



47 total confirmed cases

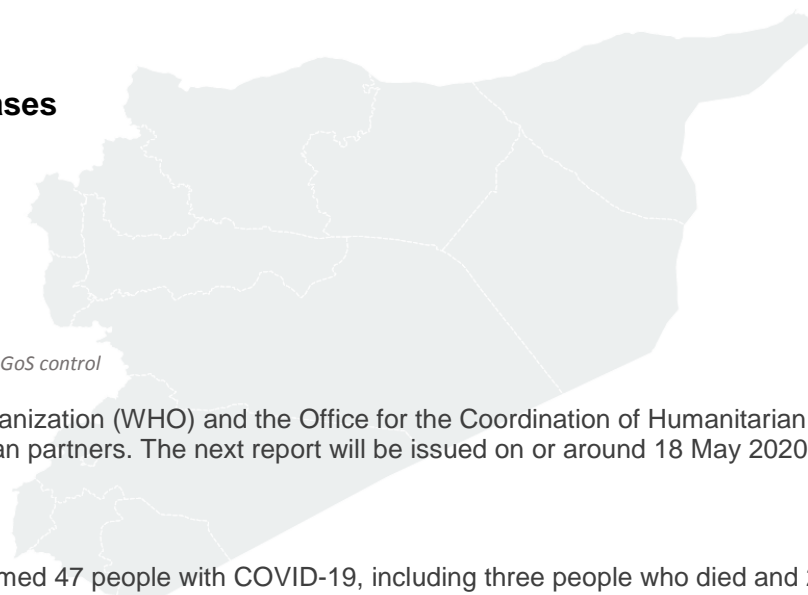
15 Active cases

29 Recovered

3 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 18 May 2020.

HIGHLIGHTS

- The Syrian Ministry of Health (MoH) confirmed 47 people with COVID-19, including three people who died and 29 who recovered, as of 10 May.
- As of 10 May, six people with COVID-19 were reported in north-east Syria (NES), including one death. Lack of a common reporting approach creates challenges in verifying/triangulating information on reported/suspected cases.
- In north-west Syria (NWS), no laboratory confirmed cases of COVID-19 have been reported as of 10 May.
- COVID-19 testing has now commenced at laboratories in Aleppo and Lattakia governorates.
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps and informal settlements in NES and NWS, as well as collective shelters throughout the country
- As of 11 May, WHO managed to deliver a 30-ton medical shipment by road to Al Qamishli in NES as a part of its response to the emergency health needs, including COVID-19. The delivered supplies contained ICU beds, ventilators, X-Rays machines and other vital medical equipment needed for case management
- The enhancement of laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams (RRTs) remains a priority, as does the timely communication of all information relevant to the safeguarding of public health.
- Ministry of Health in collaboration with WHO has expanded laboratory capacities to Homs, Aleppo and Latakia.
- Preparedness and response efforts continue in NWS, with a focus on intensifying strategic communication/ community engagement efforts to make people aware on patient streaming pathways/COVID-19 service delivery points via community-based isolation centers and COVID-19 hospitals.

SITUATION OVERVIEW

To date, the Syrian Ministry of Health (MoH) has confirmed 47 people with COVID-19 across Syria, including one case in Dar'a, 12 in Damascus, and 34 in Rural Damascus. The most recent case was announced on 8 May. The first positive case was announced on 22 March, with the first fatality reported on 29 March, and subsequent fatalities reported on 30 March and 19 April respectively. The MoH announced the most recent case on 1 May. To date, some 29 recoveries have been reported.

As of 8 May, some 2,700 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus. Of the three fatalities in Government of Syria (GoS)-controlled areas, two were in Damascus and one in Rural Damascus.

As of 7 May, there have been six reported cases in NES, including one death, two active cases and three recovered cases. These cases are all reportedly from the same cluster in Hasakeh city. On 16 April, the WHO Regional Office for the Eastern Mediterranean (EMRO) shared information indicating that a 53-year-old man from Al-Hasakeh City who had

been admitted to Qamishli National Hospital on 27 March had died on 2 April. A test for the virus subsequently tested positive. On 29 April, authorities in NES announced they had detected two further cases – a man and a woman – tested positive in Qamishli after reportedly coming in contact with the first individual after testing them through their own laboratory capacity – located in Qamishli with polymerase chain reaction (PCR). Further information available at the time of writing indicates that local authorities in NES have also confirmed an additional three cases through antibody - not PCR testing - who have since recovered.

As of 11 May, 563 samples have been collected from Aleppo and Idlib governorates through the Early Warning, Alert and Response Network (EWARN) system, and tested in a laboratory in Idlib. Of these, all tested negative. WHO and cluster partners will establish two additional labs in NWS, as well as continue to increase capacity at Idlib laboratory, in order to expand overall testing in NWS.

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 personal protective equipment (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).

NGOs, in coordination with local authorities in the NES, have undertaken contact tracing of the two active cases. Despite the additional cases recently reported, curfew measures in NES have been relaxed since 30 May; all shops are now open between 6am and 3pm and there is an increased number of people on the streets. While it was suggested that more expansive measures might be implemented in Hassakeh city, at the time of this reporting (as of 8 May), it appears that no additional measures have been implemented (although there are unconfirmed reports that enforcement had been stepped up).

Local authorities have expressed concern over the socio-economic implications of the lockdown and whether a continued lockdown is sustainable. NES partners are advocating for an extension of the curfew until at least June when it is hoped there will be a better understanding of the epidemiological situation and additional case management capacity to respond to any spike in cases/hospital admissions that may result from lifting the lockdown. In terms of surveillance, challenges related to the low surveillance capacity in NES continue.

Partners have particular concerns around the possibility of widespread community transmission in Hasakeh city and its surroundings. While only one cluster has been confirmed in this area, there have been a number reports of additional suspected cases/transmission chains. Samples have been collected from these suspected cases, however, test results remain pending. Partners in NES are stepping up active surveillance of severe acute respiratory infection (SARI) cases in hospital (i.e. those cases requiring breathing support). At least 119 samples have been collected in NES through three surveillance systems (an increase of 22 over the last week). It should be noted that for some cases multiple samples have been collected.

To respond to COVID-19, humanitarian partners require \$32.9 million to implement the NES Preparedness and Response Plan (PRP) - covering those areas of Hasakeh, Deir-ez-Zor, Raqqa and Aleppo governorates which are accessible to both NES NGOs (i.e. the cross-border response from Iraq) and the UN and Syria-based INGO actors. Of this amount, partners currently face a funding gap of \$23.6 million. The plan and its funding requirements cover a period of six months (with the exception of the Case Management pillar, where the funding requirements cover four months and will be revisited depending on the scale/scope of the outbreak in NES). The plan does not yet include pillar 9 (socio-economic impact) and hence, the early recovery sector.

The **NWS** plan focuses on maintaining essential health services during the outbreak (Pillar 9) by supporting the continuation of essential and lifesaving intervention, including: critical inpatient therapies; management of emergency health conditions; reproductive health services, including care during pregnancy and childbirth; vaccination activities, care of older adults and people with disabilities; management of mental health conditions, as well as non-communicable diseases and infectious diseases like TB; and auxiliary services like basic diagnostic imaging, laboratory services, and blood bank services, among others. Maintaining the availability of essential medications, equipment and supplies and by capacity building, aimed to improve the quality and effectiveness of emergency preparedness and response by improving field-level capacity, collaborating with other partners and organizations and enhancing resources for field set-up, improved accountability and trainings toward building resilience to crises.

Health actors are exploring alternative models for service delivery, including identification of simple high-impact interventions, such as safe task-sharing within the scope of practice noting that human resources are not going to increase in the near-future with travel bans, or utilization of other platforms and modalities to ensure treatment continuity and continuum of care - particularly for chronic patients.

To adequately respond to COVID-19 in NWS until the end of 2020, a funding requirement of US\$162 million has been estimated across all humanitarian sectors working in NWS, including some \$70 million for the health response as set out in the COVID-19 preparedness and response plan for NWS.

Crisis-wide planning, coherence and advocacy

On 6 May, the 'Consolidated Planning and Financial Requirements for COVID-19 Across Syria' was shared with the humanitarian community. The document consolidates response and financial requirements as identified in the three recently updated hub-level plans for COVID-19. It presents total financial requirements of US\$385 million which are in addition to requirements for the 2020 Humanitarian Response Plan (HRP). Requirements for COVID-19 response in Syria are also reflected in the updated Syria chapter of the revised Global HRP for COVID-19 (GHRP), which was launched on [7 May](#).

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

Access Restrictions

Humanitarian access in Syria remains impacted by COVID-19 preventative measures. Although partners continued to face ad hoc challenges when moving staff and supplies across Syria, procedures communicated by the various authorities have gradually become clearer. As of 10 May, the main borders to Syria remain closed or offer limited crossing options.

While individual crossing from and to Turkey remains restricted in NWS, humanitarian and commercial deliveries remain accessible. UN cross-border shipments continue while commercial crossings (used by most NGOs) were partially impacted. The two crossings between the Idleb area and northern Aleppo Governorate to Afrin (Deir Ballut and Ghazzawiyeh) are open for civilian movement and humanitarian shipments and staff with screening measures in place. Movement remains restricted between Afrin, Azaz, Jarablus and Albab, while the crossings of Um Al Julud, Aoun Al Dadat and Abu Zandin are closed for all movements and commercial shipments.

The border with Lebanon remains closed to civilians while open for humanitarian and commercial cargo. The border with Jordan remains completely closed, also sealing the remaining humanitarian access to Rukban from Jordan. Access to Rukban from within Syria remains under discussion with the various parties while individual departures, including emergency medical cases are being negotiated on a daily basis.

Movements of commercial and humanitarian cargo from within Syria to NES have continued. While the border with Iraq remains closed since early March, humanitarian partners have been able to move supplies from Iraq once a week on Tuesdays, although the volume has decreased and delays are noted. Challenges around accessing cash in Iraq through 'hawalas' money points remain a concern for some humanitarian partners operating in the NES. Medevac arrangements for international humanitarian staff agreed with the Kurdistan Region of Iraq are being set up.

Concerns around the socio-economic implications of lockdown are increasingly being raised by various local authorities. It is observed in practice, measures are being loosened in many instances with the re-opening of some shops/businesses, along with an increased number of people in the street. Facilitating measures for the movement of humanitarian staff and supplies have been granted in most parts of the country. Humanitarian partners continue to suspend non-emergency work taking into account best practices to avoid virus transmission to the maximum extent possible.

The UN continues to call on all parties and those with influence over them, 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 has established a COVID-19 Crisis Coordination Committee, led by the UN Resident Coordinator and Humanitarian Coordinator (RC/HC) with the WHO Country 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 continues to engage the Inter-Sector Coordination (ISC) team in Damascus to coordinate the response within Syria. The World Health Organization (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. The ISC is finalizing its updated operational response plan for COVID-19 structured around the eight pillars of health preparedness and response, as well as the ninth pillar on socio-economic impacts, and updating funding requirements

Sectors continue to undertake national and sub-national level meetings to support coordinated response planning, in addition to 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. In the reporting period, an online training/meeting comprising 105 gender-based violence (GBV) subsector partners was held to map and support the monitoring of the GBV response and gaps and enable consistency and harmonization of data across partners.

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 8 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. This TF oversees three sub-TFs – Risk Communication and Community Engagement (RCCE), Infection Prevention and Control (IPC) and Case Management – which are driving key collective work-streams under these respective pillars. Further information is provided on the work of these TFs 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. In addition, 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 country and regional level.

On 30 April, the second COVID-19 coordination meeting for all camps met to discuss the vulnerability mapping exercise in camps and the status of key preparedness exercises, including the establishment of isolation spaces. Progress updates were also shared on establishing COVID-19 committees at camp-level, comprising key health actors, including community representatives, camp management, camp administration and other partners supporting various pillars of the COVID response. Within these committees, focal points will be appointed under the key preparedness/response pillars to follow-up on specific issues and convene dedicated discussions as required. These committees have now been established across NES, with initial meetings now taking place in all camps. These committees will take the lead on camp-level implementation, particularly focusing on the implementation of preventative measures in consultation with the community.

At the NES level a roadmap for the Inter-Sector Working Group (ISWG) on the revision process of the NES PRP is under development. Following the guidance of the Office for the Coordination of Humanitarian Affairs (OCHA), the timeline, as

well as the inclusion of mitigation measures for the socio-economic impact of COVID 19, this revision will be undertaken accordingly. In addition, the ISWG with the IMWG, has adjusted the reporting framework of the monthly NES Forum 4Ws in order to capture COVID-19-related activities. Further monitoring tools are to be established.

Humanitarians in NES continue to work closely with local authorities and health committees to establish COVID committees to ensure a common approach to case management, as well as ensure case investigation, detection and contact tracing activities remain a priority. Following initiatives launched by NES NGOs, local COVID committees have been established (and meetings convened) in Raqqa and Menbij over the last reporting period.

In NWS (as of 10 May), the NWS COVID-19 Task Force (TF) continues to update the PRP for NWS in collaboration with the WHO-led Health Cluster to accommodate contingency plans and account for delays in the delivery of supplies until the end of this year, which has been integrated with the HRP for NWS.

While a total of \$35 million has been estimated for activities in the next three to six months, this has been increased to \$69.6 million until the end of the year, mostly for supplies and for recurring activities, including running costs for operations, supplies (PPE, medicines, consumables etc.), extension of contracts of information, education and communication (IEC) activities (for e.g. hotline services), IPC measures for points of entry (PoE), and community-based isolation centres etc.

The TF continues to coordinate with all non-health clusters to consider inter-sectoral needs and align the health-focused TF plan with other COVID-19 related sector activities; including coordination with the Shelter and NFI Cluster to consider gaps in the availability of tents for use in setting up triage for fixed health facilities. Coordination with other clusters for the establishment of quarantine units (for asymptomatic cases with travel history and from contact tracing) continues to address inter-sectoral needs. Other clusters will do full-fledged activities in quarantine centres, while community-based isolation (CBI) will be exclusive for clinical management alone (with complementary actions such as from the WASH Cluster). The COVID-19 TF continues to focus on intensifying strategic communication/community engagement efforts to make people aware of patient streaming pathways /COVID service delivery points via community-based isolation centers and COVID-19 hospitals.

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 the Syrian MoH, the RCCE Group has developed a multi-component package, including a tool kit of key messages encompassing a wide range of issues related to COVID-19, which has been disseminated to partners across the country. The Group has also finalized online training materials in Arabic and trained several partners in NES. The development, printing and distribution of IEC materials continues, in addition to awareness raising on social media, WhatsApp, radio and television channels, and direct community engagement/person-to-person, including during distributions and in mosques.

An estimated 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. As detailed in the previous report, WHO has also provided technical support to the Syrian MoH to launch the COVID-19 Dynamic Infographic Dashboard for Syria, available in both Arabic and English. Over the reporting period, WHO delivered a further 621,775 IEC materials to MOH-MOHE-MOE-SARC-MOSA and NGO health partners. In addition, WHO and UNICEF worked with partners on the development of new television and radio campaigns on COVID-19 awareness, as well as collaborated with UNDP and UNICEF to develop training for MoSAL volunteers.

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. UNHCR is supporting 112 active hotlines utilizing a bank of 130 questions and answers across 11 themes. Trainings related to awareness raising also continued through the reporting period. UNICEF developed and shared with MoSAL a RCCE training package to be utilized for 10,800 volunteers, while UNHCR supported further training to hotline operators and partners. Regional outreach is ongoing. In the reporting period, UNICEF supported campaigns in Aleppo and in NES, highlighting physical distancing. UNHCR also continued supporting partners in 37 community-led initiatives including in awareness raising. WHO also supported a further five awareness raising sessions in Hama and Latakia governorates.

In NES (as of 8 May), awareness campaigns and related trainings of partner staff, including in camps, IDP settlements and collective shelters, are ongoing. According to the sixth round of a COVID-19 Rapid Assessment released, there continues to be a weekly increase in the proportion of respondents who would 'stay home' as a 'main course of action' if they or a family member felt ill. This is an increase of 6 per cent over last week following a 22 per cent increase in the previous week.

This analysis suggests that risk communication measures are continuing to have the intended effect of encouraging people to stay home and seek medical care through the public hotlines which have been established.

Preliminary analysis from the first round of a NES Knowledge, Attitudes and Practices survey has been released. This assessment includes at least two additional rounds to track changes in knowledge, attitudes and practices of communities, helping humanitarian actors to identify gaps and adjust RCCE activities to maximize impact. Over 2,000 respondents from over 600 communities, across four governorates, were interviewed for the assessment.

In NWS (as of 10 May), WHO is coordinating with WFP through the Corona Awareness Team (CAT), which has received food distribution plans from six WFP partners for May 2020 and has started dispatching teams to food distribution locations across Dana, Daret Azza and Atareb where most WFP partners are active.

WHO partners continue to provide awareness sessions, mostly individual or in small groups to distribute brochures, while wearing PPE. Through individual sessions, one partner reached 634 people, one reached 680 people, one reached 453 people, one reached 17,303 people, while another reached 2,218 people.

One partner continued delivering daily messages through social media groups with a focus on 9,081 WhatsApp users in Atmeh camps. One partner conducted awareness-raising activities during water trucking activities and is planning to initiate messages regarding waste management, alongside IEC material used in distribution points, and distributed messages to 244 teachers and 4,325 students through WhatsApp, in addition to using banners at distribution points.

Another partner delivered 1,141 facility-based individual sessions. One group conducted 386 community sessions, 398 local council sessions, 4,482 household (HH) visits, 227 pharmacy visits, and continued engaging 419 imams in addition to vaccination awareness sessions and social media publications. Another partner delivered 342 HH sessions through 10 teams, while another trained 169 volunteers, engaged imams, and produced messages related to homemade facemasks, and precautions in Ramadan. Syrian Civil Defense conducted disinfection and awareness activities in 275 mosques, schools, camps, shelters, bakeries, markets and other public facilities, delivered online training to 100 individuals, and distributed 10,000 posters. One group delivered 1,083 individual sessions and 177 small group sessions in Aleppo, Idleb and Raqqa. Two partners distributed 60 and 333 hygiene kits, respectively. A total of 107 community health workers with one partner delivered 1,513 awareness sessions to 7,059 individuals and distributed 873 hygiene kits to families.

One partner identified 25 sub-district focal points to coordinate awareness activities at the field level and train awareness teams, volunteers and community leaders in their sub-districts. The partner will also support in-house training sessions delivered by NGOs to their volunteers and CHWs, including the provision of technical material in addition to financial support to cover the training logistics. This team is starting to identify key community leaders to address and the available social media networks, and prepare for a systematic community survey to capture the community perceptions regarding COVID-19 across NWS, including greater coverage in northern Aleppo.

WHO is working to identify 2,200 community volunteers through sub-district focal points for delivering individual awareness sessions.

Messages have been shifted to addressing precautions related to gatherings, social activities and feasts in the holy month of Ramadan to ensure that communities are aware of the associated prevention measures.

A new set of common questions about precautions around groceries, clothes and pets were discussed with the IPC focused partners and circulated to the CAT members to be provided to community health workers (CHWs) in order to address community questions. One partner issued a new set of instructions on prevention in workplaces, food production industries, and IPC in health facilities with limited resources.

No further progress has been made on PPE provision to CHWs and focal points. Partners continue to seek support from different donors.

The need for hygiene items as well as PPE for awareness teams to distribute during awareness activities continues to prove a gap for the majority of awareness partners.

A WHO partner in NWS continues to operate four mental health and psychosocial support (MHPSS) helplines to provide psycho social support (PSS) counselling services for COVID-19 patients and their families, frontline health workers, as well as other members of the community.



Surveillance, Rapid Response Teams and Case Investigation

There are currently 1,271 sentinel sites reporting cases through the early warning alert and response system (EWARS) across all 14 governorates.

The Syrian MoH has commenced active surveillance utilizing 1,932 surveillance officers across 14 governorates, who are in regular contact with and actively visit public and private health facilities to monitor admissions. Within Syria, including

NES, relevant stakeholders have agreed to collect samples through rapid response teams (RRTs) for referral to the public health laboratories for testing (in line with similar established mechanisms for sample testing).

To date, 344 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral. Further trainings at the governorate level are scheduled for June. In NES, five RRTs are active in Al-Hasakeh, five in Ar-Raqqa and four in DeirEz-Zor, while Menbij/Kobane is being covered from Aleppo.

Where possible, UNICEF's fixed health clinics are applying the triage system, in addition to the RRT referral pathway in coordination with WHO and will implement community surveillance in camps. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), continue a triage system in their 25 health centres to examine patients. To date, 6,018 patients at UNRWA facilities have reported respiratory complaints and have been examined; no COVID-19 cases have been detected to date. As outlined in previous reports, samples continue to be collected by RRTs and sent to the CPHL. The public health laboratories in Aleppo and Lattakia, as well as Homs, have also commenced testing; to date, 38 cases in Aleppo and 10 cases in Lattakia and Tartous were tested. In the reporting period, nine cases were investigated in NES.

In NES (as of 8 May), at least 119 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 spread of the virus.

Of these, six samples have confirmed as positive; one case via MoH testing capacity in Damascus (having been identified through an alert through the EWARS network), two cases which were via local authorities Polymerase chain reaction (PCR) testing capacity, and a further three recovered cases which were confirmed via positive antibody tests administered by the local authorities. These tests were administered following unofficial reports of positive PCR samples via the MoH from several weeks previously).

As of 8 May, at least 53 cases were investigated (Hasakeh-31, Deir-ez-Zor-21, Raqqa-1) and samples have been collected in response to an undisclosed number of alerts received through the MoH/WHO EWARS system. These samples have all been referred to the CPHL in Damascus for testing. The status and/or results of these tests, however, have not been systematically communicated with relevant entities. As a result, it is likely that the total number of notifications and samples collected are higher than what has been reported.

As of 7 May, 30 swab samples (Hasakeh-3, Deir-ez-Zor-12, Raqqa-15) have been collected in response to 30 alerts received through the EWARN system. These samples were transferred to Idleb for testing (with one sample tested in Turkey). All cases were confirmed as negative. There have been no notifications received or samples collected through this mechanism over the past week

As of 8 May, 36 swab samples (all in Hasakeh), an increase of 16 over the last week, have been taken by local authorities and transferred to Qamishli for testing. Of these, 34 samples confirmed negative, with two samples coming back positive on 29 April. The majority of new tests administered over the last week were for close contacts of the two active COVID-19 cases in Hasakeh.

Delays in communicating at least two of the confirmed cases of COVID-19 in NES, combined with challenges in conducting contact tracing, may contribute to undetected community transmission in NES. While only one transmission chain/cluster has so far been confirmed in NES, over the past week there have been several reports of suspected cases in Hasakeh city and its vicinity. While samples have been taken of these suspected cases, at the time of writing PCR test results remain pending.

In terms of contact tracing, standardized tools have been developed to support contact tracing, with one NGO also conducting training of contact tracers. Between four and five NGOs are preparing to support 237 contact tracers (76 contact tracing teams) available across all four governorates in which NES NGOs operate. This comprises 40 contact tracers (11 teams) in Hasakeh Governorate, 35 contact tracers (14 teams in Aleppo Governorate), 34 contact tracers (7 teams) in Deir-ez-Zor and 34 contact tracers (13 teams) in Raqqa.

In the coming days, all identified contact tracers, largely comprised of CHHs, will receive training on contact tracing methodology. Trainings will focus on i) defining who should be traced (i.e. confirmed cases); ii) defining who constitutes a close contact; iii) outlining standard operating procedures (SOPs) and mechanisms (including detailing the information which should be collected through a contact tracing register); iv) clarifying the precautions which contact tracers should take (e.g. using PPEs, maintaining safe distance, hygiene practice) and; v) defining what information and messages should be delivered to contacts (including, for instance, on IPC at the household level). It has been recommended that each COVID committee identifies a contact tracing focal point to coordinate and monitor contact tracing activities undertaken in different.

In NWS (as of 10 May), no laboratory confirmed cases of COVID-19 have been reported. In EPI week 17, a total of 242 health workers from 14 health facilities were trained on the basics of COVID-19 disease surveillance and diagnosis, as well as collecting specimens for laboratory investigation. Samples recently collected from 40 health care workers from Afrin hospitals have all tested negative.

To increase the sensitivity of surveillance, a cluster member has begun collecting samples from influenza like illness cases from the areas which did not report any SARI cases and started using a tool for risk mapping for COVID-19 at the sub-district level.

Points of Entry

At all 14 points of entry (PoEs), the Syrian MoH has stationed at least one equipped ambulance with medical personnel. WHO has supported screening efforts, including providing one thermal scanner camera to MoH. 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.

During the reporting period, several international flights arrived at Damascus international airport from Armenia, Russia, Sudan, UAE, Libya, Egypt, Oman and Kuwait. Those passengers are under quarantine in designated facilities in Damascus and Homs, and closely monitored by MoH and Department of Health (DoH).

In NES (as of 8 May), there have been no reported changes in the status of the main points of entry to NES (comprising the airport, nine land border crossings and six crossing points between local authorities and GoS or Turkish areas of control. Of the nine land border crossings into NES (three into Turkish-controlled areas), at the moment, five crossing are currently 'partially open', an increase from four last week (one additional crossing into Turkish-controlled areas has been opened under special circumstances only). Following the reopening of the Fishkabour-Semelka pontoon bridges between Iraq and Syria, limited commercial and humanitarian shipments have occurred.

Local authorities in NES continue to express concern over arrivals at the Qamishli airport from Damascus. The airport is under GoS control. Although the airport has officially been closed for commercial flights since the end of March, weekly flights are reportedly continuing on an informal/ad hoc basis. Local authorities continue to impose a mandatory quarantine on travelers entering into NES from other areas (whether via Qamishli airport, through internal transit points or via international border-crossings), with all required to undergo a period of 14-days mandatory quarantine at a dedicated quarantine facility upon arrival. The only exception to this are those with underlying medical conditions who will be transferred to a hospital to undergo 14-days of quarantine.

In the case of airport arrivals, imposing quarantine arrangements has proved challenging. Moreover, the airport's proximity to residential areas (under both GoS and local authority control) and Qamishli National Hospital (under GoS control), reportedly allow arriving passengers to circumvent quarantine measures.

In NWS (as of 10 May), there are currently 13 PoEs, including 10 cross-border and three cross-line. Seven PoEs are partially open, of which six (Alhamam, Ar-ra'ee, Bab Al Salameh, Ghazawiyet Afrin, Deir Ballut), are anticipating significant movement and have measures in place to screen travelers and refer cases.

The most recent cross-line PoE ('Mizanaz') is temporarily suspended, while the remaining five PoEs are closed and open for "special circumstances" only.

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 and four refrigerators have been fixed; and the laboratory generator has been repaired. Further rehabilitation of the CPHL to improve conditions of the designated laboratory for COVID-19 continues.

As of 8 May, four on-site training for 24 CPHL laboratory technicians has been completed, while WHO has provided testing kits to the Syrian MoH since 12 February. Over the reporting period, WHO delivered additional PPE to the CPHL, including 2,000 medical masks, 500 surgical masks, 13,000 gloves, 14,000 head covers, 12,000 shoe covers, 200 cover all and 50 face shields.

To date, WHO has provided 34 enzyme kits (3,400 reactions), 52 extraction kits (3,000 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 PPE for laboratory staff.

WHO has further provided supplies and equipment sufficient for the pipeline expected 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, testing of COVID-19 samples commenced in at the Tishreen University Hospital in Lattakia on 25 April, at the Zahi Azraq Hospital in Aleppo on 3 May and at the public health laboratory in Homs on 11 May. To date, 40 tests have been conducted in the Aleppo laboratory, 16 in Lattakia and 15 in Homs. 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 the UN to support implementation. As of 7 May, the laboratories have performed testing for around 2,700 cases for COVID-19, with 90-150 tests currently performed per day. Support is ongoing to scale up this capacity and increase geographical coverage.

In NES (as of 8 May), only one of the four PCR machines (Qamishli, Ain al Arab (Kobane), Raqqa and Tal Refaat- which is not accessible to NES NGOs, is reportedly operational. Located in Qamishli, the machine is operational only two days per week. Normal service from the machine has been disrupted by rehabilitation to the laboratory facility which houses the machine, contributing to a backlog of testing. While the PCR machines have reportedly been delivered to Raqqa and Ain al Arab (Kobane), activation is pending refurbishment of the laboratory and supplementary training for the laboratory technicians to operate the machine. In addition to these four machines, local authorities reportedly have a further five PCR machines in Sweden which were procured prior to the donation from the Kurdish Regional Government (KRG) in neighboring Iraq. There are reportedly a further 500 testing kits with these machines.

There are currently only 1,000-1,500 PCR testing kits in total in NES (with no readily available supply lines), according to local authorities, underscoring the need for a clear and methodical criterion as to who should be tested. In addition to close contacts, NES partners have advocated local authorities to prioritize SARI cases, and vulnerable groups showing symptoms which fit the case definitions (i.e. the elderly, persons with non-communicable diseases, and pregnant and lactating women).

In NWS (as of 11 May), 563 samples have been collected from Aleppo and Idlib governorates, of which all have been tested using PCR in laboratories in Idlib and Aleppo. All tested negative.

All detected COVID-19 suspected cases are being investigated according to the surveillance guidelines; a nasopharyngeal swab is collected for these cases. Influenza-like illness (ILI) cases were sampled in the areas that are considered as high-risk areas and the areas where no notification of suspected COVID-19 cases. The specimens are being tested by rt-PCR technique in the Epidemiological Laboratory in Idlib.

Last week, an analysis was done for those cases who were tested until 1 May from both NES and NWS (N=297). Among those cases, about 68 per cent were males and 32 per cent female.

The most common clinical symptoms recorded for the cases were fever (95 per cent), followed by dyspnoea i.e. shortness of breath (76 per cent) and dry cough (65 per cent).

Among the tested samples, 189 samples reached Idlib lab on the same day, 46 reached next day, 50 reached between two to three days. The rest of the samples reached Idlib three days after collection.



Infection Prevention and Control

Partners are working closely with relevant authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors are undertaking health facility assessments to better gauge IPC capacity, with many already taking a number of steps to reinforce capacity, including by establishing distance between patients, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

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 as of 8 May.

With a focus on protecting health workers, WHO continues to bolster PPE supplies in Syria. WHO has delivered over 1.3 million PPE items across Syria, including surgical masks, gloves, reusable heavy-duty aprons, gowns, head covers, alcohol hand-rubs, medical masks, goggles and coveralls, in addition to 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. Over the reporting period, WHO also provided a training workshop on IPC and correct use of PPEs to 57 health workers from four NGOs in Deir-Ez-Zor, and four IPC trainings in NES, including at Al-Hol and Areesha camps, and two private hospitals.

Over the reporting period, WHO delivered additional PPE to the CPHL in Damascus, in addition to 24,300 items of PPE to the laboratory and main isolation center at Tishreen Hospital in Lattakia Governorate.

To date, WHO has delivered over 1.3 million PPE items across Syria, including surgical masks, gloves, reusable heavy-duty aprons, gowns, head covers, alcohol hand-rubs, medical masks, goggles and coveralls, in addition to 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. Over the reporting period, WHO also provided a training workshop on IPC and correct use of PPEs to 57 health workers from four NGOs in Deir-Ez-Zor, and four IPC trainings in NES, including at Al-Hol and Areesha camps, and two private hospitals.

A regional dispatch of 20 MT of medical supplies (including PPE, 14 intensive care unit (ICU) beds, three X-ray machines, and seven ventilators) airlifted to Qamishli has been completed, with deliveries to the Al-Hasakeh, Qamishli, Menbij, Tabqa and ArRaqqa national hospitals, as well as to the Deir-Ez-Zor and Al-Hasakeh health authorities, Al-Hol camp, and to SARC. More than 3,400 items of PPE, a ventilator, and a basic x-ray system were delivered to Al-Hol camp.

A smaller shipment (less than 1MT), including two ICU beds and two ventilators, and PPE was donated to Menbij National Hospital. UNICEF, in its capacity as the WASH cluster lead, continued to engage with the Health Sector and other actors to strengthen IPC in healthcare facilities, schools and learning spaces, youth centres and communities. UNICEF is supporting the ongoing light rehabilitation of WASH systems in 15 hospitals across the country, including in Lattakia, Aleppo, Quneitra, Rural Damascus, Dar'a, Homs and Hama governorates and at the Al-Hol camp.

In addition, WHO delivered 30 tons of medical equipment from Lattakia to Qamishli by road shipment of five trailers on 10 May. This shipment includes basic 4 x-ray machines, 6 mobile x-ray machines, 25 general operating tables, 8 ICU beds, 10 infant incubators, and 3 portable oxygen concentrators.

To enhance IPC measures in healthcare facilities, UNDP is currently supporting 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 across all governorates. In addition to light rehabilitation completed at an isolation center in Dar'a, an NGO partner continues to support light rehabilitation at the designated isolation center (Health Institute) in Deir-Ez-Zor.

The Education Sector is also mapping WASH needs in schools. To date, 1.15 million soap bars and IPC materials for 11,500 schools have been procured for when schools reopen, while WASH partners continue to deliver increased quantities of soap and hygiene kits. In addition to delivery of their regular WASH services across the country, UNICEF are preparing this month's soap distribution to occur jointly with WFP food assistance, targeting 3.5 million people. In addition, in the reporting period, UNICEF distributed 13,605 PPE items and 3,000 bottles of hand sanitizers to NGO and health partners in five governorates. Furthermore, one partner, in addition to reviewing IPC measures in its supported health care centers, distributed 8,250 PPE items in Homs, Dar'a, Quneitra, Aleppo and Deir-Ez-Zor.

Another partner supported distribution of 1,539 hygiene kits and 8,265 soap bars in Hama and Rural Damascus in partnership with SARC. One partner, in partnership with SARC, also distributed 828 family hygiene kits and 13,420 bars of soap in collective shelters, orphanages, other vulnerable beneficiaries in Hama Governorate. In Al-Hasakeh Governorate, IMC and SARC are finalizing plans to distribute cleaning materials and tools, jerry cans and soap in 63 IDPs shelters. UNFPA is in the process of launching an e-voucher system to support the most vulnerable pregnant and lactating women for the purchase of essential hygiene items. The system will first launch in Dar'a and its rural areas to target an initial 3,000 women, with possibility to expand elsewhere. Another partner, reached 4,655 beneficiaries in Homs and Hama with soap, PPEs and IEC materials. The partner further distributed disinfectant material to 50 families in need in Al-Hasakeh.

Meanwhile, UNRWA continues to support increased sanitation activities at the nine official and accessible Palestine refugee camps (and one informal camp). To date, UNRWA has supported the recruitment of 16 additional sanitation workers at its camps, and recently recruited an additional 24 temporary workers. To further reinforce IPC in communities, UNDP continues to support municipalities in solid waste collection and removal activities in Aleppo, Al Hasakeh, Rural Damascus and Dara'a governorates, with approximately 600 workers recruited and provided with PPE. UNDP is further supporting ongoing rehabilitation of wells and pumping stations in Al-Hasakeh. UN-HABITAT is also working to improve IPC at the municipal level and strengthen local community engagement in Homs and Hama cities. This includes the support of sterilization material and equipment, solid waste containers and recruitment of solid waste collection workers, focusing on densely populated areas/neighborhoods with a high population of vulnerable groups. UN-HABITAT is also working with MoLAE to support improvement of treatment of medical waste in Aleppo, including by providing two temperature medical waste incinerators. Also in Aleppo, a solid waste management project to reduce and prevent infections has been initiated, as has the rehabilitation and replacement of 2,000 meters of damaged sewer pipelines in Dar'a, to improve sanitation and public health conditions for 15,000 people.

In **NWS** (as of 10 May), hospitals supported by health cluster partners in Dana and Idlib city have reported zero admissions of suspected/confirmed COVID-19 cases.

A WHO implementing partner is completing the third round of IPC COVID-19 specialized training targeting for 130 health professionals including specialized physicians, residents, medical doctors, ICU technicians, and nurses, and laboratory technicians, working in the seven designated COVID-19 hospitals supported by partners.



Case Management

Working closely with Syrian MoH technical teams, health and WASH partners, WHO is meeting 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 departments of health.

To date, humanitarian partners have been informed by local authorities of 26 identified quarantine facilities and 50 isolation spaces across 13 governorates. At the central level, the MoH has announced 14 fully equipped isolation centres are currently running. Over the reporting period, the MoH announced that 3,325 people had been isolated over COVID-19 concerns since February, with 771 still in quarantine for further tests.

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. On 4 May, a subsequent flight of over 200 Syrian nationals from the UAE arrived. Approximately 10,000 Syrians abroad have registered for further repatriation flights. The MoH has indicated it would seek support to expand quarantine capacity to accommodate repatriation returns for mandatory 14-day quarantine. Given the extent to which even the most advanced health systems globally have been quickly overwhelmed by COVID-19 cases, the immediate priority remains on providing support to and reinforcing isolation facilities. As outlined in previous reports and UNDP is supporting rehabilitation at three hospitals. One 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 trainings on case management (resuscitation and ventilation management).

During the reporting period, 32 health care workers at Al Waleed Hospital in Homs were trained on COVID-19 case management and four further trainings were conducted for health workers at Al-Hol and Areesha camps, and two private hospitals in NES.

UNFPA also conducted an online training for 209 health care workers from Damascus, Aleppo, Al-Hasakeh and Hama governorates.

In **NES** (as of 8 May), sectors are working to establish isolation centers in identified camps and informal sites, and external referrals are being explored for moderate cases. In Ar-Raqqa, an isolation ward is being set up at the National Hospital, and a quarantine center at Hawari Bu Median school in Ar-Raqqa city. On 20 April, NGOs opened a first phase (60 beds) of a 120-bed hospital in a repurposed factory building outside Al-Hasakeh; three ambulances are stationed there.

Local COVID Committees continue to be established in Hasakeh, Qamishli, Menbij, Ain al Arab (Kobane), Raqqa and Deir-ez-Zor. These committees are led by the local health committee, with the support of health NGOs present in the area, and are intended to i) ensure overall coherence in terms of the Case Management approach implemented across NES; ii) ensure that dedicated COVID-19 facilities are identified and fully integrated under the referral mechanisms established and; iii) oversee early detection, case investigation and contact tracing activities in given areas.

In **NWS** (as of 10 May), **three** hospitals with intensive care units (ICUs) supported by Health Cluster members have been ready to receive patients in Kafartakharim, **Dana** and Idlib city since the end of April. Some 40 suspected cases of COVID-19 have been received from plan B facilities through the referral system. WHO is providing support to five out of seven designated COVID-19 hospitals and ICU isolation-treatment centres in NWS, among which the **three** hospitals currently considered functioning (Dana hospital with capacity for 10 ICU beds, 20 hospital beds, and four ventilators, and Idlib Internal Medicine Hospital with seven ICU beds and three ventilators and Kafartakharim with 10 ICU beds, 20 hospital beds and 10 ventilators). WHO is accelerating the agreement to support Al Zira'a hospital with a capacity of 10 ICU beds and 15 beds for inpatient care services. The Health Cluster IMO team mapped all the health facilities and CBIs designated as part of the COVID-19 preparedness for easy reference. WHO is finalising the agreement to support Al Zira'a hospital with a capacity of 10 ICU beds and 15 beds for inpatient care services. One other hospital in northern Aleppo Governorate designated as a referral hospital with 46 ICU beds and 200 bed capacity is operational.

The Case Management TF is planning to conduct online COVID-19 case management training focused on intensive care co-related morbidity and medical conditions. A Mental Health Gap Action Programme (mhGAP) refresher/roll-out training (including MHPSS service provision during COVID-19) for 154 PHC doctors started 20 April is ongoing, reaching a total of 78 PHC doctors (68 females and 10 females) so far in Afrin, Euphrates Shield, and Idleb.

To help enhance the continuity of non-communicable diseases (NCD) quality of care and support during COVID-19, 59 health staff from 16 PHCs across NWS were provided NCD/PEN refresher training last week. In addition to the 16 PHCs provided with essential NCD drugs and supplies, funding has been secured to equip 48 PHCs with 48 NCD kits for the COVID-19 response.

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 comprising partners to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring. WHO has established three buyers' consortiums – a PPE consortium, a diagnostics consortium, and a clinical care consortium – to address global market shortages in critical supplies required for the global COVID-19 response. Each consortium is working to ensure that some critical supplies are reserved to meet the requests of countries most in need, especially low to medium income countries with severely limited resources.

The 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 TF for consideration. The Global COVID-19 Supply Chain System is 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. In addition, it is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to quickly identify bottlenecks in humanitarian assistance supply into Syria.

In NES (as of 8 May), NGOs continue to rely on a combination of local procurement for basic medical items (such as basic PPEs), procurement from 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 22 May 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. Consultations continue with a variety of key stakeholders to identify alternative sources through which NES NGOs can access essential supplies.

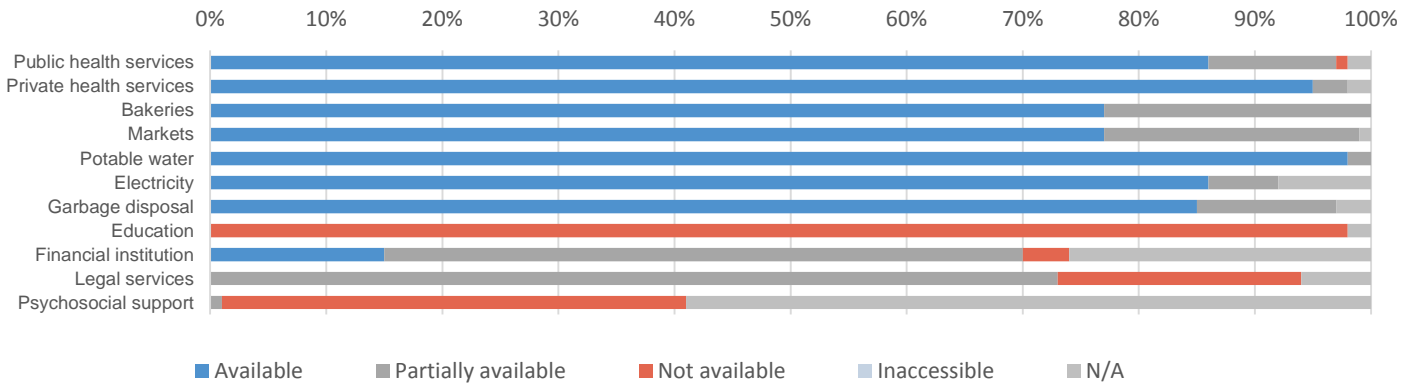
In NWS (as of 10 May), supplies delivered to northern Syria include 10,000 latex gloves, 200 goggles, 10,000 surgical masks, 500 N95 Masks, 900 face shields and 1,400 gowns. Out of these supplies, WHO has equipped one isolation unit and one community-based isolation (CBI) centre with 300 N95 masks, 550 face shields, 925 protective gowns, 130 protective goggles, 6,400 examination gloves, and 6,500 surgical masks.

Annexes

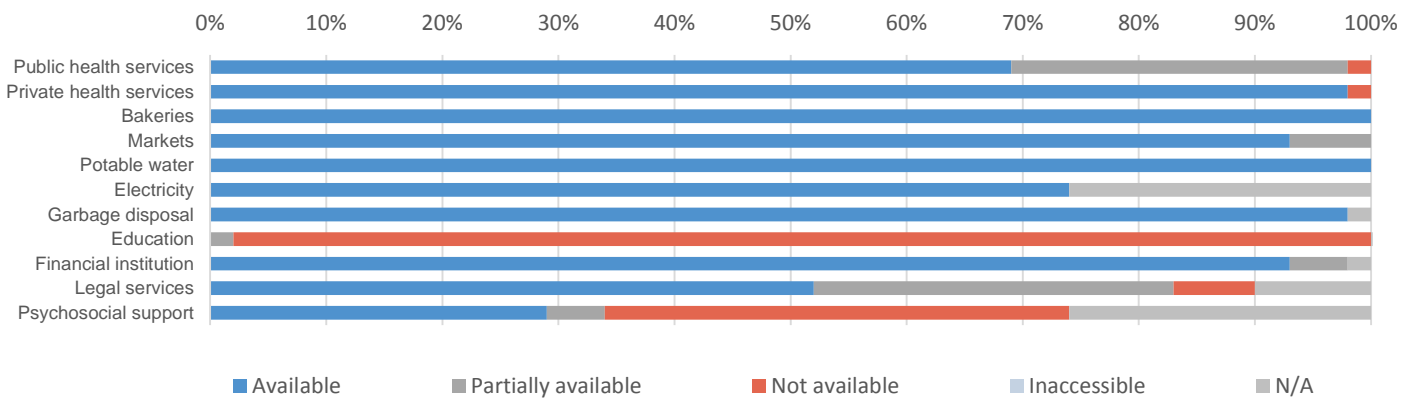
STATUS OF BASIC SERVICES

(Source: HNAP as of 11 May 2020)

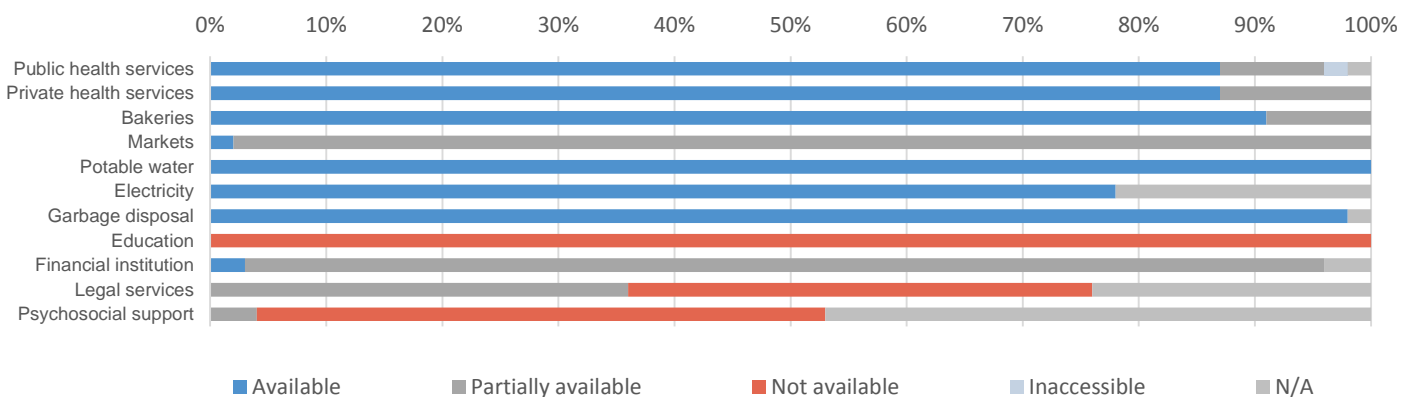
GOS



NSAG













SDF



NUMBER OF SUB-DISTRICTS IMPLEMENTING MITIGATION MEASURES

(Source: HNAP as of 11 May 2020)

MITIGATION MEASURES	GOS		NSAG		SDF	
	YES	NO	YES	NO	YES	NO
 Community lockdown (no travel)	7	190	2	40	31	14
 Total curfew (everyone stays home)	0	197	0	42	0	45
 Partial curfew (everyone stays home for certain days/ hours)	197	0	0	42	44	1
 Home isolation for symptomatic cases	61	136	1	41	16	29
 Provision of spaces in health facilities to monitor suspected cases	53	144	31	11	16	29
 Isolation in health centres for suspected cases	45	152	4	38	10	35
 Quarantine of diagnosed COVID-19 cases	13	184	3	39	6	39
 Testing for COVID-19	60	137	2	40	6	39
 Regular temperature checks (check points, public places, etc.)	57	140	28	14	19	26
 Closure of public spaces (restaurants, shops, etc.)	84	113	14	28	43	2
 Distribution of soap/disinfectant/ masks	4	193	8	34	8	37
 Disinfection campaigns	106	91	24	18	21	24
 Awareness campaigns	105	92	33	9	27	18

More Information

- General information: <https://www.who.int/health-topics/coronavirus>
- Technical guidance: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>
- Global surveillance for human infection with coronavirus disease: [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))
- Global research on coronavirus disease: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>
- Advice for public: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- Infection prevention and control during health care: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)
- Guidance for Pregnant and Lactating Women: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fpregnancy-breastfeeding.html
- Pregnancy and breastfeeding: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-Pregnancy and breastfeeding: faq.html>
COVID-19 What Parents Should Know: <https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know>
- Guidance on Rational use of Personal Protective Equipment for COVID-19: [Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](https://www.who.int/ith/2020-24-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/)
- Advice for international travel and trade: <https://www.who.int/ith/2020-24-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/> Introduction to COVID-19 online course: <https://openwho.org/courses/introduction-to-ncov>
- Statement of WHO General Director on COVID -19: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---3-march-2020>
- How to talk to your child about COVID-19: <https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-19>

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