



123

 total confirmed cases

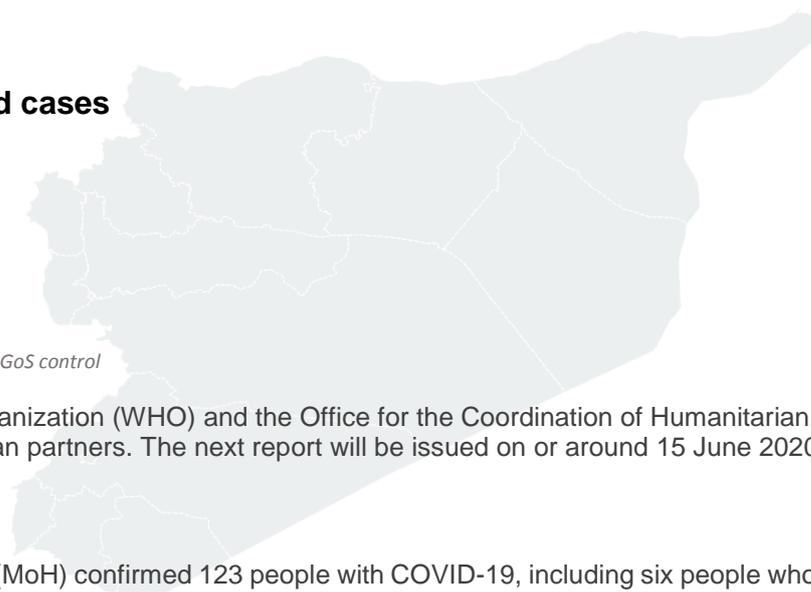
64 Active cases

53 Recovered

6 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 15 June 2020.

HIGHLIGHTS

- As of 5 June, the Syrian Ministry of Health (MoH) confirmed 123 people with COVID-19, including six people who died and 53 who recovered.
- As of 29 May, 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 735 samples tested negative using polymerase chain reaction (PCR), as of 31 May.
- As of 26 May, approximately 4,880 COVID-19 tests have been performed in laboratories in Damascus, Aleppo, Homs and Lattakia 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.
- Socio-economic impacts of COVID-19, notably in food security and livelihoods, are likely to exacerbate existing substantial humanitarian needs across Syria.

SITUATION OVERVIEW

To date, the Syrian MoH has reported 123 people with COVID-19 across Syria, including one case in Dar'a Governorate, 80 in Damascus, 34 in Rural Damascus, two cases in As-Sweida'a Governorate, five cases in Homs Governorate, and one case in Lattakia Governorate. The first positive case was announced on 22 March, with the first fatality reported on 29 March. Of the cases announced to date, 84 cases were imported, including Syrian nationals recently repatriated from Kuwait (47), the United Arab Emirates (UAE) (11), Sudan (11), and Russia (5).

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 53 recoveries.

As of 26 May, some 4,300 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus, with an additional 63 tests by the public health laboratories in Aleppo, 335 in Lattakia and 185 in 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 29 May 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 31 May, 735 samples from patients were collected in NWS. Of these, 345 were from Aleppo Governorate and 390 from Idleb Governorate through the Early Warning, Alert and Response Network (EWARN) system, and tested in a laboratory in Idleb. All tested negative. The NWS WHO COVID-19 Task Force (TF) is prioritizing the expansion of testing to high-risk groups, such as newly diagnosed TB patients.

Meanwhile, the economic impact of COVID-19 continues to be felt across Syria. Although prices and availability fluctuate, overall significant price increases and some shortages in basic goods (on average 40-50 per cent in food staples) and personal sterilization items (on average 300 per cent increase) have been reported since mid-March, while fuel prices (both diesel and gas) are on the rise, costing more than 115 per cent and 337 per cent respectively in the informal market, compared to the formal, government-subsidized prices.

The informal exchange rate has deteriorated further over the reporting period, weakening to its lowest point on record (over Syrian Pound (SYP) 1,850 on 19 May); although it had recovered slightly at around SYP 1,750 at the time of reporting. On 26 March, the Central Bank of Syria adjusted the official rate from SYP 438 to SYP 704 (a 61 per cent devaluation), however, the GoS Ministry of Trade retains access to the former rate to enable cheaper purchases of basic commodities.

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. Some 9.3 million people in Syria are now considered food insecure; an increase 1.4 million in the past six months. WFP's national average reference food basket in April was reported at SYP 50,962 – the highest ever recorded price for Syria; a 111 per cent increase over 12 months. This increase, combined with diminished employment opportunities due to COVID-19-related factors, is likely to exacerbate overall food insecurity further.

According to the Ministry of Social Affairs and Labor (MoSAL), over 320,000 people registered for the National Campaign for Emergency Social Response for assistance due to work lost as a result of COVID-19 preventive measures. Of these, 91 per cent were daily labourers, 10.9 per cent were older persons, and 8 per cent were people with disabilities. The highest levels of registration were in Rural Damascus, followed by Damascus, As-Sweida, Lattakia and Homs.

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, including north-east Syria (NES).

Across NES and NWS, countermeasures taken to mitigate the potential spread of COVID-19 coupled with the ongoing decline in the Syrian Pound, 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 on the ground.

In NES, low surveillance capacity remains a challenge in determining the true status of a COVID-19 outbreak. Although the number of suspected and confirmed cases of COVID-19 cases remains low, the risk of that changing is considered high based on the current epidemiological situation in the region/Syria, including the high likelihood of new 'imported' clusters in

Syria following recent repatriations; the high likelihood that community transmission is occurring in NES and; the extent of current prevention and containments measures applied in NES, specifically the lack of adherence to restrictions and social distancing measures as well as a recent upsurge in arrivals from other areas of Syria.

As of 29 May, at least 151 samples have been collected in NES through three surveillance systems for testing. The six samples confirmed as positive include one case via MOH testing capacity in Damascus (having been identified through an alert through the EWARS network), two cases which were via the local 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 local authorities.

In NWS, the effects of the COVID-19 pandemic continue to exacerbate humanitarian needs of people. Measures taken to prevent the spread of the virus that include movement restrictions and business closures reportedly have had a serious negative effect on the fragile local economy. Moreover, humanitarian actors had to cease or reduce certain activities that could not be adapted to the current environment in an effort to keep people in need and humanitarian staff safe. For instance, protection and education activities had to be suspended to a large degree as the virtualization of these activities was limited due to the difficulties accessing phones and internet for some people. Only 10 percent of the children could be reached through distance learning during COVID-19 out of 415,000 children, according to OCHA on [29 May](#).

Advocacy with the Government of Turkey continues to ensure that COVID-19 preventative measures do not delay critical treatment of urgent medical cases in Turkey, including chronic treatment unavailable in Syria.

While no cases of COVID-19 have been identified to date, readiness and response efforts are ongoing in the Idleb area and in northern Aleppo Governorate. Testing and isolation capabilities, as well as facilities to treat more severe cases of COVID-19 within NWS are operational; with these capacities being enhanced. Major gaps in personal protective equipment (PPE), however, including protective gowns and goggles, surgical and N-95 masks, continue to persist.

A laboratory in Idleb with a capacity to test 100 samples per day remains instrumental to test samples of potential cases. Where necessary, samples from NWS are sent to laboratories in Turkey for testing. To support the logistics of the response, to date, 304 triage tents have been distributed or installed in and 104 hospitals and primary health centres (PHC) have enacted COVID-19 triage systems in NWS.

Currently, four hospitals with intensive care units (ICUs) are operational to receive severe cases of COVID-19 and two community based treatment centres (CBTC) are operational to isolate mild to moderate cases. A further 28 CBTCs are in the process of being established, providing a targeted capacity of over 1,500 beds across the NWS.

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. Total financial requirements of US \$122 million for COVID-19 related supplies are part of overall COVID-19 response requirements, as identified by and consolidated across all hubs. Procedures for requesting these supplies have been communicated to the hubs, following coordinated efforts by the Regional Offices of WHO and OCHA, respectively, with the Supply Chain Inter-Agency Coordination Cell (SCICC) and hub focal points. Hubs have or are in the process of appointing Supply Chain Coordinators.

Discussions on establishing a COVID-19 monitoring are also under way with WoS Sectors and hubs. The product will likely report on key needs, situation and response indicators and be issued on a monthly basis.

Access Restrictions

As of 31 May, COVID-19 preventative measures continue to impact humanitarian access in Syria despite a general relaxation of the several rules issued in the various parts of the country now being observed.

Most land borders into Syria remain closed, with some limited exemptions for commercial and relief shipments, and movement of humanitarian and international organization personnel (from Lebanon, Turkey and Iraq). 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.

In GoS-controlled areas, the daily curfew and the travel ban between and within governorates were lifted from 26 May. Markets are now allowed to open from 8am to 7pm, provide precautionary COVID-19 measures are adopted. Restaurants, gyms, swimming pools, theatres, cafes and public parks, however, remain closed. Mosques can open, including for group prayers, provided social distancing is observed. Public and private transportation services have also resumed. Universities and institutions are scheduled to reopen on 31 May, with preparations ongoing for basic education and high school exams in June. More humanitarian programmes, including essential healthcare, have been able to resume in recent weeks following the lifting of some precautionary measures, however, restrictions remain in place at most other crossing points inside Syria, particularly in the north.

In NES, local authorities announced on 26 May that the current curfew hours (7pm-7am) would be extended until at least 5 June with some minor relaxations. Of note, movements between administrative areas are now permitted (i.e. between districts and inside towns/cities, but not between governorates), restaurants were allowed to open for takeaway purposes and all religious buildings will be reopened after safety measures are implemented. Cafes, schools and universities will remain closed. From within Syria into the NES, restrictions have been loosened up during Eid particularly at the Tabqa crossing point where 4,500 civilians reportedly crossed in the last week. Similarly, movements of commercial and humanitarian cargo from within Syria to the NES have continued. The border with Iraq remains closed since early March, but 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.

In NWS, individual crossing to and from Turkey remains restricted while humanitarian and commercial deliveries are authorized. UN cross-border shipments continue and have been amplified since March while commercial trucks (used by most NGOs) were partially impacted. Bab Al Hawa in Idlib remains partially open with restrictions. Movement remains restricted between Afrin, Azaz, Jarablus and Albab, while the crossings to NES and to GoS-controlled areas continue to be closed for all movements and commercial shipments. Abu Zandin, Um Jloud and Awn Dadat in Aleppo Governorate remain closed to traffic, while Deir Ballut in Aleppo Governorate is open. Ghazawiyet Afrin and Al-Taiha in Aleppo Governorate are reportedly open for commercial traffic; the latter was also reported to have been open for university students to move into GoS areas, in addition to some medical cases.

The UN continues to call on all parties to ensure immediate, safe and unhindered access for humanitarian staff and supplies to continue despite COVID-19 related preventative measures.

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 such as sterilization of accommodation and examination centres and the provision of PPE to teachers, invigilators and observers; as well as the provision of meals, 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 29 May), the NES COVID-19 Task Force (TF) continues to oversee collective COVID-19 preparedness and response efforts, under the joint chairmanship of the NES Forum and the NES health working group (HWG). This TF oversees three sub-TFs – Risk Communication and Community Engagement (RCCE), IPC and Case Management – which are driving key collective work-streams under the respective pillars.

Weekly operational calls between relevant technical and coordination counterparts within Syria at field and Damascus level, as well as across Syria, continue to improve coordination around the delivery of COVID/non-COVID related medical supplies and equipment, as well as the COVID-19 strategy for camps. Additionally, key updates are shared around the Syria Humanitarian Fund (SHF), including a summary of existing proposals to support preparedness and response efforts in NES, the status of IPC in health facilities, and the status of testing capacity at both national and sub-national level. (NES cross border NGOs currently don't have access to this fund.)

Over the past two weeks, the group has convened on one occasion to discuss the development of common planning scenarios to inform the plan revision process, access to the COVID-19 global supplies portal, the NES camp strategy (particularly as it relates to the camp management model for camps) and the modalities for coordinating cross-line shipments of medical items and supplies.

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 the camp-level, COVID-19 health committees have now been established across all camps. Meanings are ongoing except in Tel Saman, which needs additional health partner presence and support. Conversations are ongoing with local authorities in regards to Menbij--the committee structure will be tailored to the site as there is no camp management presence.

Challenges are reported around the activation of these committees in some camps, with additional clarification around their responsibilities and basic capacity-building required. 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).

To support COVID preparedness and response in camps, as well as ensure greater clarity around roles and responsibilities, an inter-hub NES Camps Strategy is currently being developed.

The NES PRP is planned to be updated in June 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 (pillars 3 and 5 respectively) to reflect the newly established capacity for local testing through the SA 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 regard to Risk Communication and Community Engagement (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, 11 NES NGOs have reportedly completed/planned their RCCE activities through this tool, with ongoing efforts to improve reporting. 20 agencies have nominated focal points for reporting.

Regular meetings continue to be held with the Health Committee of local authorities through the NES Case Management TF. Given the current circumstances (i.e. no further confirmed cases), meeting frequency has been reduced from weekly to monthly. The frequency of meetings will increase again from September, in preparation for a possible 'second wave', or sooner if new cases arise. In consultation with local authorities, priorities have been identified over the coming months to build on the progress made since March to deal with a possible large-scale COVID-19 outbreak.

In NWS (as of 28 May), the NWS COVID-19 TF, in collaboration with the WHO Health Cluster, continues to coordinate actions to activate planned case management service delivery points.

Where no cases have been reported, there is strong focus on equipping IPC measures at points of entry (PoEs) and providing training to human resources required for accelerated response and mitigation capacity.

Building on the framework developed by other hub colleagues to ensure complementarity, a monitoring framework with key performance indicators by response pillar is being developed to regularly track a number of variables to assess the response plan and track progress and assess gaps in implementation.

Weekly coordination meetings for discussing operational challenges with the emergency task-force and other cluster stakeholders continue in order to enable inter-sectoral actions at designated care settings and mobilizing supplies.

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 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.

As reported earlier, 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, as well as in mosques and churches.

Some 9.4 million people have been reached by television and radio awareness campaigns, two million by printed IEC materials, and nearly six million through social media. 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 centers and nine volunteer groups mobilized to engage in awareness efforts, including through 29 existing church WhatsApp groups.

WHO continues to provide technical support to the Syrian MoH to launch the COVID-19 Dynamic Infographic Dashboard for Syria, available in Arabic and English. To date, WHO has distributed 877,500 IEC materials. As also detailed in prior reports, UN agencies, specific sectors and partners continue awareness-raising activities during existing programmes (such as distributions) and/or as separate initiatives, including through social media campaigns. UNFPA also continues to conduct awareness raising in its reproductive health clinics and mobile teams in 13 governorates and is coordinating with MoSAL to support a community volunteers' initiative on GBV and COVID-19.

Trainings related to awareness raising, as detailed in earlier reports, will also continue. WHO, UNDP and UNICEF are currently awaiting approval to train a further 11,000 volunteers.

Regional outreach is also ongoing. In Hama, WHO-supported teams visited seven shelters for awareness raising and psychosocial support for 250 families, and a further partner conducted awareness raising reaching 7,289 people in Dar'a and Rural Damascus. In addition, the Syrian Society for Social Development (SSSD) reached a further 987 people with awareness raising in the reporting period (2,680 total), including families with specific needs.

In NES (as of 28 May), awareness campaigns and trainings 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.

Community outreach and awareness materials have been circulated widely across all sectors and consolidated through a dedicated Syria COVID-19 Resources Dropbox folder (accessible to all partners, and also including the latest situation updates and sector-specific guidance).

According to the eighth round of a COVID-19 Rapid Assessment recently released, 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 felt ill, with 46 per cent of sub-districts suggesting that they would stay home as the main course of action compared to 53 per cent two weeks earlier. Despite this slight reduction, levels of public awareness around the recommended course of action to take should they fall ill have increased significantly since the end of March when only 16 per cent of sub-districts indicated that they would stay home as the main course of action should they or a family member falls ill.

Results underscore that risk communication measures are largely having the intended effect of encouraging people to stay home and seek medical care through established public hotlines. Following the first round of a NES Knowledge, Attitudes and Practices (KAP) survey during the beginning of April, findings from a second round of the assessment conducted immediately before Ramadan should be released in the coming days. This assessment will help track changes in knowledge, attitudes and practices of communities, helping humanitarian actors to identify gaps and adjust RCCE activities to maximize impact. This assessment interviewed over 2,000 respondents from over 600 communities, across all four governorates.

In NWS (as of 28 May), WHO continues to coordinate with the WASH Cluster through the RCCE group to discuss sharing data from hygiene promotion teams with the aim to compile a full map of awareness activities across clusters.

Agreements are in place for the usage of stickers by WASH and FSL actors to fix on food parcels and soap bottles instead of the distribution of flyers to mitigate the risk of COVID-19 spread and transmission.

The Coronavirus Awareness Team (CAT) had a meeting with NES RCCE group co-lead to share information about RCCE activities in NWS and a potential training for master trainers in NES using the standard awareness guide.

WHO, UNICEF, and the CAT met to discuss a revised digital RCCE strategy, and agreed to hold regular interactions among our teams and supporting the RCCE efforts. UNICEF is leading the development of a comprehensive digital communication plan. The Coronavirus Awareness Team develops a RCCE reporting tool that is easy for partners to use taking in consideration the reporting requirements for UNICEF, WHO, and the WoS COVID reporting matrix.

WHO shared guidance and a Q&A of how to cleaning and disinfection of environmental surfaces which was published on 15 May. RCCE received the comments and feedback from the IPC group on cloth facemasks and will review to share it with the TF members.

WHO partners continue to provide awareness sessions, mostly individual or in small groups to distribute brochures, while wearing protective equipment. One partner trained 68 of its workers on COVID-19, and displayed IEC across 10 schools, 12 waste management points and five water trucks to display related IEC, while another displayed 4,580 posters. Still another partner trained 10 awareness workers, delivered 1,846 sessions through camp, household, and collective shelter

visits in addition to those at health facility-based sessions, while another partner delivered 329 sessions and trained 60 workers on COVID-19 awareness, and 60 on psychological first aid (PFA) related to COVID-19.

One partner conducted Eid-related awareness activities, including with Eid barbers, which reached 150 children, as well as an educational Eid activity targeting 136 children and 80 adults.

WHO's medical supply line team is working with RCCE to identify the needs of PPE for awareness teams for one month.

RCCE requested UNICEF and WASH support in providing soap to awareness teams. At the time of reporting, no progress has been made on providing additional soap to community health workers (CHWs).

Seven partners delivered close to 6,000 individual awareness sessions, while two delivered 634 hygiene kits. WHO and CAT are working with partners to ensure that such activities are following prevention precautions. A total of 397 CHWs completed their COVID-19 awareness training with support from WHO and a partner. That partner's focal points had completed a community influencer survey on COVID-19 prevention measures applied in eight districts.

Initial survey findings revealed, 60 per cent of public facilities were open with no visible prevention measures; 16 per cent of the population were wearing masks properly; 40 per cent have cleaning material like soap; and 83 per cent thought COVID-19 was dangerous. Only 57 per cent confirmed that some COVID-19 prevention measures had been taken, while 75 per cent confirmed that schools had been closed. At least 27 per cent of those surveyed confirmed that cross-line travel was happening. Many confirmed that the reasons for no precautions include: prevention supplies were expensive and needed, people had to be in crowds to make a living, populations didn't care, and no cases were pushing people to drop precautions.

Ongoing gaps include the securing of adequate PPE and hygiene items to support the CHWs and volunteers during the implementation of awareness activities. A brief discussion between WHO and the WASH sector identified the need to support the CHW teams with the liquid soap to be distributed within the visits.

One partner continues to operate a mental health and psychosocial support (MHPSS) COVID-19 helpline to provide psychosocial support (PSS) counselling services for prospective COVID-19 patients and their families, frontline health workers, and other members of the community. Between 2 and 30 April, the helpline received 99 calls, including follow-ups across NWS. Problems identified include relationships and interpersonal problems, abuse and neglect, education and occupational problems, complaints based on somatic and physical problems, as well as problems related to COVID-19.

A two-day PFA COVID-19 training for 500 community leaders, imams, local councils, youth and women leaders began on 9 May. As of 20 May, a total of 17 training sessions had been completed, including in Idleb City (4), Bab Al Hawa (10), Afrin (2), and Azzaz (1), with a total of 331 trainees (221 males and 110 females) in collaboration with a WHO partner. A total of nine training sessions were completed (including three in Idleb City and six in Bab al Hawa) with a total of 181 trainees (135 males and 146 females).

Both the MHPSS and non-communicable diseases (NCD) Technical Working Groups (TWG) have respectively created an ad-hoc COVID-19 team who will be working on identifying key MHPSS and NCD messages focused on the protection and maintenance of good health during COVID-19. WHO has identified a local health partner who lead the creation of graphic designs and social media distribution of both MHPSS and NCD messaging.



Surveillance, Rapid Response Teams and Case Investigation

WHO technical teams continue to engage daily with the Syria MoH. 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. There are currently 1,271 sentinel sites reporting cases through the EWARS system across all 14 governorates.

With the support of WHO, 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 RRTs for referral to the CPHL for testing (in line with similar established mechanisms for sample testing).

To date, 344 rapid response team (RRT) personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral, with further trainings scheduled for 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", with a training scheduled for the coming week. In addition to details in previous reports, the Syrian MoH continues active case finding applying random sampling methods, with approximately 600 cases reported investigated in Rural Damascus including Sayeda Zainab and Mneen. All cases were reported negative.

On 20 May, the Syrian MoH stated that out of the Syrian nationals who had been repatriated, 1,500 nasal swabs had been conducted, with results being progressively released. All those repatriated are required to complete a 14-day quarantine. 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, 10,790 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 CPHL or regional laboratories in Aleppo, Homs and Lattakia with WHO support.

As of 26 May, 63 cases in Aleppo, 185 in Homs and 335 cases in Lattakia were tested. From 15 to 26 May, 1,797 samples were collected from 12 governorates, including three cases from Al Hasakeh and one case from Deir-Ez-Zor.

In NES (as of 28 May), at least 151 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, including: one case via 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 (one of which has since recovered) and a further three recovered cases which were confirmed via positive antibody tests administered by local authorities.

As of 15 May, there were understood to have been at least 59 swab samples collected, including 34 in Al Hassakah, 23 in Deir Ez-Zor-23, and 2 in Raqqa Governorate. Raqqa-2) in response to an undisclosed number of alerts received through the MoH/WHO EWARS system.

As of 27 May, 33 swab samples (Hassakeh-3, Deir-ez-Zor-16, Raqqa-14) were collected in response to alerts received through the EWARN system, managed by a partner in Turkey. These samples were all been transferred to Idleb for testing (with one sample tested in Turkey). All proved negative, with two tests pending at the time of writing.

As of 29 May, 59 swab samples (all in Hassakeh), an increase of 35 over the last two weeks, were taken by the local authorities and transferred to Qamishli for testing. Of these 56 samples were confirmed as negative, with two samples coming back positive (on 29 April) and a further sample pending.

All samples tested over the last two-weeks in NES were negative. The majority of new tests were administered to recent arrivals from Damascus, with tests also carried out on at least three suspected cases – including one each from Areesha and Al Hol IDP camps. A further 16 swab samples were also collected from Afrin and transferred to a local authorities 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.

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This information will be consolidated by a NES NGO with capacity to conduct more detailed epidemiological analysis. A training package is currently being developed and will be finalized shortly, with two NES NGOs to support delivery of this training both in-person and remotely. These focal points will also be trained on the case definition, referral pathways and alert notification process. As part of this capacity-building, surveillance has also been fully integrated through the local COVID Committees which will be responsible for overseeing case detection in their respective areas and ensuring appropriate follow-up is undertaken.

This mechanism will not replace established surveillance systems in NES, with conversations ongoing around how to ensure effective surveillance and testing in NES through the channels available.

Currently, the number of confirmed/ suspected cases of COVID-19 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 factors – including the pre-emptive closure of PoEs, widespread movement restrictions within NES, low population density of many areas (e.g. rural villages), rapid lockdown of the neighbourhood 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 overarching scenarios: i) a possible spike in cases in the short-term as lockdown measures are lifted and movements into NES increase or; 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.

While some projections suggest that warmer weather may offer a modest reduction in the reproductive rate of the virus, supporting containment and efforts to build response capacity, changes in weather are very unlikely to fundamentally contain/ prevent the transmission of COVID-19 in NES.

In NWS (as of 28 May), no laboratory confirmed cases of COVID-19 have been reported. The completeness and timeliness of the sentinel sites were 99 per cent and 85 per cent respectively.

Currently, plans to develop a WoS COVID-19 dashboard managed by WHO EMRO for the WoS are underway. A data collection tool was drafted and proposed by the health information unit of WHO/EMRO for daily reporting on cases and deaths to feed into the dashboard. The dashboard will offer two modalities for data entry by teams – a spreadsheet based manual entry and an online-based platform called Activity Info. Teams will be able to use one of the modalities for ease and convenience.

In order to initiate the integrated approach for cross-testing of all new tuberculosis (TB) patients and all lab-confirmed COVID-19 cases, a draft operational guideline protocol has been drafted which is currently under review by the pillar specific technical focal points of the TF. WHO has agreed with a health cluster member to implement planned activities for surveillance and laboratory pillars.

Points of Entry

At all points of entry, 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 the NES (as of 28 May), there has been an increase in movements/activity 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) remains officially closed to commercial flights, although the GoS has reportedly been transporting some individuals to Qamishli through the airport, according to local authorities.

There are reports that the airport will reopen for commercial flights over the coming week. Of the 9-land border crossings into NES (three into Turkish-controlled areas), one crossing is considered 'open' (as of 27 May) with six crossings currently 'partially open'.

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

Between the 19-26 May, an estimated 4,500 people crossed into NES from GoS areas via the Tabqa crossing point during the Eid holiday. A further 75 or so people (largely students and workers) also crossed into NES from GoS areas via the Tahya crossing between the 19-20 May, before the crossing was closed on 21 May by the GoS (with a large number of people reportedly still seeking to cross).

As of 29 May it was reported that at present the Tabqa crossing point is open to all people looking to move from areas controlled by local authorities to GoS areas. Local authorities, however, are reportedly only allowing students and medical cases to enter upon presentation of the appropriate documentation. There are significant concerns around large-scale movements into NES, particularly given the lack of quarantine and testing capacity. Reportedly, none of the 4,500 people who crossed into NES via Tabqa were quarantined upon arrival, with checks limited to temperature screening and Rapid Diagnostic Tests (RDTs).

There continue to be significant concerns over the usage of RDTs in NES and, for the purposes of screening at PoEs, should not replace mandatory quarantine (even if the RDT result is negative). Enhancing screening and quarantine capacity will be essential, particularly in view of high likelihood of new 'imported' clusters of cases in GoS areas following recent confirmed cases among people repatriated from abroad.

Twice-weekly commercial flights between Damascus and Qamishli have reportedly been resumed. Although testing will be conducted upon arrival (it is assumed through PCR modality), there have previously been challenges in implementing screening and quarantine measures at Qamishli airport as it is under GoS control and in close proximity to residential areas, enabling some passengers to circumvent measures put in place by the authorities.

In NWS (as of 28 May), out of 13 cross-border/cross-line entry points, seven PoEs were partially open, of which five (Alhamam, Ar-ra'ee, Bab Al Salameh, Ghazawiyet Afrin, Deir Ballut) were anticipating significant movement and had measures in place to screen travelers, suspect and refer cases.

Of the five PoEs, three were cross-border (Alhamam, Ar-ra'ee and Bab Alsalameh) and two were cross-line (Ghazawiyet Afrin and Deir Ballut).

WHO has strengthened the measures within four PoEs through its implementing partners, by increasing the number of human resources, deploying a vehicle for referrals, and providing equipment and supplies including PPEs.

The referral system capacity is being strengthened with WHO technical and financial support, through the deployment of 20 additional vehicles, 40 more paramedics and scale-up of the provision of Personal Protective Equipment (PPE) and other critical medical supplies.

A total of 120 paramedics and drivers were trained for one day on special IPC training (which started on 20 May) focusing on COVID-19 related topics and WHO recommendations pre-transportation of COVID suspected cases.

Laboratory

WHO continues to support the CPHL in Damascus to enhance diagnosis and prioritize increased testing capacity. 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 55 extraction kits (1,375 reactions) and 10 enzyme kits (1,000 reactions) to CPHL. 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 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, on 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. The increased capacity and decentralization of testing, including in NES, continues to be a priority for the WHO to support implementation.

As of 26 May, the laboratories have performed testing for around 4,880 cases for COVID-19, with 180-190 tests currently performed per day. Support is ongoing to scale up this capacity and increase geographical coverage.

In the NES (as of 28 May), of the four PCR machines acquired by local authorities, those in Qamishli and Tall Refaat (not accessible to NES partners) are reportedly operational. While the machine located in Qamishli, is officially only operational two days per week, the laboratory is reportedly ready and equipped to work daily if needed.

Recently assessed by a NES NGO, the PCR laboratory in Qamishli has high levels of quality compliance, including with regard to biosafety standards and protective equipment for staff.

Local authorities have 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).

Recent conversations suggest that plans to activate the PCR capacity in Raqqa and Kobane have been put on hold, with these laboratories to be utilized for non-COVID purpose. While the reasons for this decision are not entirely clear, the lack of qualified staff to operate these machines was a consideration. Scalability of testing remains a critical challenge in NES. Currently, local authorities have less than 1,500 PCR testing kits available.

Efforts are continuing by partners to source additional diagnostic supplies in an effort to ramp up testing. 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. Local authorities have indicated that they expect to receive a further five PCR machines and up to 750 testing kits on or around 7 June.

Early in the response, local authorities received a consignment of rapid diagnostics tests (RDTs) from an unknown benefactor. Since then, NES partners have struggled to convince local authorities to curb their usage, given their lack of reliability and specificity of these tests, as well as the potential for confusion over the meaning of test results (e.g. negative test does not mean someone is "free" of COVID and suspect cases should still exercise caution, including 14-day isolation).

NES partners 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.

Despite this, early proliferation of these tests, poor understanding of their limitations, and lack of surveillance and testing capacity noted above, continue to contribute to use of RDTs by local authorities. Partners are particularly concerned by their reported usage at PoEs over the last week, seemingly in place of quarantine.

In NWS (as of 31 May), a total of 735 samples were collected, all of which proved negative using PCR. Of these, 345 were from Aleppo and 390 were from Idlib.

WHO is supporting the Idlib 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 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 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 11 shelters to date.

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

Shipments of PPE and sterilization items have also been dispatched to Qamishli National Hospital, the DoH in Al-Hasakeh, and in Deir-Ez-Zor. On 26 May, WHO delivered 23MT of medical supplies (including wheelchairs, hygiene kits, patient beds and general supplies) to Qamishli by road. Distribution plans will be finalized shortly. This follows an earlier road shipment of just under 31MT of equipment and devices for secondary health care (97 per cent), and small amounts of PPE, medicines and consumables, and hygiene/WASH items (3 per cent). Dispatch of these materials was completed between 18 and 20 May; almost 22 MT of equipment and supplies was delivered cross-line to five hospitals in Al-Hasakeh, Ar-Raqqa and Aleppo, and to one NGO.

WHO also continued training. Following a training-of-trainers session on 13 May for six people on IPC in health care, nine on-the-job training sessions were held in three governorates for health and nutrition NGO staff. During this 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 centers and communities, in addition to its regular WASH services.

UNICEF continues to support light rehabilitation of WASH systems in hospitals across the country, with works completed in two facilities (including the isolation centre at the Al-Hol IDP camp), and ongoing in 13 other locations. UNICEF is also planning for support to 5,000 exams centers across the country with IPC kits. Further, UNICEF trained 64 health workers on IPC, conducted health promotion activities on IPC with 387 caregivers, and distributed 8,600 hand sanitizers, 11,700 surgical masks, and 268 N95 masks for partners in six governorates, in addition to 320 family hygiene kits for quarantine centers in Damascus and Rural Damascus. As reported previously, UNDP continue to support WASH rehabilitation within three priority healthcare facilities identified as isolation centers 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 centre in Deir-Ez-Zor. The education sector is also mapping WASH needs in schools. So far, 1.15 million soap bars and IPC materials for 11,500 schools have been procured. Further, alongside WASH sector partners, planning is under way to support WASH needs at 5,000 exam centres across the country for upcoming exams scheduled on 21 June.

WASH sector partners continue to deliver increased quantities of soap and hygiene kits. In the reporting period, UNICEF provided 17,525 soap bars in Homs and Hama; UNICEF have provided approximately 50,800 families with soap since 1 May. In Deir-Ez-Zor, additional soap distributions for 60,980 families is ongoing. To date, UNFPA has distributed 3,667 dignity kits and 5,859 sanitary napkins through partners in three governorates.

Over the reporting period, one partner distributed 2,470 sanitization kits, while another distributed 3,000 hygiene kits in rural Aleppo and 10,000 hygiene kits in Rural Damascus. An additional partner continued sterilization campaigns of public places and facilities in Aleppo and Ar-Raqqa.

UNRWA continues to support increased sanitation activities at the nine official and accessible Palestine refugee camps (and one informal camp), and UNDP continues to support municipalities in solid waste collection and removal activities in Aleppo, Al-Hasakeh, Rural Damascus and Dar'a governorates, with 600 workers recruited. UNDP support to rehabilitation of wells and pumping stations in Al-Hasakeh also continues. UN-HABITAT also continue to improve IPC at the municipal level in Homs and Hama cities and also in Dar'a, including through solid waste collection, rehabilitation of sewer pipelines, and support of medical waste treatment, as detailed in prior reports. In the reporting period, UN-HABITAT launched a procurement process for solid waste quick impact projects in Homs and Hama, targeting the most vulnerable groups, including the elderly, disabled, IDPs and female-headed households

In NES (as of 28 May), under the IPC sub-TF, a NES IPC guidance document has been developed aimed at summarizing current best practice and learning on the defensive mechanisms against the spread of the disease and contextualize these practices to the NES social and operational environment. The document includes guidance on IPC measures for specific vulnerable groups, health facilities, community and social interactions, the use of PPE, sectoral activities, waste disposal and transportation as well as isolation/ quarantine (home based and at facility level).

Priorities under the IPC pillar include ensuring adherence to minimum IPC standards in health facilities and crowded public spaces (such as camps and collective centres). In addition, complementing messaging and outreach activities, IPC-based interventions are also particularly critical in areas where sanitation conditions and hygiene practices are poor. Overall, gaps remain most extensive in informal settlements, informal camps (where NGOs are generally leading the response), as well as in collective centres outside Hassakeh city. In Deir-ez-Zor alone, almost 3,000 households living in these last resort sites are currently not being covered with any COVID-19-related assistance to support infection prevention. Although a number of partners are exploring options to expand operations, the main barrier to scaling-up in Deir-ez-Zor remains low partner presence – a fact predating the current crisis.

NES partners have undertaken assessments of IPC status across 81 health facilities in NES, comprising primary healthcare centres and hospitals which NES NGOs were already supporting prior to the outbreak and, in five instances, dedicated COVID-19 isolation facilities. With regard to health IPC components, facilities were scored against the following areas: clinical management, disinfection and waste management, equipment and supplies, infrastructure, IPC training for staff, PPE use and hand hygiene, referral services and staff health.

While there remain gaps in the data, at least two facilities scored as basic/inadequate under clinical management, six under disinfection and waste management, 18 under equipment and supplies, 13 under infrastructure, 15 under IPC training for staff, four under PPE use and hand hygiene, four under referral and 25 under staff health. Further follow-up is currently being conducted to verify these findings and address gaps in coverage

Overall, six NES WASH NGOs have committed to support WASH-related IPC enhancements in 68 of the 81 facilities so far identified as requiring support. These measures include installation of additional handwashing facilities, disinfection, provisions of cleaning equipment, provision of soap and hand sanitizer, PPE provision, rehabilitation/ installation of sanitation facilities, support to solid waste management and medical waste disposal.

In NWS (as of 28 May), a WHO partner is in the process of preparing specialized COVID-19 IPC training for community-based isolation treatment centres.



Case Management

WHO continues to work closely Syrian MoH technical teams, as well as health and WASH partners. WHO meets 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 across all governorates, WHO completed inter-sectoral mapping in coordination with the Directorates of Health (DoH).

To date, humanitarian partners have been informed by local authorities (Governors and DoHs) of 32 identified quarantine facilities and 14 isolation spaces across 13 governorates, including a new quarantine centre announced on 15 May by the DoH in Deir-Ez-Zor with a capacity of 60 beds.

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 centers have 1,235 beds.

On 28 April, the first repatriation flight of Syrian nationals who had been unable to return to Syria due to COVID-19 precautionary measures landed in Damascus, with approximately 2,190 nationals subsequently repatriated from various locations. Approximately 10,000 Syrians abroad have registered for repatriation flights, however, the Syrian MoH has announced that repatriations are currently on hold for the moment.

Given the extent to which even the most advanced health systems globally have been quickly overwhelmed by COVID-19 cases, the priority remains on providing support to and reinforcing isolation facilities. UNDP is supporting rehabilitation at three hospitals, while another 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). Within the past month, 50 health workers were trained in Aleppo and Dar'a, with more planned in Queneitra, Damascus and As-Sweida. UNFPA has also supported its implementing partners for online training in emerging respiratory viruses, including COVID-19, with 547 health care workers enrolled from Damascus, Aleppo, Al-Hasakeh and Hama.

In NES (as of 28 May), there are currently 16 prepared isolation centres for moderate cases, with five currently operational (approximately 319 out of 899 available beds), and a further isolation centre still being established. Sectors have nearly completed an isolation centre in Al-Hol 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 the first phase (60 beds) of a 120-bed hospital in a repurposed factory building outside Al-Hasakeh. Due to lack of demand, the hospital has been closed, but can quickly be reinstated 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 NWS (as of 31 May), there have been no hospitalized COVID-19 cases reported at the four activated hospitals in Idleb, Dana, Kafr Tkharim. Case management sub-taskforces coordinated by WHO are reviewing the current capacity of designated hospitals in terms of capacity-building and designing guidelines and protocols based on the WHO clinical guidelines. WHO continues to monitor the situation in activated four COVID-19 designated hospitals with a capacity of 36 ICU beds, 23 ventilators, and 100 hospital beds. Meanwhile, the health partners continue to scale-up the capacity of hospitals with tentative planning of adding another 50 ICU beds and 37 ventilators.

To strengthen the capacity of the four active designated hospitals, 35 ventilators will be distributed, including, five ventilators to Kafr Tkharim hospital in Idleb city, eight ventilators to Adana hospital and 12 ventilators to Alza'a hospital in Idleb city, while the 10 ventilators will be prepositioned as a backup to be distributed either to the three planned designated hospitals in Idleb, Daret Azza, and Besnaya - Bseineh communities or active hospitals based on the caseload required to increase its bed capacity with consideration of geographical, population density and the capacity of the designated hospital in terms of availability of human resources and scale-up planning.

A total of 117 MHPSS services (both fixed and mobile) continue to be provided through the presence of 193 active Mental Health Gap Action Programme (mhGAP)-trained doctors, 301 psychosocial support workers (PSWs), 20 psychologists, three resident psychiatrists and three psychiatrists (one full-time and two part-time) working in 66 communities and 26 sub-districts across Afrin, Azzaz, and Idleb through 18 partner NGOs, with the exception of group counselling services and PSS group activities for children.

A mhGAP refresher/roll-out training (including MHPSS service provision during COVID-19) has resulted in a total of 116 PHC doctors trained (106 male and 10 female doctors) as of 20 May. A total of six training sessions have been completed in Idleb (three) and in Afrin (three) with a target to train and provide six-month supervision and follow-up to a total of 160 PHC doctors across NWS.

The NCD TWG continues to discuss the creation of a database of all non-communicable disease (NCD) patients across PHCs in preparation for the COVID-19 response effort.

Over the next six months, WHO will continue to provide on-the-job training and continuing support for the total of 59 PHC staff trained on NCD/PEN and NCD pharmacy management operating in six PHCs across the northwest. Plans are in place for NCD/MHPSS Integration for an additional 48 PHCs; 37 of which have been nominated by partner NGOs.

Plans to distribute essential NCD drugs are in place as of 20 May, including 57 NCD Kits anticipated to arrive in 1-2 months. WHO has reviewed NCD forms, standard operating procedures (SOPs), and monitoring tools were completed in preparation for field and the monitoring visits.

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 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 comprising WFP, UNICEF, UNHCR, UNFPA, MSF and IFRC to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring. WHO has established three buyers consortia – a PPE Consortium, a Diagnostics Consortium, and a Clinical Care Consortium – which work to ensure that some critical supplies are reserved to meet the requests of countries most in need, especially low- to middle-income countries. COVID-19 supply needs from all hubs have been shared with WHO EMRO for compilation and onward submission to the Global COVID-19 Supply Chain Task Force for consideration, a multi-stakeholder collaboration 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 weekly 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 28 May), NGOs 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 PPEs, 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.

As part of efforts to enhance coordination around the supply of pharmaceuticals, medical equipment and medical supplies (COVID and non-COVID) the WoS and NES Health coordinators have taken the lead on following up with NES health partners to forecast facility-level needs over the next six months. This takes into account current gaps in stocks as well as pipeline capacity and planned deliveries over the coming period. Initial results relating facility-level needs have been shared with WHO and will be factored into future crossline shipments/ deliveries.

In NWS (as of 31 May), as part of the dedicated COVID-19 Syria Cross-Border Humanitarian Fund (SCHF) funding, the Turkish Red Crescent procured 1.3 million three-layer surgical masks, 1.1 million powder-free nitrile gloves, 200,000 EN149 masks/FFP2, 100,000 protective suits, 27,000 safety goggles and 35 ICU ventilators and delivered to the dedicated warehouses for distribution. The COVID-19 TF is currently developing a distribution plan.

WHO received an in-kind donation from Italy which includes three NCD kits, one trauma kit, one surgical kit, and several modules of Trauma Emergency Surgery Kits (TESK 2019). These kits provide medicines and medical consumables for secondary care (including anesthesia) and other essential services.

In addition, WHO received a total of five disinfectant and five glove modules, including 5,000 examination gloves and 2,500 surgical gloves in total. This donation intended to be channeled. WHO will distribute these supplies to community-based isolation centres and ICUs in NWS supported by the COVID-19 PRP in close coordination with the COVID-19 TF.

The global COVID-19 outbreak has led to an acute and drastic shortage of essential supplies, including personal protective equipment, diagnostics and clinical management. At the request of the UN Secretary General and in support of the UN Crisis Management Team, a Supply Chain Task Force has been convened to establish the COVID-19 Supply Chain System (CSCS). The COVID-19 Supply Portal is a purpose-built tool to facilitate national authorities and all implementing partners supporting COVID-19 National Action Plans to request critical supplies.

To ensure requests are rationalized and aligned with national plans, they are subjected to a process of validation. Every approved stakeholder who has an active role in the COVID-19 preparedness and response action plan can sign up for the Supply Portal. This includes Government agencies, UN agencies, and NGOs. Non-government requestors must be registered at country level with the UNRC/HC office and legally permitted to import supplies.

The Deputy Regional Humanitarian Coordinator for the Syria Crisis appointed a NWS Supply Chain Coordinator. He will represent the COVID-19 Task Force and be supported by WHO and OCHA colleagues in this role. The SCC will ensure a coordinated submission process and will validate all requests as per the established procedures for the Global Supply Portal.

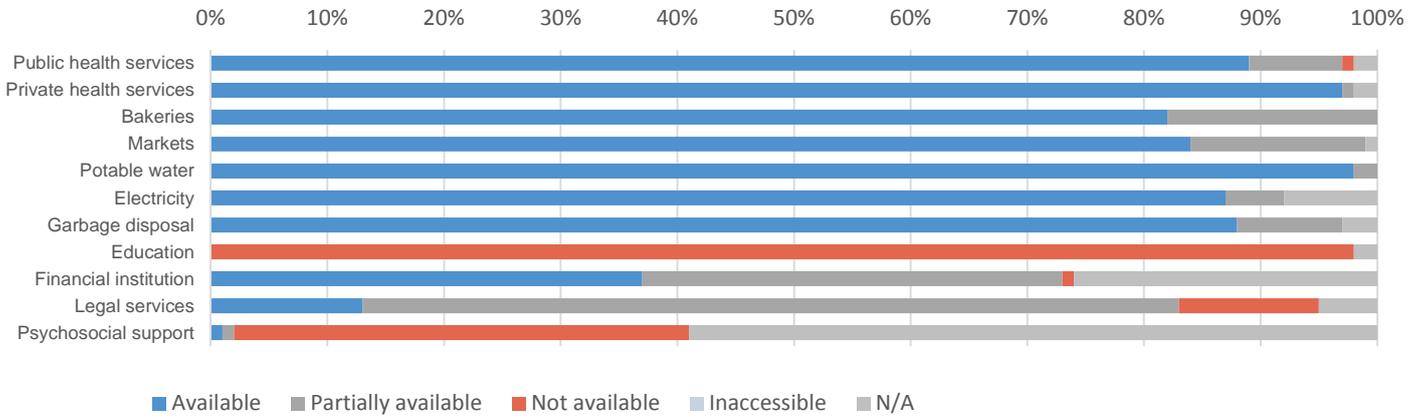
The Supply Coordinator is a type of user in the COVID-19 Supply Portal. On behalf of the HC/RC, the Supply Coordinator/s are responsible for validating and prioritizing national supply requests. Supply Coordinator/s must ensure that requests are in line with a coordinated national approach for procurement of critical items. Supply Chain Coordinator/s also act as the national focal point for follow-up on supply requests to the COVID-19 Supply Chain System Control Tower. To do this, Supply Coordinator/s are nominated by the RC / HC and empowered to validate and prioritize requests on their behalf.

Annexes

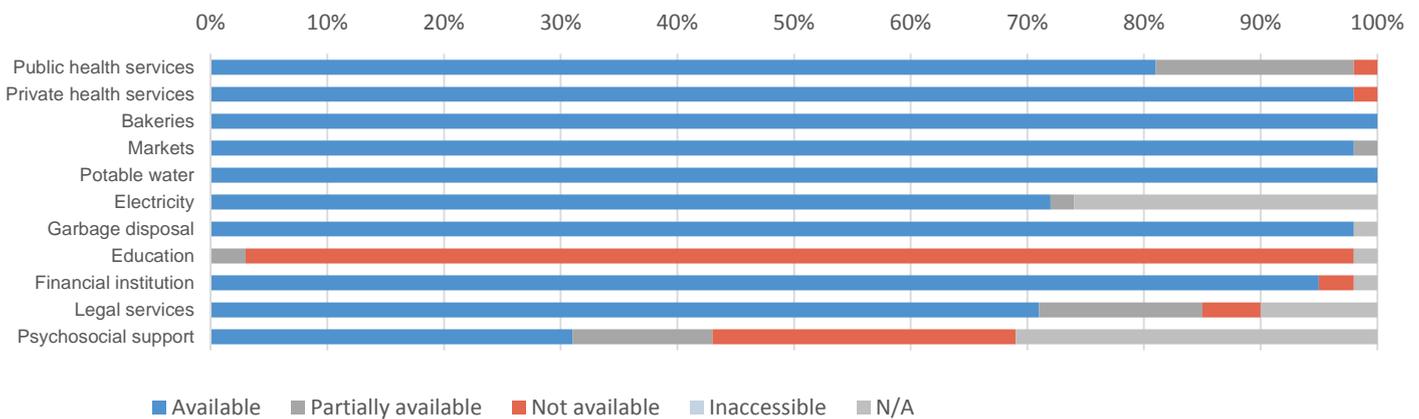
STATUS OF BASIC SERVICES

(Source: HNAP as of 1 June 2020)

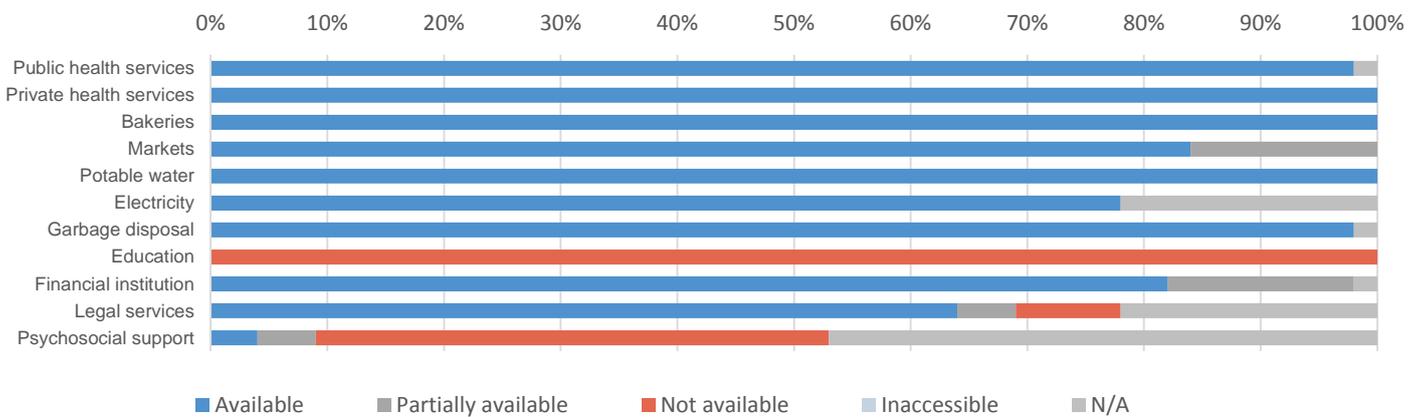
GOS



NSAG



SDF



NUMBER OF SUB-DISTRICTS IMPLEMENTING MITIGATION MEASURES*(Source: HNAP as of 1 June 2020)*

MITIGATION MEASURES	GOS		NSAG		SDF	
	YES	NO	YES	NO	YES	NO
 Community lockdown (no travel)	1	196	1	41	1	44
 Total curfew (everyone stays home)	0	197	0	42	0	45
 Partial curfew (everyone stays home for certain days/ hours)	20	177	0	42	32	13
 Home isolation for symptomatic cases	60	137	1	41	16	29
 Provision of spaces in health facilities to monitor suspected cases	54	143	30	12	14	31
 Isolation in health centres for suspected cases	48	149	7	35	10	35
 Quarantine of diagnosed COVID-19 cases	17	180	3	39	6	39
 Testing for COVID-19	60	137	3	39	8	37
 Regular temperature checks (check points, public places, etc.)	47	150	20	22	20	25
 Closure of public spaces (restaurants, shops, etc.)	60	137	4	38	9	36
 Distribution of soap/disinfectant/ masks	5	192	3	39	9	36
 Disinfection campaigns	108	89	12	30	17	28
 Awareness campaigns	103	94	20	22	19	26

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:

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