SYRIAN ARAB REPUBLIC

COVID-19 Response Update No.04

As of 18 May 2020

58 **total confirmed cases**

19 Active cases

36 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 25 May 2020.

HIGHLIGHTS

- The Syrian Ministry of Health (MoH) confirmed 58 people with COVID-19, including three people who died and 36 who recovered, as of 17 May.
- As of 15 May, six people with COVID-19 were reported in north-east Syria (NES), including one death and four people who recovered.
- In north-west Syria (NWS), a total of 664 samples have been tested using polymerase chain reaction (PCR), as of 17 May. All tested negative.
- Enhancing 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.
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps and informal settlements in NWS and NES, collective shelters throughout the country, as well as other areas including Deir-Ez-Zor, and where hostilities may be ongoing making sample collection more challenging.
- Populations of concern: All groups are susceptible to the virus, particularly the elderly, people with underlying health conditions, health care workers, and those living camps and informal settlements in NES and NWS, as well as collective shelters across the county.
- 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 58 people with COVID-19 across Syria, including one case in Dar'a, 23 in Damascus, and 34 in Rural Damascus. The most recent case was announced on 17 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. Of the three fatalities in Government of Syria (GoS)-controlled areas, two were in Damascus and one in Rural Damascus. To date, the MoH has announced 36 recoveries.

Of the total cases announced to date, 10 cases were imported, with 40 having no recent travel history. The average age of people who contracted the virus is 45.1 years (ranging from 7 years to 75 years), with 50 per cent of cases over 50 years old. Three cases are below 10 years old. When samples were collected, 63 per cent of the cases were symptomatic, with the remainder asymptomatic

As of 15 May, some 3,350 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus, and an additional 44 tests by the public health laboratory in Aleppo, 22 in Lattakia and 30 in Homs. The number of confirmed cases in Syria as reported by the MoH does not include cases in areas outside of GoS control, including parts of NES.

As of 15 May, there have been six reported cases in NES, including one death, one active case and four recoveries. The cases were reportedly all from the same cluster in Hasakeh city. The active case continues to display moderate symptoms and is currently being treated at the Qamishli National Hospital in Al-Hasakah Governorate.

As of 17 May, 644 samples from patients were collected in NWS. Of these, 327 were from Aleppo Governorate and 337 from Idleb Governorate through the Early Warning, Alert and Response Network (EWARN) system, and tested in a laboratory in Idelb. All tested negative. The NWS WHO COVID-19 Task Force (TF) is prioritizing the expansion of testing to high-risk groups

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).

Meanwhile, 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, challenges related to low surveillance capacity makes it difficult to determine the true status of a COVID-19 outbreak. Although the low number of suspected and confirmed cases of COVID-19 cases in NES is welcome, it should be noted that the number of cases is lower than expected given the level of risk and links to known modes of transmission. As none of the confirmed cases had a travel history, it is assumed that community transmission is present. Efforts are ongoing to bolster surveillance and expand testing to improve overall case detection and investigation capacities. At the same time, the anticipated easing of remaining curfew restrictions after Eid (including possible reopening of restaurants and schools, as well as relaxation of restrictions on inter-governorate travel) could contribute to a spike in cases. Similarly, the NES COVID-19 TF is also considering the scenario of no/ limited transmission over the summer months ahead of the potential

for a “second wave”, particularly in the autumn and into 2021. Under this scenario, maintaining and increasing public consciousness around the risks of COVID-19, as well as enhancing preparedness (i.e. ensuring all isolation facilities meet minimum quality standards) will be prioritized. As of 15 May, at least 129 samples have been collected in NES through three surveillance systems for testing. In some cases, multiple samples from the same individual have been collected.

In NWS, longer-term needs are increasing, including for health, nutrition and education services, even as urgent needs for shelter, food, water, sanitation, hygiene and protection remain. Meanwhile, movement restrictions imposed as precautions are reportedly contributing to an increase in gender-based violence (GBV) disproportionately affecting women and girls. according to OCHA on 15 May, including some 500,000 children and nearly 180,000 women.

Although there have been no cases of COVID-19 reported in NWS, the risk factors of that changing remain high, with preparedness efforts continuing. A laboratory in Idleb with a capacity to test 100 samples per day remains instrumental in testing samples of potential virus cases. In some cases, samples from NWS are sent to laboratories in Turkey for testing. 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 isolation (CBI) centres are operational to isolate mild to moderate cases. A further 28 CBI centres are in the process of establishment, to provide a targeted capacity of over 1,500 beds across 30 locations in NWS.

Since the last update on 8 May, 15 more health facilities with triage systems are now in place, and an additional 35 ventilators, as well as some 7,000 boxes of gloves, 29,000 protective goggles, 100,000 protective gowns, 200,000 N95 masks and 1.3 million surgical masks are in the pipeline. Shortages in personal protective equipment (PPE) remain severe, however, there is also an ongoing need for more testing kits, laboratory equipment, and other supplies, as well as an acute shortage of health workers.

The Bab Al-Hawa and Bab Al-Salam border crossings between Syria and Turkey remain open to humanitarian and commercial traffic, while several other points of entry in NWS are also partially open. Monitoring, infection prevention and control (IPC) and referral measures continue to be implemented at cross-border and cross-line points. In NWS, humanitarian partners continue to operate under measures intended to mitigate against the potential spread of COVID-19. These include adapted modalities to deliver assistance while minimising face-to-face contact, virtualisation of meetings and activities, and awareness raising efforts on COVID-19 risks and precautions conducted online.

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, 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 $122 million for COVID-19 related supplies are part of overall COVID-19 response requirements, as identified by and consolidated across all hubs. Request procedures for these supplies are currently being clarified by WHO and OCHA in coordination with the Supply Chain Inter-Agency Coordination Cell (SCICC) and hub focal points.

Access Restrictions

As of 17 May, humanitarian access in Syria remains impacted by COVID-19 preventative measures, however, a general relaxation of the various rules issued in the various parts of the country has been observed.

The main borders to Syria remain closed or offer limited crossing options. The border with Lebanon remains closed to civilians and humanitarian staff 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 are being catered to, particularly emergency medical cases.

In GoS-controlled areas, curfew measures are maintained from 19:30 to 06:00 daily. Movement restrictions between governorates still apply. While schools and universities are currently closed, universities and higher institutes plan to reopen

from 31 May, while national exams will be held on 21 June. Essential government services have also reopened, including civil affairs, passports and traffic. Restaurants, cafes and all non-essential shops remain partially closed. Food and essential commodity shops, pharmacies and private clinics remain open. Mosques have reopened for Friday prayers (although group prayers remain restricted), while churches were allowed to resume activities under strict health protocols. Facilitation measures in place for the movement of humanitarian staff and supplies have continued to be granted for humanitarian partners and SARC.

In NES, local authorities on 12 May announced that curfew hours would be shortened to 19:00 to 06:00 each day, with all shops, professions and markets open during these hours. Private and public transportation are allowed while mosques are re-opening the last week of Ramadan. Cafés, restaurants, schools and universities remain closed. The quarantine imposed on some Hassakeh neighborhoods has been lifted. While the border with Iraq has been closed since early March, humanitarian partners continue to be allowed to move supplies from Iraq once a week on Tuesdays, although the volume has decreased and delays have been noted. Movements of commercial and humanitarian cargo from within Syria to Qamishli have continued, but challenges remain.

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. The two crossings between the Idleb area and northern Aleppo governorate to Afrin (Deir Ballut and Ghazzawiyeh) remain 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 to NES and to GoS-controlled areas continue to be closed for all movements and commercial shipments.

The UN continues to call on all parties to the conflict, 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 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 team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly health sector coordination meetings and operational calls to monitor implementation of the COVID-19 Preparedness and Response plan. Weekly operational calls on NES are continuing, 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.

Sector partners continue to undertake national and sub-national level meetings to support coordinated response planning, as well as to coordinate with relevant authorities. Key activities have included 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.

On 14 May the RC/HC met with the Governor of Rural Damascus and undertook a field mission to Eastern Ghouta. 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 Ministry of Social Affairs and Labour (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 15 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.
Last week, the NES COVID-19 TF discussed the development of a camp COVID-19 strategy, as well as key issues relating to camp-level preparedness, including the establishment of quarantine and isolation spaces, as well as the modalities for

coordinating cross-line shipments of medical items and supplies, with the aim of mitigating duplication of assistance and ensuring assistance is directed to facilities where gaps are most widespread.

Weekly COVID-19 coordination meetings for all camps in NES continue, with respective camp management agencies updating on the COVID-19 preparedness status in respective camps. Key issues discussed include appropriate IPC measures/steps in camps, considerations around isolation and quarantine in camps, the camp strategy (including different contingency scenarios) and the status of camp-level COVID committees as well the vulnerability mapping. COVID health committees have now been established across all camps with the exception of the Menbij camps.

A joint camp strategy is currently being developed, including multiple planning scenarios ranging from no/limited transmission over the summer months ahead of an anticipated increase in transmission in the autumn to widespread community-level transmission in camps.

Partners and UN agencies in NES are also developing harmonized technical guidance/standards operating procedures (SOPs) on key issues (e.g. the activation and operation of isolation spaces, procedures for quarantine, surveillance at camp-level and referral) which can be applied/adapted for camp-level consideration. A draft document will be developed is planned for the coming weeks.

At the NES level, the Inter-Sector Working Group (ISWG) undertakes the revision process of the NES Preparedness and Response Plan (PRP) with the aim to incorporate the scale and scope of the outbreak, an adjusted timeline until the end of 2020, potential mitigation measures of the socio-economic impacts of COVID 19, including the Early Recovery Sector, along with the HRP mid-year-review process end of June.

In addition, the ISWG is developing a monitoring framework to assess coverage and gaps against the NES PRP, building on the framework developed by Syria hub colleagues to ensure complementarity.

With regards to 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, 10 NES NGOs have reportedly completed/planned RCCE activities through this tool with ongoing efforts to improve reporting.

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 remains a priority. Committee meetings are convened across all areas, including a first meeting in Deir-ez-Zor.

In NWS (as of 15 May), the NWS COVID-19 Task Force (TF), in collaboration with the WHO Health Cluster, is prioritizing the expansion of testing to high-risk groups, such as identifying points of convergence for testing, surveillance, and strategic communication messaging.

The TF continues to coordinate with pillar working groups to assess the functionality of COVID-19 service delivery points, including hospital readiness, community-based isolation centers, and triage in all fixed health facilities. The TF is focusing on intensifying strategic communication and community engagement efforts to help people become aware of patient pathways across COVID-19 healthcare service delivery points viz. screening, community-based care management centers and COVID-19 hospital isolation units.

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 comprising a wide range of issues in relation 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.

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. Over the reporting period, WHO delivered a further 7,500 IEC materials to public and private health centers in Tartous. As 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.

UNICEF, working with WHO and partners, has finalized new resources to target children utilizing age-appropriate entertainment to be broadcast through various media outlets countrywide. UNFPA also continues to utilize WhatsApp groups and conduct awareness raising in its reproductive health clinics and through its mobile teams in 13 governorates.

Training related to awareness raising continued through the reporting period, including a WHO-supported three-day awareness session for staff from 60 NGOs in Deir-Ez-Zor from 10-12 May. Regional outreach is ongoing. In collaboration with UNICEF, Directorates of Health (DoHs) in Homs and Hama governorates have prepared RCCE plans, which targeted the most vulnerable communities. UNHCR continued supporting 37 protection partners utilizing 860 WhatsApp groups on awareness raising. In addition, one partner reached 1,693 people with awareness raising in the reporting period, including families with specific needs.

In NES (as of 15 May), awareness campaigns and related 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.

Over the reporting period, child protection and C4D teams reached 1,550 families in informal settlements in Ar-Raqqa and 2,750 families in Areesha camp. UNICEF also continued a one-month physical distancing awareness initiative utilizing volunteers in Al-Hasakeh and Ar-Raqqa, targeting key service centers such as hospitals, bakeries, and post offices.

According to the seventh round of a COVID-19 Rapid Assessment released over the last week, there continues to be a weekly increase in the proportion of respondents who would 'stay home' as the 'main course of action' if they or a family member feels ill. Since the end of March the percentage of sub-districts reporting that they would 'stay home' as the main course of action should they or a family member fall ill has increased from 16 per cent of sub-districts to 53 per cent of sub-districts. This analysis further underlines that risk communication measures are having the intended effect of encouraging people to stay home and seek medical care through the public hotlines which have been established.

At least two additional rounds of the NES Knowledge, Attitudes and Practices (KAP) survey to track changes in knowledge, attitudes and practices of communities, will be undertaken to help humanitarian actors identify gaps and adjust RCCE activities to maximize impact. The first round interviewed over 2,000 respondents from over 600 communities, across all four governorates.

In NWS (as of 15 May), WHO, in coordination with the WASH Cluster, supports the Corona Awareness Team (CAT) to exchange information on awareness activities and map the number and locations of awareness teams and identify locations with inadequate coverage.

Cluster members continue to provide awareness sessions, in individual or small groups to distribute brochures, while wearing protective equipment. Through individual sessions, eight partners reached more than 14,000 individuals.

One partner displayed IEC materials each day on 12 water trucks and five solid waste management vehicles and piloted the provision of remote examinations at ten schools. Two partners delivered more than 6,500 IEC sessions to various groups. At the same time, they supported 485 mosque announcements. One partner conducted awareness activities in 488 public facilities and provided online training to 65 teachers and 20 women.

Another completed 145 interviews (as of 11 May) across 25 sub-district focal points (FPs) to ask about preventative measures applied in 12 sub-districts. One partner has started supporting in-house training sessions delivered by NGOs to their volunteers and community health workers (CHWs), including the provision of technical material in addition to financial support to cover the training logistics. The Idlib Health Directorate (IHD) conducted 117 training sessions for focal points between 11-12 May. Health actors continued printing posters. One used a caravan in Idleb city, while others used cars with posters.

One partner trained 117 members on instructions on prevention in workplaces, food production industries, and IPC in health facilities with limited resources.

Due to the global and local market shortages, no further progress has been made on personal protection equipment (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 be a gap for the majority of awareness partners.

Another Health Cluster member is operating a MHPSS COVID-19 Helpline across NWS to provide psycho-social services counselling services for prospective COVID-19 patients and their families, frontline health workers, and for other community members. A two-day psychological first aid (PFA) COVID-19 training for 500 community leaders, imams, local councils, youth and women leaders began on 9 May with a target total of 25 training sessions across Idleb City, Bab Al Hawa, Sarmada, Afrin, Azzaz, Al Bab, and Jarablus. At the time of this reporting, a total of nine training sessions have been completed (including three in Idleb City and six in Bab al Hawa) with a total of 181 trainees (135 males and 146 females).

Surveillance, Rapid Response Teams and Case Investigation

There are currently 1,271 sentinel sites reporting cases through the EWARS system 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 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 Deir-Ez-Zor, while Menbij/Ain-al-Arab (Kobane) is being covered from Aleppo.

WHO continues to support the MoH with contact tracing, through the WHO-developed application “Go Data”.. As of 10 May, 223 case contacts have been tested, with 20 positive for COVID-19. The MoH has also conducted active case finding, applying random sampling methods in seven Damascus and Rural Damascus neighborhoods where confirmed cases have been reported, with 726 people tested during March and April. The number of positive cases from these tests has not been made available.

UNICEF’s fixed health clinics continue to apply the triage system where possible, in addition to the RRT referral pathway in coordination with WHO. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is continuing a triage system in their 25 health centres. Samples are collected by RRTs and sent to the CPHL with WHO support. The public health laboratories in Aleppo, Homs and Lattakia have also commenced testing. To date, 44 cases in Aleppo, 30 in Homs and 22 cases in Lattakia and Tartous have been tested. During the reporting period, one case was investigated in NES.

In NES (as of 15 May), at least 129 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.

NES health partners are stepping up active surveillance of SARI in hospitals to improve access to real-time information on COVID-19 outbreak trends, enhance early detection and support a more coherent testing strategy.

Over the past week, hospital level focal points have been identified across NES to report on SARI cases each week through a NES NGO who will conduct epidemiological analysis. Short video trainings have been undertaken on the case definitions for SARI and COVID, as well as reporting mechanisms, with follow-up in-person trainings also planned. One partner has been requested to conduct follow up trainings in person. These focal points will also be trained on the referral pathways and will be responsible for notifying the hotline operational desk of suspected COVID-19 cases (which meet case definition). The operational desk will then notify the local COVID Committees who will be responsible for arranging sample collection and PCR testing. Discussions are continuing to clarify the process for suspect cases notification and confirmation. This mechanism will not replace surveillance systems in NES, with conversations ongoing around how to ensure effective surveillance and testing in NES through the channels available.

Delays in communicating positive results of at least two of the confirmed cases of COVID-19 in NES, combined with challenges in conducting contact tracing, may have contributed to undetected community transmission. At the time of writing, however, there remained only one confirmed transmission chain/cluster.

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 upsurge (i.e. multiple clusters and/or widespread community transmission).

In NWS (as of 15 May), no laboratory confirmed cases of COVID-19 have been reported. The TF has agreed to include new tuberculosis (TB) patients for laboratory testing, as well as testing for TB among all confirmed COVID-19 cases.

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. In light of the increased number of repatriations over the past two weeks, WHO has provided support with 1,690 items of PPE, disinfection materials, and 200 IEC materials to the Lattakia DoH.

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 relevant information as necessary.

In NES (as of 15 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 taken place.

In total, one NES NGO has plans to provide dedicated support to one crossing point. This support includes provision of two ambulances, a screening tent, PPEs, thermal thermometer and salary coverage for health staff.

In NWS (as of 15 May), there are a total of 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 some movement and have measures in place to screen travelers, suspect and refer cases. The most recent cross-line PoE ('Mizanaz') is suspended, and the remaining five PoEs are closed and open for "special circumstances" only.

WHO, through its implementing partners, has started to strengthen the measures by increasing the number of human resources, deploying vehicles (ambulances and non-emergency) for referrals and providing equipment and supplies for three PoEs (Alhamam, Ghazawiyet, and Deir Ballut).

Over the last two weeks of May, a total of 42 suspected COVID-19 cases were transported from PHCs to designated COVID-19 referral hospitals through the established referral system. WHO has started the preparations for infection prevention and control (IPC) trainings (COVID-19-specific) that will start on 20 May. The one-day training will target referral system and PoE staff including nurses, paramedics, and drivers

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 also been completed.

Over the reporting period, WHO delivered 5,000 waste bags and 10,000 bags for samples to CPHL. 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 supplies and equipment in the pipeline expected to arrive in the next one to four months.

Following WHO delivery of essential supplies and support for on-site training of laboratory technicians from Aleppo, Homs, Lattakia and Damascus, COVID-19 testing is now ongoing at the Tishreen University Hospital in Lattakia, the Zahi Azraq Hospital in Aleppo, and commenced at the public health laboratory in Homs on 14 May.

The GoS has committed to establish laboratories in all 14 governorates. Support for increased capacity and decentralization of testing, including in NES, continue to be a priority for the UN. As of 15 May, laboratories have performed testing for around 3,200 cases for COVID-19, with 100-150 tests currently performed per day.

Of these, at least 59 were from NES (34 from Hassakeh, 23 from Deir-ez-Zor and two from Raqqa). The positive test results are usually received by WHO through case report forms around five days after the test results are confirmed.

In the NES (as of 15 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. Last week, a NES health NGO assessed the Qamishli PCR laboratory and reported high levels of quality compliance, including 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).

While the remaining PCR machines have been delivered to Raqqa and Kobane, they have yet to be made operational pending refurbishment of the laboratory and supplementary training for the laboratory technicians who will 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 KRG. There are reportedly a further 500 testing kits with these machines.

Currently, there are only 1,000-1,500 PCR testing kits in total in NES (with no readily available supply lines), underlining the need for a clear and methodical prioritization criterion to decide who should get tested, according to local authorities. Efforts are ongoing to source additional testing kits to enable scaled up testing. In addition to close contacts, NES partners have advocated to local authorities for testing of SARI cases, as well as vulnerable groups showing symptoms which fit the case definition (i.e. the elderly, persons with underlying conditions, and pregnant and lactating women).

The existence of multiple surveillance systems and testing channels in NES present challenges to verification and triangulation of reported samples. To mitigate discrepancies in results, the Case Management sub-TF has agreed with local authorities that all positive PCR samples recorded through the CPHL (often informally communicated to local authorities and NES partners) should undergo a second PCR test by local authorities. If this PCR test proves negative, local authorities should administer an antibody test which can indicate whether an individual may have had COVID-19. This can help minimize discrepancies in reporting caused, in large part, by the time lag between a positive PCR test in Damascus and its communication (i.e. by the time local authorities have administered a PCR test the individual may have subsequently recovered). Local authorities reportedly have approximately 3,500 antibody tests available.

Meanwhile, NES partners continue to struggle with convincing local authorities to curb the continued usage of rapid diagnostic tests (RDTs), noting the lack of reliability and specificity of these tests, as well as the potential for confusion about 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 refer to WHO guidance which recommends the usage of RDTs only in research settings and not within any other setting, including for clinical decision-making, until evidence supporting use for specific indications is available.

In NWS (as of 17 May), a total of 664 samples were collected, all of which proved negative using PCR. One partner conducted community-based COVID-19 testing for healthy people in collaboration with the Gaziantep Health Directorate. In total, 71 people tested negative for COVID-19.

Last week, an analysis was done for the suspected cases who were tested through 8 May from both NES and NWS (N=414). Among these, 283 (68 per cent) were males and 131 (32 per cent) were females and the majority of suspects were between 0 to 4 years. The most common clinical symptoms recorded for the cases were fever (96 per cent), followed by dyspnoea i.e. shortness of breath (71 per cent) and a dry cough (60 per cent). Among the tested samples, 284 samples reached the Idleb lab on the same day, 65 reached the Idleb lab the next day, 34 reached the Idleb lab within two days and two samples reached after three days of collection.

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 are undertaking health

facility assessments to better gauge IPC capacity, with many already taking a number of steps to reinforce capacity, including by establishing social distancing between patients, 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. Over the reporting period, an additional 1,690 PPEs were delivered to health workers working at two quarantine centres in Lattakia. To date, WHO has delivered over 1.3 million PPE items, including surgical masks, gloves, reusable heavy-duty aprons, gowns, head covers, alcohol hand-rubs, medical masks, goggles and coveralls, and alcohol hand-rubs. Additionally, shipments of PPE and sterilization items have also been dispatched to Qamishli National Hospital, the DoH in Al-Hasakeh, and in Deir-Ez-Zor.

In the reporting period, 30MT of medical supplies (including medicines, essential supplies and PPE) arrived in Qamishli by road. This was the WHO's first road shipment to NES with GoS approval since 2018; with supplies expected to be distributed within a week. A further 23MT is expected to arrive in the coming week. 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.

UNICEF continues to support light rehabilitation of WASH systems in hospitals across the country, with works at the isolation center in Al-Hol camp now completed, and 14 other locations ongoing. In the reporting period, UNICEF also supported delivery of PPEs and hand sanitizers to implementing partners in Hama, Aleppo, Tartous and Homs governorates, and trained 63 health workers in Deir-Ez-Zor in correct use of PPE. UNICEF also completed development of five WASH/IPC protocols (on chlorine preparation and dilution; for contractors; protocol in healthcare facilities; protocol in schools, and protocol in MoSAL centers), and widely shared with partners to use.

UNDP continues to 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 governates. In addition to light rehabilitation completed at an isolation center in Dar'a (Al Bassel Education Centre), one partner continues to support light rehabilitation at the designated isolation center in Deir-Ez-Zor. The Education Sector is also mapping WASH needs in schools. To date, 1.15 million soap bars and IPC materials for 11,500 schools have been procured. Further, alongside WASH sector partners, mapping has commenced to support WASH needs at 5,000 exam centres across the country for upcoming exams scheduled on 21 June.

WASH Sector partners are also continuing to deliver increased quantities of soap and hygiene kits. In the reporting period, UNFPA distributed 3,667 dignity kits through partners in three governorates. UNHCR and SARC also commenced implementation of two community-led initiatives in Quneitra, distributing hygiene kits including disinfectants and cleaning materials to families who could not otherwise afford them.

One partner continued to support distribution of a further 618 hygiene kits and 8,310 soap bars in Hama and Rural Damascus in partnership with the Syrian Arab Red Crescent (SARC). A second partner, in partnership with SARC, also continued distributions with 7,050 soap bars to three hospitals, 17 health centres, one school health centre, one communicable disease division and five SARC centres in Deir-Ez-Zor provided to date.

Another partner contributed to sterilization campaigns of public places and facilities in Aleppo and Ar-Raqqa, including clinics, public hospitals, and pharmacies, and distributed face masks to shop owners in Aleppo. One partner has also procured over 600,000 items of PPE, alcohol hand rubs and disinfectant sprays to distribute to isolation centres.

UNRWA continues to support increased sanitation activities at the nine official and accessible Palestine refugee camps (and one informal camp), while 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 continues to improve IPC at the municipal level in Homs and Hama cities, as well as in Dar'a, including through solid waste collection, rehabilitation of sewer pipelines, and support of medical waste treatment, as detailed in prior reports.

In NES (as of 15 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).

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. There remain gaps in assessment coverage in one facility and pending assessments in three. 31 of the initial assessments were found to be incomplete and further verification is ongoing by WASH actors.

Overall, six NES WASH NGOs have committed to support WASH-related IPC enhancements in 68 of the 71 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 15 May), a WHO implementing partner completed the IPC COVID-19 specialized training throughout four designated hospitals in NWS for 113 medical and non-medical staff. In addition, the partner will continue to provide technical support, coaching, and delivery of the translated IPC guidelines and standard operating procedures to the designated hospitals.

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 Directorates of Health (DoH).

To date, humanitarian partners have been informed by local authorities (Governors and DoHs) of 26 identified quarantine facilities and 50 isolation spaces across 13 governorates. At the central level, the Syrian MoH has announced 14 fully equipped isolation centers are currently operational.

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, and, as detailed above, 3,000 nationals have subsequently been repatriated from various locations. Approximately 10,000 Syrians abroad have registered for repatriation flights.

The Syrian MoH has indicated it would seek support to expand capacity to accommodate repatriation returns for the mandatory 14-day quarantine. In the reporting period, WHO and UNICEF provided support to isolation centres in Lattakia, through delivery of IEC materials, PPEs, sanitizers and disinfectants. Mobile teams to provide mental health / psychosocial support services for children and older persons are further planned. 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. As outlined in previous reports and UNDP is supporting rehabilitation at three hospitals. A partner has completed light rehabilitation of WASH systems at Dar'a (Al Bassel Education Centre), and is progressing work at the Health Institute in Deir-Ez-Zor.

WHO continues to deliver case management trainings (resuscitation and ventilation management). During the reporting period, 50 health workers were trained in Aleppo and Dar'a, with more planned in Quneitra, Damascus and As-Sweida. As reported earlier, sectors are working to establish an isolation centre in Al-Hol and to establish referral pathways for moderate cases. In Ar-Raqqa, an isolation ward is being set up at the National Hospital, and a quarantine centre at Hawari Bu Median school in Ar-Raqqa city. On 20 April, NGOs opened a first phase (60 beds) of a 120-bed hospital in a repurposed factory building outside Al-Hasakeh; three ambulances are stationed there.

In NES (as of 15 May), local COVID Committees are being/ have been established in Hassakeh, Qamishli, Menbij, Kobane, Raqqa and Deir-ez-Zor, with the first meeting taking place in Deir-ez-Zor over the last week. 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.

A number of questions remain around the case management strategy in camps. Included in this is how to avoid contamination/transmission in the isolation areas, the level of care which will be provided in the isolation facilities on site, particularly given health partner capacity limitations and shortages of health care workers, and, related to this, the ability to refer moderate cases to designated COVID-19 isolation facilities outside the camp. The Health Sector and NES COVID-19 TF have provided guidance to partners on case management in camps, with regard to mild cases, moderate cases, as well as instances in which isolation facilities or quarantine should be used and preferred options thereof.

Meanwhile, up to 16 dedicated isolation facilities are being established for moderate and severe cases, eight of which are supported (to varying extent) by humanitarian actors. This is an increase of one planned facility out-of-camp over the last week following confirmation by local authorities of an additional 40-bed facility in Deir-ez-Zor.

In addition, over the last week, local authorities scrapped plans for a 60-bed isolation facility in a sports stadium in Raqqa. Instead there are plans, still at a very tentative stage, to establish a facility in a local hotel. In total, there are five facilities active/planned in Al-Hassakeh Govenorate (312 beds), four facilities/ active planned in Raqqa Governorate (with at least 153 beds), four facilities planned in Deir-ez-Zor Governorate (140 beds) and three facilities planned in opposition-controlled areas of Aleppo governorate (190-250 beds).

For critical cases, there are currently 12 ventilators in NES. A further 16 ventilators are reportedly confirmed for delivery by mid-May. In addition, NES NGOs have funding available for a further 23 ventilators, but are struggling to identify a supplier. Local authorities have also indicated that it has an additional stock of ventilators in the pipeline, although no timeframe has been provided for their delivery.

In NWS (as of 15 May), a total of 117 mental health and psychosocial support (MHPSS) services (both fixed and mobile) continue to be provided across 26 sub-districts and 66 communities through 18 partner NGOs. An ongoing Mental Health Gap Action Programme (mhGAP) refresher/roll-out training (including MHPSS service provision during COVID-19) has reached a total of 78 PHC doctors (68 females and 10 females) in Afrin, Azzaz, and Idleb.

WHO is supporting a designated COVID-19 hospital in Idleb city with a capacity of 10 ICU beds, 10 ventilators, and the required ICU equipment to provide specialized care services; allowing for confirmation of COVID-19 infection patients with severe symptoms and those underlying chronic conditions (lung, heart, renal failure, or an immunocompromising condition). The hospital currently has an inpatient medical section with a capacity of 15 hospital beds for severe COVID-19 cases not requiring ICU intervention.

Between 9 and 10 May, a WHO partner conducted two-days of online COVID-19 case management training for 25 physicians, focusing on the assessment, monitoring and medical intervention of COVID-19 patients with comorbidity and medical complication requiring ICU intervention. This training will be followed by on the job training and coaching for the ICU technicians and nurses working in all COVID-19 designated hospitals.

Operational Support and Logistics

The COVID-19 Crisis Coordination Committee is working with partners, particularly the Logistics Cluster, to minimize potential disruption to service delivery and essential humanitarian assistance, including through the Procurement Working Group (PWG) in Damascus which is consolidating UN agency PPE requests in order to harmonize sourcing.

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 partners 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.

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 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.

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 COVID19 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 15 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 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.

Over the past week, a global COVID-19 Supply Chain portal has been launched with the aim of serving the needs of UN agencies, national health authorities and NGOs for COVID response. The NES COVID-TF and NES Forum have engaged with OCHA and WHO's regional office regarding the best pathways for NES partners to utilize this supply portal for their needs. Further, consultations continue with a variety of key stakeholders to identify alternative sources through which NES NGOs can access essential supplies.

Multiple partners have reported challenges around the local procurement of certain PPEs and sterilization equipment, particularly hand sanitizer with many lacking the necessary ethanol concentration. With demand outstripping supply, sub-standard products have filled the local market with partners indicating that initially no local supplier was able to meet the 70 per cent ethanol concentration required. Poor packaging and labelling further complicates local procurement. Through the NES Logistics and Operations group, efforts are ongoing to provide a common, updated list of suppliers for hand sanitizer and disinfectant; it is hoped that this may encourage the market the adapt. Discussions are also ongoing to initiate bulk procurement from outside NES and KRI.

In NWS (as of 15 May), the Syria Cross-Border Humanitarian Fund (SCHF) swiftly adapted to this new working environment and remains fully dedicated to support humanitarian partners despite the challenges faced. This situation created by the novel COVID-19 pandemic requires the Fund to respond with greater flexibility, through simplifications in the current funding arrangements as described in the Country Based Pooled Fund (CBPF) global guidelines and the operational manual of each fund, yet keeping accountability over the use of funds. After an analysis of the evolving situation and related challenges which the Funds are beginning to face, the SCHF has agreed to put in place some extraordinary measures that will allow all key stakeholders to continue providing life-saving assistance to those in need. In response to COVID-19 pandemic and based on the COVID-19 Preparedness and Response Plan, the SCHF launched the second reserved allocation in 2020 to respond to the most critical components and gaps in the plan.

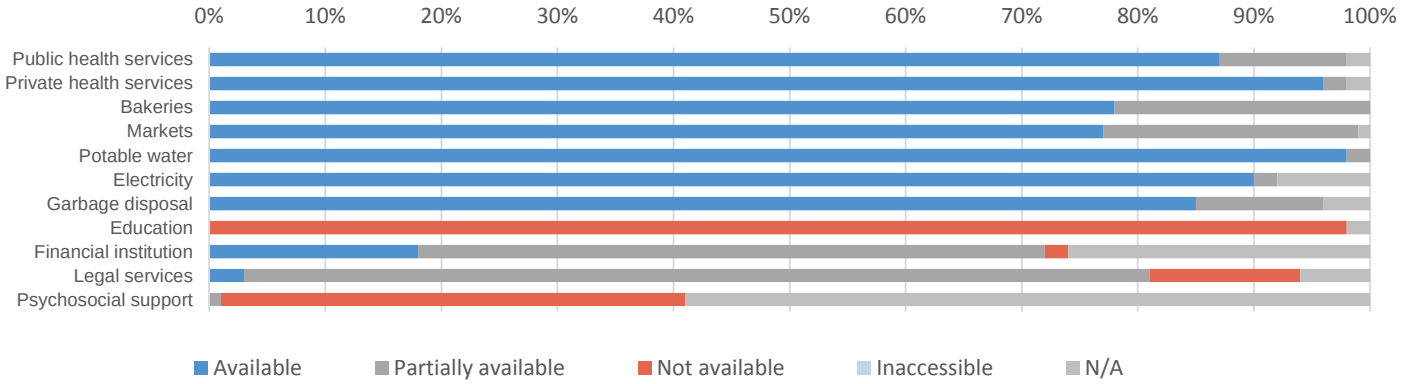
As part of the dedicated COVID-19 SCHF RA2 2020 funding, a cluster partner in support to the Gaziantep hub TF PRP is in the process to procure and deliver 1,300,000 three-layer surgical masks, 1,100,000 powder-free nitrite gloves, 200,000 EN149 masks/FFP2, 100,000 protective suits, 27,000 safety goggles and 35 ICU ventilators.

Annexes

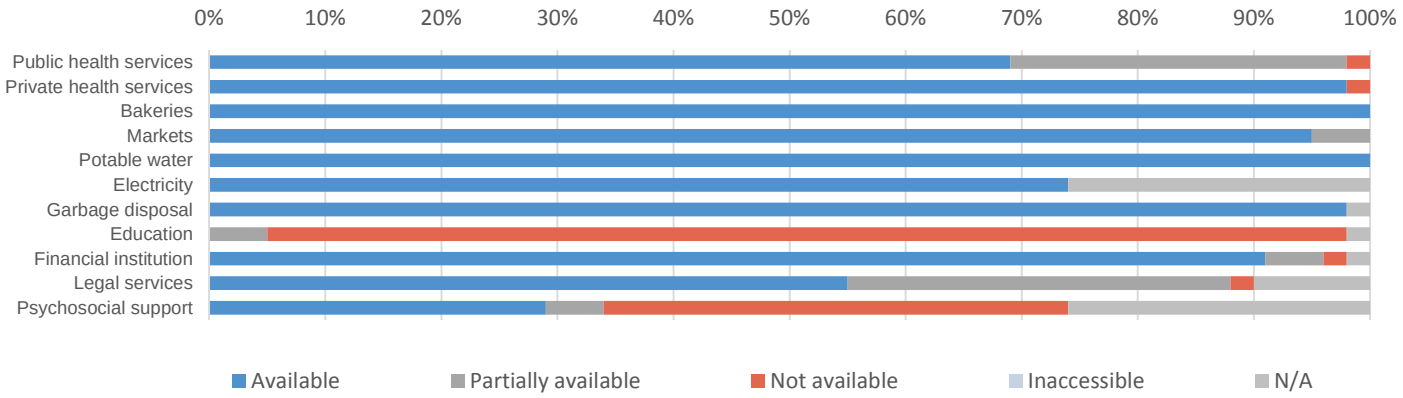
STATUS OF BASIC SERVICES

(Source: HNAP as of 18 May 2020)

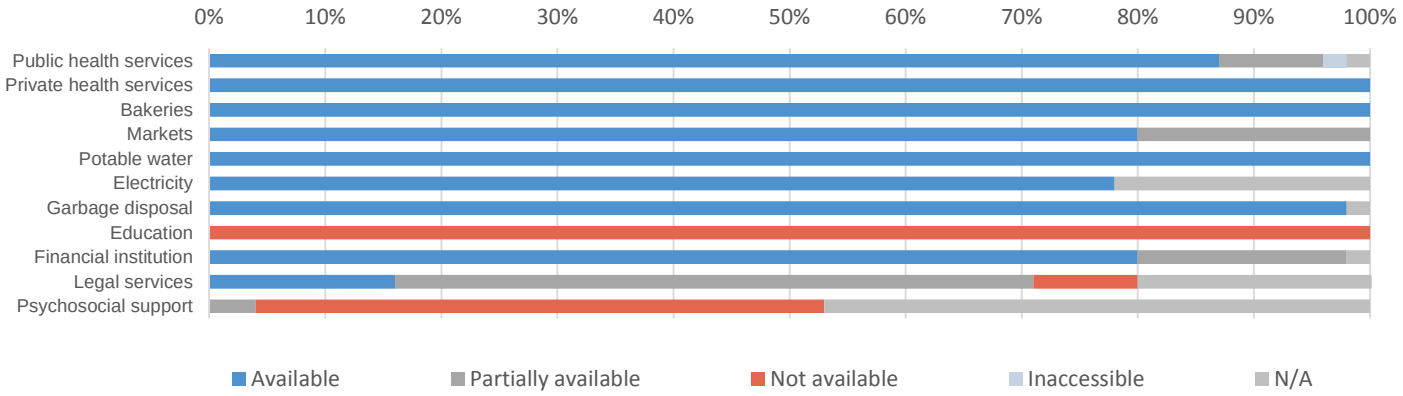
GOS



NSAG



SDF



NUMBER OF SUB-DISTRICTS IMPLEMENTING MITIGATION MEASURES

(Source: HNAP as of 18 May 2020)

MITIGATION MEASURES	GOS		NSAG		SDF	
	YES	NO	YES	NO	YES	NO
Community lockdown (no travel)	5	192	1	41	0	45
Total curfew (everyone stays home)	0	197	0	42	0	45
Partial curfew (everyone stays home for certain days/ hours)	197	0	1	41	43	2
Home isolation for symptomatic cases	61	136	1	41	16	29
Provision of spaces in health facilities to monitor suspected cases	55	142	28	14	13	32
Isolation in health centres for suspected cases	47	150	7	35	10	35
Quarantine of diagnosed COVID-19 cases	13	184	3	39	6	39
Testing for COVID-19	60	137	2	40	8	37
Regular temperature checks (check points, public places, etc.)	57	140	26	16	21	24
Closure of public spaces (restaurants, shops, etc.)	83	114	15	27	43	2
Distribution of soap/disinfectant/ masks	4	193	7	35	10	35
Disinfection campaigns	108	89	21	21	8	37
Awareness campaigns	110	87	30	12	24	21

More Information

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

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