds planned, 42 are currently operational.

A number of recurrent gaps and challenges are reported across multiple areas with regards COVID-19 case management capacity. These include:

- **ICU Capacity:** There are concerns over the lack of ICU capacity i.e. specialized/ dedicated ICU staff. Many ICU units do not even have a specialist ICU doctor. There are concerns that intubating patients'/ ventilating patients without the appropriate ICU capacity may be futile. Although very few COVID-19 cases have so far been admitted to ICU, it is understood that all of those who have been intubated and received ventilator support have died (noting that, globally, mortality rates for cases requiring ventilation is likely to be significantly higher than other for other cases).
- **Lack of contingency planning:** Although there are significant gaps in case management capacity across NES, these gaps are more acute in some places than others. For Qamishli, one of the biggest population centres in NES, there is currently only one isolation facility for COVID-19 cases (in a repurposed school) with no actionable plan to quickly activate additional capacity should there be a surge in COVID-19 hospitalizations. Developing plans to quickly scale-up capacity (e.g. by converting whole hospitals for COVID-19) is essential, and underlines the importance of centralized/system-level strategic leadership and the urgent need to mobilize additional supplies of medical equipment, consumables, PPE and COVID-related pharmaceuticals.
- **Low levels of hospitalization:** The number of hospitalized cases in NES is minimal and far lower than expected given the number of confirmed COVID-19 cases to date. As previously reported, this low level of hospitalization seems to be due to a number of factors, including the reluctance of some people to go to hospital, the tendency to send suspect cases home (even if severe symptoms or at high risk of deterioration due to the presence of comorbidities), and inadequate assessment of severity.

- Individual isolation spaces: As noted, COVID-19 isolation facilities should also be equipped to treat suspect cases with more severe symptoms. The installation of individual isolation units is therefore critical.
- Training and staff capacity: There is a need to establish dedicated training plans to bolster clinical care capacity, particularly for severe and critical cases.
- Staffing: As mentioned in the previous section, acute shortages in staffing continue to create challenges in activating COVID-19 facilities and contribute to cross-contamination between health facilities. It is imperative that staff working in COVID facilities do not also work in non-COVID facilities to reduce this risk of contamination.

Camp isolation spaces: There continue to be significant gaps in camp-level isolation spaces. These gaps are also contributing to reluctance and opposition among camp populations to move to the isolation areas. Key gaps include the establishment of a functional medical waste management system (including the installation of incinerators), the installation of partitions/ separators between the beds in the suspect case tents (e.g. Abu Khashab), Standard Operating Procedures (SoPs) for caregivers, the establishment of laundry area and, in multiple camps, the identification of a health partners to undertake the daily medical screening of cases. A fundamental challenge is around food provision in the isolation areas; consultations with the community have suggested that the absence of hot meals (i.e. instead of Ready to Eat Rations) has been a key driver of opposition to moving to isolation areas.

In NWS, WHO through its implementing partners continue supporting Al Zira'a and Dana COVID-19 designated hospitals located in Idleb and Dana city in Idleb governorate. During this reporting period there were two COVID-19 suspected cases which were hospitalized and both cases were negative and referred to other facilities. In the month of August, WHO continued supporting the Al Zira'a COVID-19 designated hospital located in Idleb city which has a capacity of 10 ICU beds and 20 normal hospital beds, one specialized intensive care physician, three internal medicine physicians 10 ICU technicians and five IPC workers. Over the reporting period, three COVID-19 suspected cases that were hospitalized and not yet discharged. WHO, through its implementing partner, continues to provide support to the Dana COVID-19 designated hospital located in Idleb city, which has a capacity of 20 ICU beds and 20 normal hospital beds run by one specialized intensive care physician, three internal medicine physicians, 12 ICU technicians, 12 nurses, three laboratory technicians, three radiologists and five IPC workers. A WHO partner continued to provide online COVID-19 webinar during the reporting period. On 16 August 2020, there were 73 participants who attended the initial triage evaluation and disposition of COVID-19 patients, while 102 participants attended the COVID-19 radiology session.

Moreover, on 15 August WHO will begin case management training for 70 physicians and 222 paramedics working in the nine COVID-19 designated hospitals. A total of 68 clinicians attended the online mentoring for CCTCs and 33 attended training for isolation centres. Face-to-face case management training is being conducted, targeting 70 physicians and 222 paramedics working at 6 COVID-19 designated hospitals.

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 Regional Office for the Eastern Mediterranean (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 TF Coordinator for within Syria who will oversee and validate related requests for Damascus-based partners uploaded onto the system.

WHO in coordination with the Health Sector has developed an online COVID-19 Supplies Tracking System to monitor the items procured, distributed and in pipeline in real time by health sector partners. The dashboard is updated weekly. Within Syria, distributions and service delivery have been rapidly adapted. WFP alone has 1,600 distribution points within Syria; work is ongoing to adapt modalities in order to decongest distribution sites. Other options being utilized includes combining distributions; with modalities shared across networks to ensure all sectors can adapt where possible. The Logistics Cluster is monitoring UN agency supply routes into Syria and working with the Global Logistics Cluster to identify bottlenecks. Further, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in monthly consultations with partners through cluster coordination meetings. Ad-hoc Supply Chain working group meetings and close collaboration with the PWG ensures the Logistics Cluster can keep an overview of any potential downstream supply needs. Finally, WFP Headquarters will notify the Logistics Cluster when COVID-19 related items from any humanitarian organization are in the pipeline through WFP's Global Service Provision. This, in addition to close liaison with the Whole of Syria Health Cluster, will provide full visibility on the pipeline for COVID-19 related supplies.

Through funds received by the OCHA COVID-19 reserve SHF allocation, WFP, as lead agency of the Logistics Cluster, is providing access to an air cargo transport service from Damascus to Qamishli. This is in addition to the United Nations Humanitarian Air Service (UNHAS) service for air passengers between Damascus and Qamishli. During this reporting period, WHO has distributed PPE and IPC materials to 120 health facilities operated by 17 NGOs.

WHO has received the data collected from the COVID-19 supplies survey for the month of August and we are doing analysis and will develop a distribution plan of supplies for health facilities for a one month need of supplies. WHO are working on distribution plan for 69 oxygen concentrators. A total of 2.5 million surgical masks will be distributed to public and an assessment is ongoing. The COVID-19 TF will coordinate the distribution of 500,000 surgical masks, 1,000 gowns (protective suits), and 6,500 face shields from one of the NGO partners.

NES NGOs continue to face challenges in importing medical equipment and PPE from suppliers based in the KRI. Over the last week, at least two weeks multiple NGOs have reported challenges in exporting COVID-19 related supplies from the KRI to NES, with the authorities deeming that certain supplies (e.g. face masks) are required in country and cannot be explore. Overall, the restrictions on the KRI side are opaque, with no formal directive banning export of items. Some NGOs have had more success than others in navigating these ambiguities through direct negotiation with authorities, reducing quantities (i.e. dividing into individual shipments) and other workarounds.

The NES Forum has launched a COVID-19 supplies shipment tracker. This tool will ensure a more systematic tracking of the ability of NES NGOs to bring COVID-19-related supplies into NES, as well as enable a better understanding of the specific constraints impacting NES COVID-19 shipments and provide clarity on the workaround to address these constraints. Information gathered through this tool will also guide subsequent advocacy around supply issues (whether this be formal advocacy vis-à-vis the authorities in KRI or working with other stakeholders to mobilize alternative supply modalities to mitigate supply challenges NES NGOs are facing).

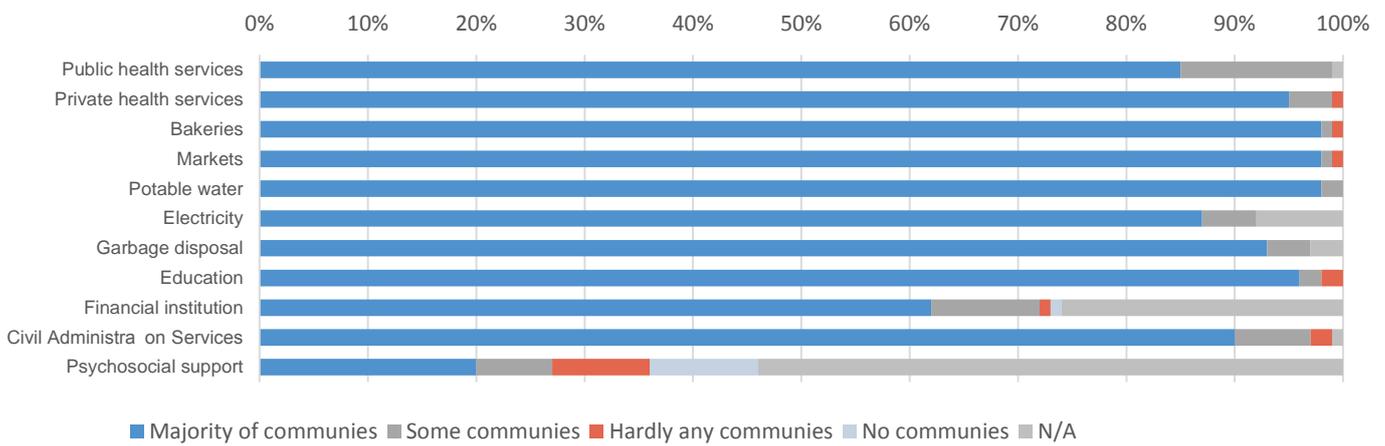
In NWS, during this reporting period, WHO has distributed PPE and IPC materials to 120 health facilities operated by 17 NGOs. WHO has received the data collected from the COVID-19 supplies survey and will analyze and develop a distribution plan of supplies for health facilities for a one month need of supplies. WHO also distributed surgical masks for 1,600 community health workers for four weeks. WHO received shipments of PPE, including 1,832,300 pieces of medical masks, 3,521,900 pairs of examination gloves and 90,600 protective gowns. Supplies will be distributed based on a plan prepared by the Health Cluster and COVID-19 TF. WHO has received the data collected from the COVID-19 supplies survey for the month of August and are doing analysis and will develop a distribution plan of supplies for health facilities for a one month. WHO are working on a distribution plan for 69 oxygen concentrators. A total of 2.5 million surgical masks will be distributed to the public and an assessment is ongoing. The COVID-19 TF will coordinate the distribution of 500,000 surgical masks, 1,000 gowns (protective suits), and 6,500 face shields from one NGO partner.

More than 16 million PPE items, including masks, gloves, goggles and face shields were shipped into NWS for humanitarian staff, benefiting more than 80 humanitarian organizations.

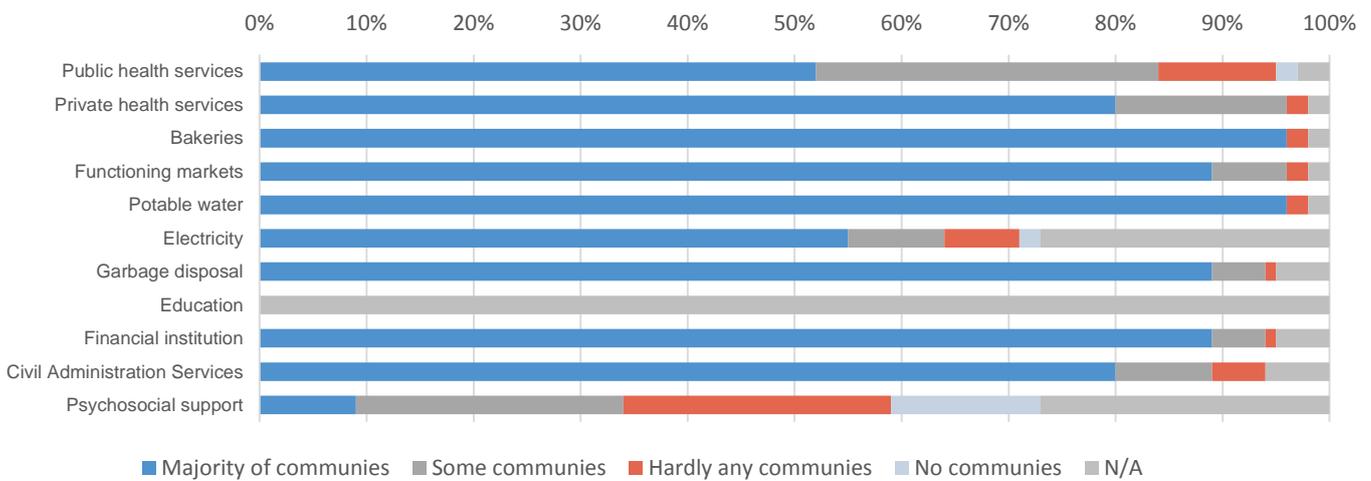
Annexes

STATUS OF BASIC SERVICES *(Source: HNAP as of 22 September 2020)*

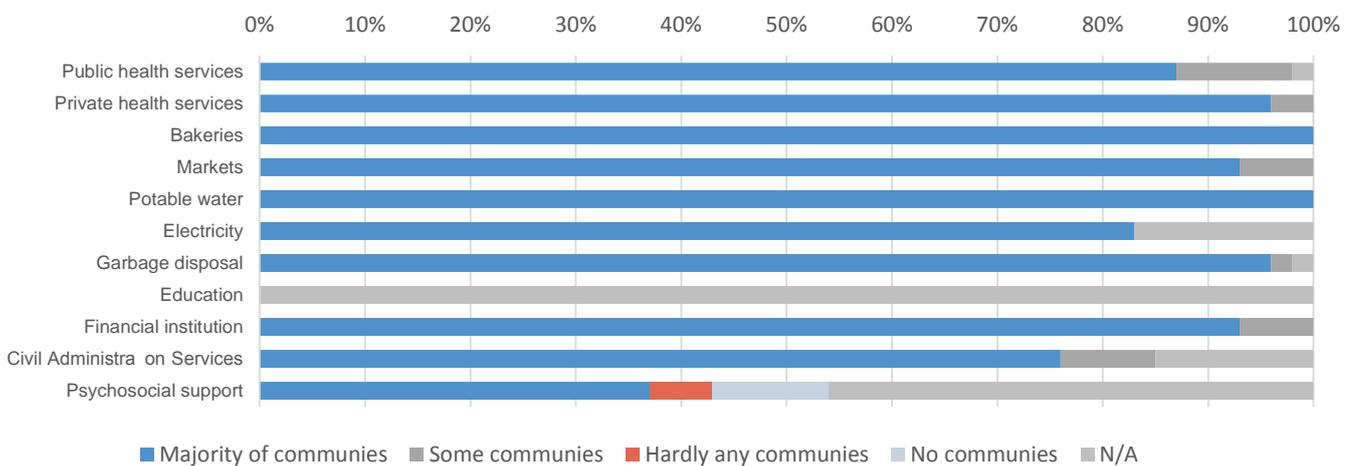
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More Information

- [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](#)

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