



# 312

 total confirmed cases

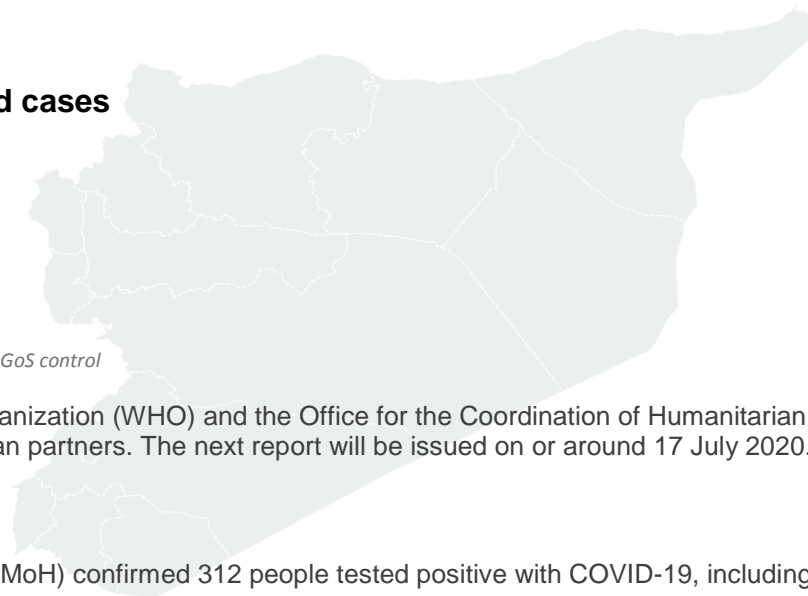
**190** Active cases

**113** Recovered

**9** 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 17 July 2020.

### HIGHLIGHTS

- As of 2 July, the Syrian Ministry of Health (MoH) confirmed 312 people tested positive with COVID-19, including nine people who died and 113 who recovered.
- As of 13 June, six people with COVID-19 were reported in north-east Syria (NES), including one death and five people who recovered.
- In north-west Syria (NWS), no laboratory confirmed cases of COVID-19 have been reported as of 30 June 2020.
- As of 25 June, 8,041 COVID-19 tests have been performed in laboratories in Damascus, Aleppo, Homs and Latakia governorates.

### SITUATION OVERVIEW

To date, the Syrian MoH has reported 312 people with COVID-19 across Syria. As of 2 July, the full geographic distribution of reported cases has yet to be published.

Of the total cases, 99 cases were announced as imported, including recently repatriated Syrian nationals, students from Lebanon who had come to Syria to sit national exams, as well as a cross-border truck driver.

Of the nine fatalities in Government of Syria (GoS)-controlled areas, six were in Damascus; one was in Rural Damascus; one was in Qunietra; and one was in Aleppo.

As of 25 June, the MoH reported 8,041 tests were conducted by the Central Public Health Laboratory (CPHL) in Damascus and the public health laboratories in Aleppo, Latakia and Homs. It remains a priority to enhance laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams (RRTs).

Since mid-April, there have been six confirmed cases of COVID-19 in NES, resulting in one death with five cases having recovered as of 13 June. To date, there has been one confirmed cluster of COVID-19 cases, centred on the Al Amran neighbourhood of Al-Hasakeh. There has been no confirmed community-level transmission reported.

As none of the confirmed cases in NES had any travel history or known contact with suspected cases, it is assumed that there has been some undetected transmission. Despite the limited number of cases in NES, the risk of large-scale transmission continues to remain high.

As of 30 June, there are no laboratory confirmed cases of COVID-19 in NWS. A total of 1,661 samples were collected of which 1,625 tested negative for COVID-19 using polymerase chain reaction (PCR). Results for the remaining 36 cases remain pending at the time of this report.

The ongoing economic crisis has exacerbated humanitarian needs of the more than 11 million people across Syria in need. The poverty rate is over 90 per cent. Many Syrians report they are forced to borrow money to meet basic needs and eating less. Nine years of crisis has stretched livelihoods and services to the breaking point, especially in underserved and overburdened communities. Those who are displaced are facing a protection and poverty crisis, exacerbated by COVID-19. Millions of displaced have lost their livelihoods, are taking on debt and are increasingly unable to meet their basic needs due to the regional economic crisis and the impact of COVID-19. There is increased risk of child labour, gender-based violence, early marriage and other forms of exploitation. Displaced people in camps or camp-like situations face additional risks as it may be difficult to practice regular handwashing, physical distancing and other key public health measures.

Restrictions on movement and limitations on commercial activities in some areas of NWS and NES, including on markets which had been introduced as a public safety measure to counter the spread of COVID-19, have contributed to the intensification of humanitarian needs, as well as the overall impact of the pandemic on the local economy. While humanitarian actors have adapted their activities and procedures to mitigate COVID-19 related risks, certain activities had to be suspended to protect the affected population, as well as humanitarian workers.

## PREPAREDNESS AND RESPONSE

### *Hub-level preparedness and response planning*

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

The current key priorities in Syria are:

- Enhancing surveillance capacity, including active surveillance, with a critical need to expand laboratory capacity at national and subnational level to test for timely detection;
- Protecting health care workers by training and providing additional PPE;
- Ensuring proper case management, isolation and contact tracing; and
- Raising awareness and risk communication.

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

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

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

As part of its COVID-19 support, the [Syria Humanitarian Fund](#) has commenced disbursement of US\$23 million for 32 approved projects across the Health (\$12.5 million), WASH (\$4.3 million), Protection (\$2.3 million), Food (\$0.04 million) and Logistics sectors (\$0.2 million), including \$2.85 million, while the [Syria Cross-Border Humanitarian Fund \(SCHF\)](#) will allocate an additional US\$6 million to procure essential personal protective equipment (PPE) to support the continuation of non-health and health frontline activities. (Note NES XB NGOs have no access to this funding stream.)

### *Crisis-wide planning, coherence and advocacy*

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

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

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

## Access Restrictions

As of 30 June, most land borders into Syria remain closed, with some limited exemptions (from Jordan, Turkey and Lebanon), including commercial and relief shipments, and movement of humanitarian and international organization personnel. Borders with Lebanon and Jordan remain closed to civilians while a limited number of humanitarian workers have been able to enter Lebanon from Syria. The crossing points with Lebanon have remained open for humanitarian and commercial cargos. International flights remain restricted (although repatriation flights for Syrian nationals have continued) while Damascus, Aleppo and Qamishli airports are still operating domestic and cargo flights.

In GoS-controlled areas, the widespread easing of preventive measures introduced throughout May continued. The daily curfew has remained lifted, as has the travel ban between and within governorates. Markets, restaurants, cafes, gyms, most public places as well as worship places are also allowed to open, so long as physical distancing is observed. Public and private transportation services have also resumed, as have universities and institutions. Some localized lockdowns continue to be observed following identification of COVID-19 cases including in Rural Damascus and Quneitra. On 21 June, national high school exams commenced. As of 25 June, approximately 2,985 students had crossed into GoS-controlled areas to sit their final high school exams and are being accommodated in 23 centres located in Aleppo (1,020), Ar-Raqqa (1,621), Hama (205), Deir-Ez-Zor (35), Damascus and Rural Damascus governorates (104).

In NWS, individual crossing to and from Turkey remains restricted while humanitarian and commercial deliveries are authorized. Bab Al Hawa (BAH) and Bab Al Salam (BAS) crossings remain partially closed, while facilitating measures have been granted for humanitarian supplies since the start of the health crisis. Therefore, UN cross-border shipments continue and have in fact increased since March while commercial trucks (used by most NGOs) were partially impacted. Humanitarian and commercial shipments, and NGO staff movements, continue through BAS and BAH from Turkey to Syria.

Restrictions remain in place at most other crossing points inside Syria. Abu Zending, Um Jلود and Awn Dadat in Aleppo remain closed, as does Akeirshi in Ar-Raqqa. Abu Assi in Ar-Raqqa is reported open for students crossing to sit national exams. Ghazawiyet Afrin and Al-Taiha in Aleppo are reported open for commercial traffic; the latter is also reported open for students. Deir Ballut in Aleppo is open.

In NES, local authorities have also eased preventive measures, with most restrictions which were in place until 15 June now relaxed. Most transport, shops and markets are allowed to operate between 7am to 7pm, and some institutions have been allowed to reopen. Travel is now permitted, and religious centres are allowed to open after disinfection. The border with Iraq remains closed since early March, but humanitarian partners continue to be granted facilitation measures for the transport of goods and movement of staff.

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

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## Country-Level Coordination

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

WHO holds daily meetings in Damascus and weekly health sector coordination meetings and operational calls to monitor implementation of the COVID-19 preparedness response plan (PRP). Weekly operational calls on NES continue with a current focus on pillar 4 (points of entry). In addition, sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and Non-Food Items (NFIs) continue to undertake national and sub-national level meetings to support coordinated response planning, as well as coordinating with relevant authorities.

Over the reporting period, sectors have provided ongoing support to students sitting national exams, including humanitarian support to students who have travelled cross-line to government-controlled areas in Aleppo, Ar-Raqqa, Hama and Deir-ez-Zor governorates.

Multi-sectoral support includes temperature checks at crossing points, infection prevention and control (IPC) measures such as sterilization of accommodation and examination centres and the provision of personal protection equipment (PPE) to teachers, invigilators and observers, as well as the provision of meals, NFIs and dignity kits. Conversations are ongoing with partners to facilitate safe return post exams and to reduce potential contamination through the administering of pre-departure care packages, including information awareness raising sessions, PPE and hand sanitizers.

The UN RC/HC and WHO Country Representative continue to engage in discussions with senior officials on response efforts, including with the Deputy Minister of Foreign Affairs, the Minister and Deputy Ministers of Health, the Ministry of Social Affairs and Labour (MoSAL), 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).

On 18 June, the RC/HC met with the Governor of Aleppo and undertook a field mission to the governorate. The WHO Country Representative also undertook a field mission to Homs, Hama and Aleppo governorates during the reporting period.

**In NES (as of 26 June)**, the NES COVID-19 Task Force (TF) continues to oversee collective preparedness and response efforts, under the joint chairmanship of the NES Forum and the NES Health Working Group (WG). This TF oversees three sub-TFs – Risk Communication and Community Engagement (RCCE), IPC and case management - which are the driving key collective work-streams under these respective pillars. The TFs have now been active for close to four months, with their modus operandi and work plans being reviewed accordingly.

Despite a low number of confirmed cases in NES, partners continue to scale-up preparedness efforts. In the short-term, focus has shifted to preventing a possible spike in cases by, for instance, scaling up capacity to effectively screen for cases at points of entry (PoEs). At the same time, efforts are ongoing to scale-up collective capacity to prevent the spread of COVID-19 and provide medical assistance to people who may contract the virus.

Ongoing community engagement/awareness-raising, implementation of preventative measures, including the installation of hand-washing stations and distribution of PPE, as well as the strengthening of COVID-19 cases management capacity, are critical to this.

There continue to be weekly/biweekly operational calls between the relevant technical and coordination counterparts within Syria at field and Damascus level, as well as Whole of Syria (WoS). Key issues discussed include control/screening measures at PoEs and on new arrivals to NES, with specific emphasis on developing a plan to mitigate the transmission risk associated with large-scale movements of students between NES and GoS areas over the next month.

In terms of coordination in camps, weekly COVID-19 coordination meetings continue, with camp management agencies updating on the COVID-19 preparedness status in respective camps. Recent meetings have sought to clarify camp-level alert and referral pathways, including by assigning responsibilities for the diagnosis of suspected cases, alerting rapid response teams (RRTs), and referring cases to an isolation facility inside or outside of the camp as appropriate.

In terms of the supply of PPE at the camp level, camp management agencies have been requested to submit a list of PPE requirements to WHO, with the aim of covering these needs through existing stocks in-country.

Based on the Sites and Settlements Working Group (SSWG) Preparedness Plan, which outlines four potential COVID-19 outbreak scenarios in camps, camp management agencies have been requested to finalize camp-level COVID-19 preparedness/ contingency plans by 20 July.

The NES PRP is currently being updated and will include updated/nuanced scenarios, to frame planning priorities over the short (1 to 2 months) and long-term. Significant revisions are being made under the surveillance, PoE and laboratory testing pillars.

As well as reflecting the additional capacity for local testing through local authorities which has been established since the first iteration of the plan, the updated plan emphasizes neglected components of the plan such as support to PoEs, which has become increasingly important as cases surge in areas bordering NES. The further development and inclusion of pillar 9 is yet to be discussed on WOS level. A WOS working group on 2. and 3. Impact of COVID 19 under the chairmanship of UNICEF has been formed and will convene a first meeting in the first week of July.

To track the implementation of the plan, a monitoring framework has been developed by the Inter-Sector Working Group (ISWG) (complementary to the mechanism developed by colleagues in other hubs and at WoS level). Indicators under this framework will be reported on a monthly basis moving forwards. Where possible, these indicators are being tracked through a refined 4Ws template to minimize the reporting burden on partners.

**In NWS (as of 26 June)**, there continue to be regular operational discussions with other clusters (Inter-Cluster Coordination Group), local authorities and relevant technical and coordination counterparts. Key issues discussed include screening measures and referral linkages with the Education Sector, due to ongoing year-ending exams and school re-opening guidance.

The NWS COVID-19 TF continues to coordinate actions to activate planned Community-Based Treatment Centres (CCTCs), which have seen delays in commencing operations due to reasons ranging from location changes, donor agreements, recruitment of human resources for health, etc.

The TF has developed an online needs assessment survey for the supply line, wherein partners can fill their current gaps (on a monthly basis) in stocks and pipeline capacity and planned deliveries for PPE and IPC kits. This will be useful for planning, coordination for local and global requests and distribution of COVID 19 related supplies to cover gaps by the TF.



## Risk Communication and Community Engagement

The Humanitarian Country Team (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 Group has developed and widely disseminated a multi-component package, including a tool kit of key messages covering a wide range of issues related to COVID-19. The Group has also finalized online training materials in Arabic and trained several partners in NES.

As preventive measures have been lifted across Syria, thereby also increasing community engagement opportunities, the RCCE is working with partners to ensure any interventions are planned with appropriate safety precautions.

In light of the relaxed preventive measures, in the reporting period the RCCE has focused on the need to emphasize the ongoing risks of COVID-19 and to continue to promote behavioral initiatives such as hand and respiratory hygiene.

Development, printing and distribution of information, education and communication (IEC) materials is continuing, in addition to awareness raising on social media, WhatsApp, radio and television channels, and direct community engagement/person-to-person, including during distributions and in mosques and churches. Some 12 million people have been reached by television and radio awareness campaigns and printed IEC materials. Over six million people have been reached through social media, which partners continue to actively utilize for awareness raising. Direct awareness raising through teams at distributions and door-to-door is continuing, as is engagement of religious leaders in mosques, and with church networks.

UNICEF has expanded awareness volunteer campaigns to reach university campuses as they have reopened, and during national exams, supported awareness campaigns at 5,000 exam and accommodation centres hosting students. In addition to support detailed in previous reports, WHO launched the first of 16 planned capacity building workshops for 480 health care providers at eight university hospitals in Damascus on best practices during COVID-19.

WHO also continues to provide technical support for the MoH COVID-19 Dynamic Infographic Dashboard for Syria in Arabic, and MOH established their dashboard for COVID-19 which includes the status of isolation and quarantine facilities.

UN agencies, specific sectors and partners continue awareness-raising activities during existing programmes (such as distributions) and/or as separate initiatives, including through social media campaigns. UNFPA also continues to conduct awareness raising in its reproductive health clinics and mobile teams in 13 governorates.

UNHCR reported 2,131 outreach volunteers reached approximately 20,052 people across 13 governorates on awareness raising. Child protection partners also continued to incorporate COVID-19 awareness in their responses, including for students at national examination accommodation centers. In addition, UNICEF provided IEC materials specific on key recommended practices during national immunization days and provided support to workshops at primary healthcare centers to implement awareness raising.

Trainings related to awareness raising also continues. UNICEF supported training for health workers at schools to provide small-group awareness sessions for students during national exams. In addition, UNICEF also supported training of 25 journalists to build awareness on special procedures taken in light of COVID-19 during national immunization campaigns. Regional outreach is also ongoing.

In As-Sweida, a new awareness campaign targeting university campuses commenced, utilizing UNICEF-supported youth volunteers. In other areas, UNICEF's support to utilizing entertainment for children continued, as did outreach in Homs and Hama governorates. Activities included, small-group awareness sessions inside health centres, markets, and with doctors and religious leaders.

**In NES (as of 26 June)**, awareness campaigns and trainings of partner staff, including in camps, IDP settlements and collective shelters continue. Over the reporting period, 26 community and NGO volunteers working at the Al-Hol IDP camp were trained on community awareness. Community outreach/awareness materials have been circulated widely across all sectors and consolidated through a dedicated Syria COVID-19 Resources Dropbox folder (accessible to all partners, and also including the latest situation updates and sector-specific guidance).

Over the past week guidance and outreach material around the safe/proper use of face masks has been disseminated.

According to the eleventh round of a COVID-19 rapid assessment released, the proportion of respondents who would 'stay home' as the 'main course of action' has remained static, with respondents from 51 per cent of sub-districts suggesting that they would stay home as the main course of action.

Levels of public awareness over the recommended course of action to be taken should one fall ill remain high, with a significant increase since the end of March when only 16 per cent of sub-districts indicated that they would stay home as the main course of action should they or a family member falls ill.

In addition to this rapid assessment, an assessment-based NGO continues to conduct a Knowledge, Attitudes and Practices (KAP) survey for NES. At present, data collection for a third round of the assessment is underway and should be finalized shortly.

Regular COVID-19 KAP surveys will continue for the foreseeable future at regular four to six week intervals. The second round of the KAP survey, conducted between 18-22 May, revealed that although there had been increased awareness of COVID-19, misinformation about the virus continues to persist.

Additionally, there was the significant drop in the proportion of respondents concerned by COVID-19, and relatedly the reduction in respondents reporting adherence to social distancing and other measures. Similar issues of complacency and non-compliance to preventive measures – particularly wearing of masks, hand hygiene and social distancing – have been reported within hospitals and even NGOs themselves.

With support from external stakeholders, local authorities are developing "Guidance for Reopening NES Safely". Recognizing the economic and social pressure to resume economic activities and public services, the document aims to provide tailored guidance around different measures which should be adopted across different sectors of the economy to mitigate the virus's spread.

Health actors operating in NES continue to advocate for the enforcement of such measures by local authorities, particularly following the total relaxation of the lockdown at the beginning of June. With COVID-19 likely to remain a significant risk a long period of time, "COVID-proofing" the economy and society remains critical in helping avert the imposition of more stringent measures, including a total lockdown, at a later stage.

**In NWS (as of 26 June)**, recommendations regarding the use of non-medical (fabric/cloth) facemasks and messages regarding the necessity of the continued application of COVID-19 preventive measures were finalized and disseminated based on recent WHO guidance. Both messages were developed by the RCCE and IPC working groups. These messages were distributed to the awareness-raising teams to be shared with community members, and were posted on Telegram groups. The message related to fabric facemasks was also announced in the past Humanitarian Information Sharing Meeting in Arabic (HISMA) meeting to reach non-health actors.

Seven WHO partners reported that 745 awareness workers had reached 90,246 beneficiaries with different awareness-raising activities across Afrin, Ariha, Azaz, Harim, Idleb, Jebel Saman, and Jisr-Ash-Shugur. The report represents the numbers reported during this week, but activities belong to different previous periods.

Through an implementing partner, WHO will support 660 CHWs for five and a half months towards community engagement activities. The CHWs are currently receiving their training and will be deployed by the end of June.

The PPE distribution plan is ready, with delivery expected to start as of 25 June.

As of May 2020, a total of 189 online consultations were provided through the mental health and psychosocial support (MHPSS) helpline.

WHO completed a two-day psychological first aid (PFA) on COVID-19 and self-care training for 496 community leaders (including imams, local councils, women and youth leaders) in five areas of NWS (Idleb City, Bab al Hawa, Afrin, Bab al Salam, and Al Bab).

The COVID-19 MHPSS and non-communicable disease (NCD) IEC Materials Ad-Hoc Team was created to adopt all the WHO, CDC MHPSS materials to context for creation of graphic designs and distribution thru social media. Agreed IEC messages will be reviewed by the MHPSS Technical Working Group (TWG) and NCD TWG, in coordination with the NWS COVID 19 TF.

A database is being prepared for each of the MHPSS facilities in NWS in case that telemedicine follow-up may be needed due to COVID-19.

WHO is preparing a three-hour Basic Psychosocial Skills Guide for COVID-19 Responders (WHO-IASC-MHPSS) including first responders, such as food distributors, health professionals, protection actors, transportation workers, among others.



## Surveillance, Rapid Response Teams and Case Investigation

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

With the support of WHO, MoH is conducting active surveillance utilizing 1,932 surveillance officers across 14 governorates, who are in regular contact with and actively visit private and public health facilities to monitor admissions. Within Syria, including NES, all relevant stakeholders have agreed to collect samples through 111 rapid response teams (RRTs) for referral to the CPHL for testing (in line with similar established mechanisms for sample testing).

To date, 432 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral, with further trainings scheduled. In NES, five RRTs are active in Al-Hasakeh, five in Ar-Raqqa and four in Deir-Ez-Zor, while Menbij/Kobane is covered from Aleppo.

WHO also continues to support the Syrian MoH with contact tracing through the WHO-developed application “Go.Data”, with a training scheduled for the coming week.

The MoH continues active case finding applying random sampling methods, including in Jdeidet al-Fadl, where to date a cluster of 11 reported cases have emerged. Where possible, UNICEF’s fixed health clinics are applying a triage system, in addition to the RRT referral pathway in coordination with WHO. UNRWA have also continued a triage system in their 25 health centres.

As previously reported, samples continue to be collected by RRTs and sent to the CPHL or regional laboratories in Aleppo, Homs and Lattakia with WHO support. In June at the time of writing, 2,581 samples had been collected from 12 governorates, including one case from Al-Hasakeh and four from Deir-Ez-Zor.

To enhance surveillance efforts, WHO is working with the Syrian MoH to simplify the case definition for COVID-19 (to increase harmonized case investigation), as well as expand active surveillance beyond the existing 125 hospitals to all primary healthcare facilities. Plans are also underway to strengthen the existing surveillance system by developing an electronic surveillance platform for COVID-19, which will facilitate analysis of data on demand for improved evidence-based planning and intervention.

**In NES (as of 26 June)**, at least 293 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 have confirmed as positive. One case was via MoH testing capacity in Damascus (having been identified through an alert through the EWARS network), two cases were via PCR testing capacity locally (both of which have since recovered, having recently received a negative PCR test result and positive antibody test result), while a further three cases were confirmed via positive antibody tests administered locally indicating a previous infection.

As of 24 June, at least 142 swab samples (Hassakeh-114, Deir-ez-Zor-26, Raqqa-2) were collected in response to an undisclosed number of alerts received through the MoH/WHO EWARS system. The significant increase in the number of samples reported since the previous update is due to a reporting lag, and should not be interpreted as reflecting an increase in suspected cases in NES.

These samples have all been referred to the CPHL in Damascus for testing. As previously noted, (and elaborated on under pillar 5) the status and/or results of these tests have not been systematically communicated with relevant entities. It is also possible that the total number of suspected case notifications received, and samples collected by MoH EWARS RRTs could be higher than what has been reported in this Situation Update as this information is not shared by MoH with local authorities or NES partners.

As of 20 June, 62 swab samples (Hassakeh-3, Deir-ez-Zor-33, Raqqa-26) were collected in response to alerts received through the EWARN system, managed by a partner in Turkey. These samples were all been transferred to Idleb for testing (with one sample tested in Turkey). All samples were confirmed negative.

As of 26 June, 89 swab samples (all in Al Hassakeh), an increase of 12 over the last two weeks, were taken by local authorities and transferred to Qamishli for testing. Of these 87 samples were confirmed as negative, with two samples coming back positive (on 29 April).

The majority of tests conducted have been on recent arrivals from Damascus- reportedly those showing symptoms- and the close contacts of the confirmed cases in Al Amran neighbourhood. All 12 samples collected and tested in the past two weeks were taken from recent arrivals to NES from the Kurdistan Region of Iraq (KRI) via the Fishkabour-Semelka border-crossing. It is understood that these people were tested following a medical assessment (and application of case definition) and/or positive Rapid Diagnosis Test (RDT).

The NGO which has been supporting the establishment of a SARI surveillance mechanism in NES plans to suspend current support to the initiative. The establishment of a SARI system-wide surveillance mechanism is complicated by the lack of a clear case definition for SARI in NES and subsequent inconsistent application of the case definition. The remote mechanism initially envisaged is not considered sufficient. Instead, system-wide in-person training would be required across the 18 hospitals identified in NES (NES NGOs currently have capacity to support training in seven of these). In the absence of significant capacity building, data gathered through this mechanism would not be reliable. Limited SARI data collection will continue in seven facilities. At the same time, discussions are ongoing around bolstering active surveillance in hospitals in NES through established surveillance platforms.

Local authorities plan to establish seven to eight RRTs in NES (1-2 in Deir-ez-Zor, 1 in Raqqa, 1 in Tabqa, 1 in Kobane, 1 in Menbij, 1 in Hassakeh and 1 in Qamishli.). The teams will be responsible for sample collection and referral, as well as case investigation. Each RRT will be under the supervision of a medical doctor who will be responsible for determining suspected cases based on the case definition. NES NGOs are providing support in establishing a sample referral mechanism (to transport samples to the laboratory in Qamishli), including cold chain management.

Humanitarian actors have extended their support to local authorities in providing training to these RRTs and are currently awaiting feedback from them on the specific training needs of these RRTs.

The number of confirmed and suspected cases in NES is lower at this stage than expected, particularly given that the first confirmed case of COVID-19 became ill in mid-to-late March and had no travel history- indicating the existence of community transmission. While factors – including the pre-emptive closure of PoEs, widespread movement restrictions within NES, low population density of many areas (e.g. rural villages), rapid lockdown of the neighbourhood where cases were confirmed and the warm weather – may have limited transmission, it is likely that low surveillance capacity has resulted in undetected community transmission in some areas. It is hoped that enhanced surveillance and expanded testing capacity may provide more insight on the spread of the virus, with partners continuing to prepare for a possible surge.

**In NWS (as of 25 June)**, there have been no laboratory-confirmed cases of COVID-19 reported. The completeness and timeliness of the sentinel sites through week 24 were 98 per cent and 91 per cent (respectively) compared to 99 per cent and 85 per cent in the previous week

52 colleagues from a partner participated in a two-day long virtual training on Rapid Response and Contact Tracing for COVID-19 last week which was supported by Incident Management Support Team (IMST) of WHO/EMRO. WHO Gaziantep organized an orientation on International Health Regulations 2005 (IHR 2005) for COVID-19 TF members while senior staff from WHO Country Office, Turkey facilitated the sessions. The orientation was divided into two parts – the first part covered a general introduction of IHR 2005 focusing on global health security during COVID-19, followed by a session on COVID-19 reporting and other public health events of international importance within the framework of the IHRs.

A WHO partner further progressed in their procurement process by applying the emergency threshold accreditation in the procurement policy in order to expedite the process. It is expected that majority of the procurement will be completed for the new laboratory in Afrin to be operational by mid-July.

As part of strengthening the coordination across other pillars (esp. pillars that are managing community-based isolation centres, PoEs, the Referral Network etc.), discussions, exchange of information and data sharing are being conducted with and within each of the pillars.

A substantial number of sentinel sites remain closed due to curfews, attacks, insecurity and various other constraints. Due to COVID-19 related restrictions (e.g. movement, social distancing etc.), in-person trainings for health staff have mostly been replaced by virtual trainings.

As part of programme integration, all new tuberculosis (TB) patients are being cross-tested for COVID-19. In case of any transmission, all lab-confirmed COVID-19 cases will be tested for TB as well.

A two-day long virtual training on Rapid Response and Contact Tracing for COVID-19, hosted by EMRO, commenced on 16 June. The training targeted 52 health partner staff. June 17 will be the second day of the training. The medium of training was in Arabic.

The procurement of PPE for about 250 surveillance staff is in process. The quantity will be sufficient for six months. Expected delivery is by mid-July.

Decentralization of sample collection outside of the WHO partner is in discussion. The WHO partner will train staff from about 20 selected hospitals on sample collection technique, cold chain etc.; initially, as a pilot. Sample collection begins in five COVID referral hospitals run by three WHO partners.



## Points of Entry

At all PoEs, the MoH has stationed at least one ambulance with medical personnel. To date, WHO has supported screening efforts by providing PPE, infrared thermometers, guidance notes, registration forms and one thermal scanner camera.

To reduce the risk of importing and exporting cases of COVID-19, WHO has developed a three-tiered strategy to enhance preparedness and response capacity at PoEs; including early detection and timely isolation of suspected COVID-19 cases among travelers; effective infection prevention and control measures; and establishment of multi-sectoral mechanisms with different stakeholders to coordinate for preparedness for COVID-19 at PoEs.

In the coming weeks, WHO will support the development of an assessment tool for the 15 official PoEs in GoS-controlled areas. Further, 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 to liaison with the Logistics Cluster to update partners with pertinent information as needed.

**In NES (as of 26 June)**, there continues to be a high level of movement through PoEs to NES (comprising one airport, nine land-border crossings and six crossing points between local authorities and GoS or Turkish areas of control. Qamishli airport (in GoS areas) remains open to commercial flights from Damascus, with screening and tests (thought to be Rapid Diagnostic Tests) administered upon arrival. Of the 16-land border crossings into NES (3 into Turkish-controlled areas), 1-crossing is/was considered 'open' (as of 24 June) with eight crossings currently 'partially open'.

Over the reporting period, the Akeirshi/ Shanan crossing point between GoS and non-GoS-controlled areas in Raqqa was reportedly partially reopened, in part to facilitate the movement of students crossing to GoS-controlled areas to take their national exams. Temperature screening reportedly has only been established at this crossing point in recent days, with no medical, isolation or quarantine facilities in place.

There are also a number of informal crossing points, particularly in Deir-ez-Zor, which are being used on a regular basis and lack established screening capacity/medical personnel.

Due to the nature of these crossing points, some of which have historically been used for illicit activities, it is extremely difficult to accurately track the scale and frequency of movements through them. Pillar IV is considered neglected under the NES PRP, with scaling-up screening capacity (through provision of equipment and training), as well as support for the implementation of effective controls on new arrivals, including quarantine, key and urgent priorities.

As previously mentioned, significant cross-line and cross-border movements have been witnessed since mid-May. Some 13,000 people entered NES via the Tabqa crossing point according to local authorities during the Eid period. According to HNAP, since 6 June some 5,700 people have travelled into NES via entry points in Raqqa. There have also been a significant number of outbound movements, including approximately 1,500 students through the Akeirshi crossing point in Raqqa.

The scale of movements through informal crossing points remains a particular concern, with HNAP estimating that 4,000-5,000 people crossed into NES via the Buqros-Shiheil informal crossing points in the last week alone.

In terms of cross-border movements, following the arrival of approximately 1,800 Syrian refugees between 7-10 June, the number of arrivals reportedly decreased to 490 individuals in the week (14-20 June). Overall, up to 10,000 individuals may be crossing into NES on a weekly basis via cross-line and cross-border entry points.

**In NWS (as of 25 June)**, out of 13 cross-border/cross-line entry points, seven points of entry (PoE) are partially open and have measures in place to screen travelers, suspect and refer cases.

Out of the seven PoEs, five are cross-border (Alhamam, Bab Alsalameh, Bab Alhawa, Ar-ra'ee, and Jarablus) while the other two are cross-line (Ghazawiyet and Deir Ballut).

WHO has strengthened the measures within seven PoEs through its implementing partners, by increasing the number of human resources and deploying vehicles for emergency and non-emergency referrals and providing equipment and supplies, including PPE.

In the first two weeks of June, 92 suspected cases were transported to the referral hospitals and to the COVID-19 CCTCs through the referral system that WHO supports. Of these, 35 cases were from PoEs while the other 57 cases were from the primary health facilities.

WHO trained a total of 334 referral system and PoEs staff, including nurses, paramedics, drivers and cleaning and decontamination workers during May and June for one day on special IPC training focused on COVID-19 related topics and WHO recommendations regarding the pre-transportation of suspected cases of COVID-19.

As the national exams were taking place in June, a significant movement of students was expected within a few crossline PoEs (Abu Zandin, Um Jloud and Saraqeb) that are closed now.

WHO, through its implementing partners, has prepared two mobile teams to screen travelers and refer suspected cases if those PoEs will be opened.

## Laboratory

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. To date, two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were fixed; and the laboratory generator repaired.

During the reporting period, rehabilitation of the CPHL to establish a designated laboratory for COVID-19 was completed, expanding the testing capacity of the laboratory to approximately 1,000 tests per day/week. On-site training for 24 CPHL laboratory technicians was also completed. WHO has provided testing kits to the MoH since 12 February.

During the reporting period, WHO delivered 11,000 sample bags, and 25 enzyme kits (2,500 reactions). In addition to date, WHO has provided 69 enzyme kits, 177 extraction kits (26,250 reactions), 172 screening kits and 15 confirmatory testing kits, 18,000 swabs and viral transport medium for sample collection, and five polymerase chain reaction (PCR) machines, in addition to 5,000 waste bags and 10,000 bags for samples, and PPE for laboratory staff. WHO has further supplies and equipment in the pipeline expected to arrive in the next one to four months.

Following WHO support for on-site training of laboratory technicians from Aleppo, Homs, Lattakia and Damascus and delivery of essential supplies is now ongoing at the Tishreen University Hospital in Lattakia, the Zahi Azraq Hospital in Aleppo and at the public health laboratory in Homs. As detailed above, the GoS committed to establish laboratories in all 14 governorates. The increased capacity and decentralization of testing, including in NES, continues to be a priority for the WHO to support implementation.

In addition, during the reporting period, a WHO team headed by the WHO Country Representative, conducted field visits to CPHL in Homs and Aleppo governorates to follow up on the functionality of these WHO-supported testing laboratories as well as the needs and priorities; to ensure their optimal response to testing requirements.

## Infection Prevention and Control

Partners continue to work closely with authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors continue health facility assessments to gauge IPC capacity, with many implementing IPC measures, including adhering to social distancing, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

Similar efforts are underway to reduce risks in collective shelters. Shelter sector partners in coordination with MoLAE continue assessments (including interagency missions) to determine needed repairs to address issues such as overcrowding, poor hygiene and inadequate sanitation facilities, with upgrades completed in 21 shelters to date. WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. During the reporting period, WHO provided the Ministry of Education (MoE) with 250,000 masks and 200,000 hand sanitizers for use during the national exams, including in Al-Hasakeh, and for health workers to use during the national immunization campaign.

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.

Shipments of PPE and sterilization items have also been dispatched to the Qamishli National Hospital, the DoH in Al-Hasakeh, and in Deir-Ez-Zor. 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 centres and communities, in addition to its regular WASH services.

UNICEF continues to support light rehabilitation of WASH systems in hospitals across the country, with works completed in 12 facilities (including Al-Hol), and ongoing in three others). UNICEF has further provided additional support by rehabilitating WASH facilities at the Al-Dweir quarantine centre and has also provided disinfectant materials. In addition, UNICEF conducted a training-of-trainers for 18 staff from seven NGO partners on IPC and the proper use of PPE in Damascus, with a similar training in Al-Hasakeh for 39 community volunteers and health workers. UNICEF also distributed PPE to NGO partners in Deir-Ez-Zor and Damascus.

As part of ensuring appropriate IPC measures during national examinations, WASH sector partners supported the light rehabilitation of WASH facilities at the accommodation and examination centres; provision of liquid chlorine for disinfection, water storage tanks and sanitation kits; disinfection of centres; and emergency water trucking. WASH partners further supported health awareness teams to conduct orientation sessions at the accommodation centres and provided relevant IEC materials. WHO has provided sanitizers, PPE, and 92 infrared thermometers. As reported previously, UNDP continue to support WASH rehabilitation in three healthcare facilities identified as isolation centers in Tartous, Damascus and Dar'a, with plans to further support rehabilitation (including WASH) at an additional 14 health facilities in all governorates.

In addition to light rehabilitation completed at an isolation centre in Dar'a, one partner continues to support light rehabilitation at the designated isolation center in Deir-Ez-Zor. Also as previously detailed, WASH sector partners continue to deliver increased quantities of soap and hygiene kits. In the reporting period, UNICEF provided soap through WFP food distributions to 1,150 families in Homs and Hama, and hygiene kits for 1,177 returnees in Idleb. During the reporting period, UNFPA provided e-vouchers to 805 households in Dar'a to purchase essential hygiene items. In addition to date, UNFPA has distributed dignity kits to 12,650 people through partners.

Over the reporting period, one partner distributed 667 sanitization kits in northern rural Homs, while SARC delivered hygiene kits and cleaning products to 550 IDP and host community families in As-Sweida.

UNRWA continues to support increased sanitation activities through 120 sanitation labourers (18 recently recruited) at the nine official and accessible Palestine refugee camps (and one informal camp). In cooperation with GAPAR, water provision is currently being enhanced at the camps. 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 to support solid waste removal and collection. UNDP support to rehabilitation of wells and pumping stations in Al-Hasakeh also continues. UN-HABITAT also continue to improve IPC at the municipal level in Homs and Hama cities and also in Dar'a, including through solid waste collection, rehabilitation of sewer pipelines, and support of medical waste treatment, as detailed in prior reports. In NES (as of 26 June), a NES IPC guidance document has been developed with the aim of summarizing current best practices and learning on the preventive mechanisms against the spread of the disease and contextualize these practices to the NES social and operational environment.

The NES IPC sub-TF is also involved in reviewing the draft design for isolation areas in camps, ensuring significant IPC measures are in place particularly for suspected COVID cases where individual separate is particularly critical. Priorities under the IPC pillar include ensuring adherence to minimum IPC standards in health facilities and crowded public spaces (such as camps and collective centres). In addition, complementing messaging and outreach activities, IPC-based interventions are also particularly critical in areas where sanitation conditions and hygiene practices are poor. Overall, gaps remain most extensive in informal settlements, informal camps (where NGOs are generally leading the response), as well as in collective centres outside Hassakeh city.

In Deir-ez-Zor alone, almost 3,000 households living in these last resort sites are currently not being covered with any COVID-19 related assistance to support infection prevention. Although a number of NES partners are exploring options to expand operations, the main barrier to scaling-up in Deir-ez-Zor remains low partner presence (predating the current crisis) and recent security challenges which are further constraining access.

Key areas of focus for IPC in NES include coverage in camps: Various IPC measures have been implemented in camps. At the entrance to camps, humanitarian actors have supported the Camp Administration to establish temperature screening points and installed mandatory hand-washing stations, with partners providing equipment including thermometric scanners as well as basic training on medical screening to the guards. Visitors to camps have been banned, along with community gatherings and focus group discussions comprising more than seven individuals. Across camps partners are installing additional sanitation facilities, scaling up water provision and distributing COVID 19 kits (containing additional soap, towels, buckets, bleach, gloves and a basin- to facilitate HH level handwashing).

Gradually the gaps previously reported in the informal camps (Washokani, Abu Khashab, the Menbij camps, Tal Samen and Twaihina) have been covered. Limited gaps remain, particularly in relation to COVID-19 kit coverage and hand-washing infrastructure, specifically in the camps in Hassakeh Governorate. o Coverage in collective centres: As previously reported, two NES NGOs have committed to cover 55 collective centres in Hassakeh governorate with a full package of IPC/ RCCE-related interventions – including increased water provision, distribution of IEC material, hygiene promotion, WASH facility assessments (with a view to undertaking upgrades and installation of additional handwashing stations - 9 finalized in 36 of the 55 collective centres).

A NES NGO has completed core COVID 19 kit distributions in all collective centres in Hassakeh- however there is currently a gap in 'top-up/ replenishment' kits in 19 collective centres. One additional NES NGO is targeting 14 collective centres in Tel Tamer to support with distribution of IEC material and COVID 19 kits, hygiene promotion and WASH facilities assessments.

Although two NES NGOs are planning COVID-19 kit distributions in order to cover the remaining gaps in Al Hassakeh Governorate, there remain concerns around coverage in Tal Tamer due to access challenges in Raqqa, COVID-19 kit distributions have been concluded in just 5 of 38 collective centres, while one NES NGO is willing to support the remaining collective centres in the coming two months. The installation of hand-washing facilities is planned in 18 collective centres through one NES NGO has been put on hold pending approval of additional funding. In Deir-ez-Zor over 850 HHs reportedly residing in 38 collective centres are not covered. o Coverage in informal settlements: Overall, NES NGOs are providing IPC/ RCCE-related assistance to a total of 64 informal settlements (approximately 30% of informal settlements identified by the SSWG in NES), 19 of which are in Aleppo (Menbij), 38 of which are in Raqqa and seven of which are in Deir-ez-Zor. Interventions include hygiene promotion and dissemination of IEC materials, COVID-19 kit distributions, increased water provision and installation of hand-washing facilities in a limited number of settlements.

In Aleppo Governorate, of the 31 informal settlements mapped, no response is reported in 12 of these while a lack of additional water provision and handwashing facilities at the household level are reported as a gap in all 31 settlements.

In Raqqa Governorate, there are an estimated 2,800 households across 19 informal settlements not receiving any additional assistance related to COVID-19. However, over the coming two months one NGO has plans to distribute COVID-19 kits in a handful of these settlements, while another NES NGO is considering supporting the remaining settlements.

In Deir-ez-Zor, there is so far no planned response in 47 mapped informal settlements with an estimated population of around 2,000 households. In recent weeks there have been concerns over water shortages in camps, resulting in residents resorting to unsafe/untreated water sources. As well as increasing the risk of communicable diseases, including acute diarrhoea, the lack of water and in some cases subsequent recourse to untreated water also compromises hygiene practices-including increase handwashing, designed to mitigate the risk of COVID-19. Particular challenges were reported in Phases 4 and 6 at the Al Hol IDP camp which had registered only 30 per cent of the normal water quantity deliveries on some days.

To address gaps in water delivery at Al Hol, increased efforts are being undertaken to monitor water quantity, with all potable water trucked to the camp passing through the camp chlorination point, with each tanker receiving a voucher to validate that the water has been tested and meets quality standards.

Water trucks without a voucher will not be permitted to enter the camp. In terms of water quantity, during the second half of June, a significant increase in the quantity of water being delivered to the camp was recorded. Efforts are ongoing to further scale-up water supply to meet the minimum summer standards of 30 litres per person per days. Likely as a result of the improvements to water quality, there has been a gradual reduction in the number of diarrhoea cases recorded in the camp.

Conversely, there has been a significant increase in diarrhoea cases in Washokani camp, with 85 of 192 consultations administered in one week earlier in June diagnosed as diarrhoea (equivalent to 44 per cent of medical consultations) . As with Al Hol, contaminated ice appears to be a key source of this outbreak.

**In NWS (as of 26 June)**, a WHO partner is in process of delivering 25 IPC kits to 20 health facilities with support from WHO to the IPC pilot project. To support the IPC programme, a WHO partner continues to conduct field visits to COVID-19 hospitals and provide technical support, on-the-job coaching and monitoring and evaluation of the IPC setup.

Two WHO partners are preparing to conduct specialized training targeting health professional staff of 15 intensive care units (ICUs) in NWS.



## Case Management

Working closely with 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 in all governorates, WHO completed inter-sectoral mapping in coordination with departments of health. To date, humanitarian partners have been informed by local authorities (Governors and Departments of Health) of 34 identified quarantine facilities and 50 isolation spaces across 13 governorates. At the central level, the MoH has announced 14 fully equipped isolation centers are currently running, with a cumulative capacity of 549 beds, including 505 isolation beds, 114 ICU beds, and 88 ventilators. The 37 quarantine centres are reported to have 4,865 beds.

On 28 April, the first repatriation flight of Syrian nationals who had been unable to return to Syria due to COVID-19 precautionary measures landed in Damascus with approximately 2,440 nationals subsequently repatriated from various locations. Approximately 10,000 Syrians abroad have registered for repatriation flights. The most recent repatriation flight landed from India repatriating approximately 250 Syrian nations during the reporting period, who remain in quarantine. 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, UNDP is supporting rehabilitation at three hospitals.

One partner has completed light rehabilitation of WASH systems in 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)? In the reporting period, 50 health workers were trained in Rural Damascus and Quneitra, at Al Nabak and Mamdouh Abaza national hospitals.

In addition, on 21 June, WHO launched the first of 16 capacity building workshops aimed at training 480 healthcare providers, at eight university hospitals in Damascus, about best practices during COVID19, including case management. In NES, there are up to 21 prepared isolation centres for moderate-severe cases, with five currently operational (approximately 309 out of 975 available beds).

A further two facilities are planned by NGO partners, with funding yet to be secured, and a further two-three by local authorities, with work still not started or in very initial stages. In addition, sectors have completed an isolation center in Al-

Hol. 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; however, due to lack of demand, the hospital has been placed on standby, and can be reinstated quickly should circumstances necessitate.

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

**In NWS (as of 26 June)**, the WHO and TF group continue monitoring case management of prospective COVID-19 cases at three designated hospitals including: Al-Ziraa hospital in Idleb, Dana, and Kafr Tkharim hospital in NWS. This week, only six suspected cases were admitted in community treatment centres in Idleb and the results were negative. The patients were discharged and referred to the nearby hospital for a continuation of treatment and medical follow-up.

This week, the case management sub-TF group discussed the improvement of patient pathways between the referral network, triage at health facilities, and at COVID-19 designated hospitals and CCTCs in NWS. With support from the WHO information management team, work is ongoing to remap health facilities around the COVID-19 designated hospitals and CCTCs. As result, WHO is facilitating referral pathway coordination and communication mechanism between COVID-19 designated facilities and the cluster of the health facilities around.

The Case Management technical sub-group within the TF reviewed and provided input regarding triage for COVID-19 during the pre-examination school period.

In NWS, MHPSS and NCD facilities are updating their respective databases of their respective patients with their phone numbers in preparation for a possible lockdown inside NWS, and where they can provide online follow-ups (via telemedicine) in case patients cannot come to the PHCS during COVID-19.

As of this week, WHO will complete the four days mental health gap action programme (mhGAP) training for a total of 163 PHC doctors. The goal is to provide mhGAP-training for 12 remaining PHC doctors in Idleb, to reach the objective of 162 PHC doctors.

On 9 June, mhGAP field supervision in Aleppo and Idleb started with two overall mhGAP supervisors for Idleb and Aleppo and seven mhGAP field supervisors who are visiting the trained PHC doctors to provide supervision and coaching for 6 months. As of 26 June, there were around 130 field visits completed by two overall field supervisors in Idleb and Afrin/Azzaz and seven field supervisors across NWS.

On 24 and 25 June, an online training for Syrian psychiatrists and resident psychiatrists was conducted, covering topics such as child and perinatal psychiatry. A total of eight Syrian psychiatrists attended it (four from inside Syria) and six resident psychiatrists.

WHO is preparing a total of 57 NCD Kits for distribution by mid-July 2020, and started the procurement of NCD Kits worth around US\$200,000.

## Operational Support and Logistics

The COVID-19 Crisis Coordination Committee is working with partners, particularly the Logistics Cluster, to minimize potential disruption to service delivery and essential humanitarian assistance, including through the Procurement Working Group (PWG) in Damascus which is consolidating UN agency PPE requests in order to harmonize sourcing. WHO has established the Supply Chain Coordination Cell to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring. WHO has also established three buyers consortia – a PPE Consortium, a Diagnostics Consortium, and a Clinical Care Consortium – to ensure that some critical supplies are reserved to meet the requests of countries most in need.

COVID-19 supply needs from all hubs have been shared with WHO EMRO for compilation and submission to the Global COVID-19 Supply Chain Task Force for consideration, a multi-stakeholder body to coordinate demand, procurement and allocation of supplies for low- and middle income countries. The HC has designated a dedicated Supply Chain Task Force Coordinator for within Syria to oversee and validate related requests for Damascus-based partners uploaded onto the system.

Within Syria, as well as NES, 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 include combining essential distributions, with modalities to be shared across networks to ensure all sectors can adapt where possible.

The Logistics Cluster is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to quickly identify bottlenecks in supply into Syria of humanitarian assistance. Further, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in fortnightly consultations with partners. These include cluster coordination and Supply Chain working group meetings and engaging with the PWG to keep an overview of any potential downstream supply needs that may arise.

Finally, WFP Headquarters will notify the Logistics Cluster as and when COVID-19 related items from any humanitarian organization are in the pipeline for Syria through WFP’s Global Service Provision. This, in addition to close liaison with the Whole of Syria Health Cluster, will provide the Logistics Cluster with full visibility on the upstream pipeline for COVID-19 related supplies. Through funds received by the OCHA COVID-19 reserve SHF allocation, WFP, as lead agency of the Logistics Cluster is now providing access to an air cargo transport service from Damascus to Qamishli.

In NWS, the COVID-19 Task Force distributed PPE and ventilators from the stock received in May 2020 to health facilities as following: 25 Ventilators distributed to three ICU hospitals for COVID-19 Case Management, 595,000 pairs of examination gloves, 150,100 surgical masks covering the need of 41 triage points for three months, 1600 CHW needs for one month, and 700 PoE worker needs for 12 days, 12,000 examination gloves, 60 N95 masks, 3,500 surgical masks, and 2,280 protective gowns has been delivered to a CCTC in Idleb City.

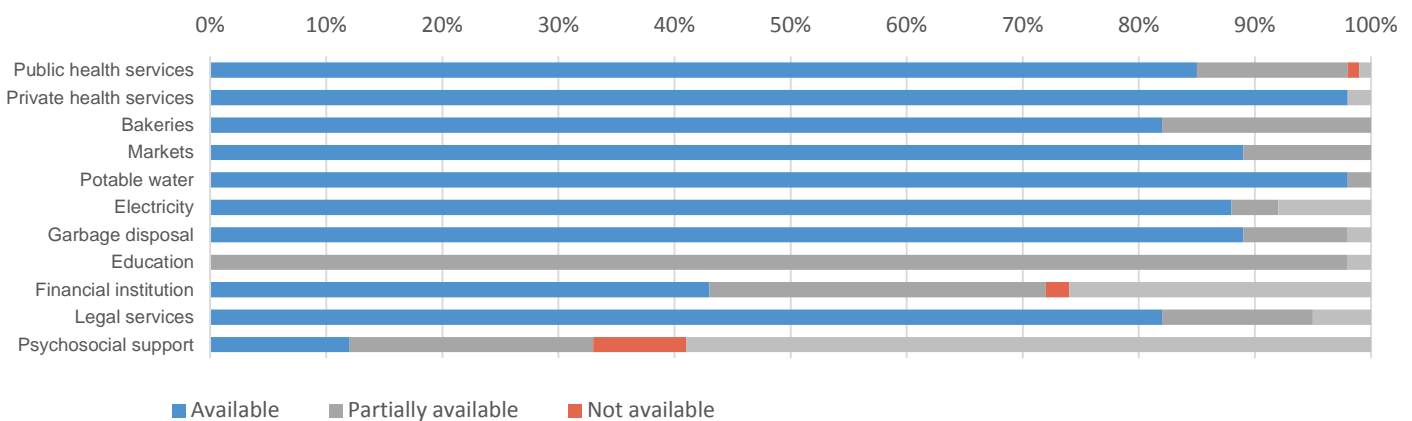
NES NGOs rely on a combination of local procurement for basic medical items (such as basic PPE), procurement from the Kurdistan Region of Iraq (KRI) and international procurement. The COVID-19 outbreak has contributed to an acute shortage of essential supplies, including PPE, medical equipment and certain medicines. Local supply chains in NES have been affected by disruption to cross-border commercial activity and the current economic crisis, while NES partners also face restrictions on procuring items in KRI for export.

## Annexes

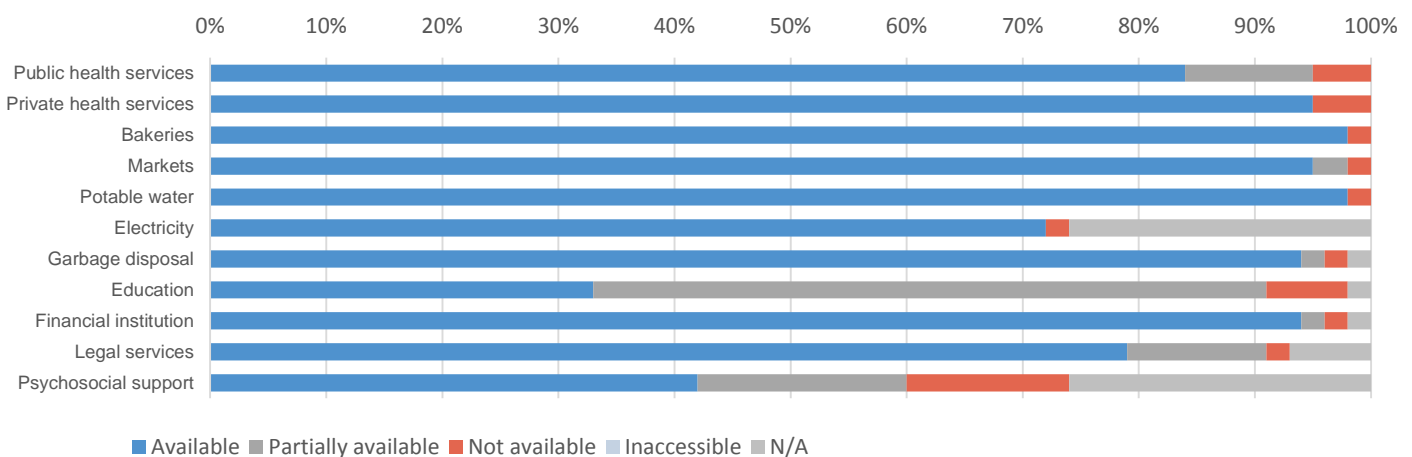
### STATUS OF BASIC SERVICES

(Source: HNAP as of 30 June 2020)

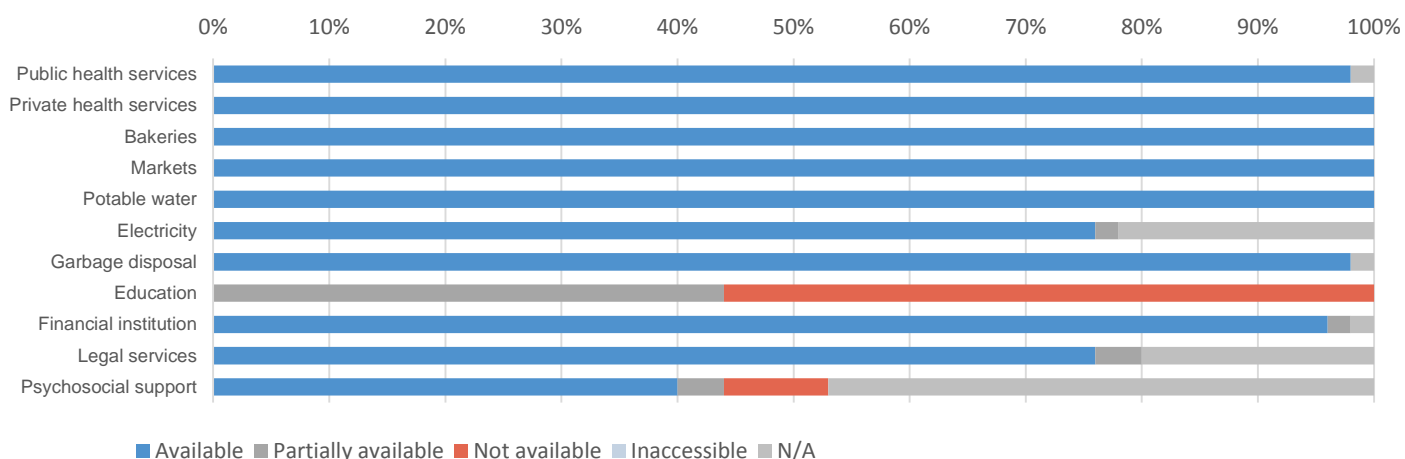
#### GOS



#### NSAG



SDF



NUMBER OF SUB-DISTRICTS IMPLEMENTING MITIGATION MEASURES

(Source: HNAP as of 30 June 2020)

MITIGATION MEASURES	GOS		NSAG		SDF	
	YES	NO	YES	NO	YES	NO
Community lockdown (no travel)	1	196	1	42	0	45
Total curfew (everyone stays home)	0	197	0	43	0	45
Partial curfew (everyone stays home for certain days/ hours)	1	196	0	43	0	45
Home isolation for symptomatic cases	67	130	1	42	16	29
Provision of spaces in health facilities to monitor suspected cases	55	142	26	17	17	28
Isolation in health centres for suspected cases	48	149	6	37	10	35
Quarantine of diagnosed COVID-19 cases	14	183	3	40	6	39
Testing for COVID-19	61	136	2	41	7	38
Regular temperature checks (check points, public places, etc.)	54	143	14	29	2	43
Closure of public spaces (restaurants, shops, etc.)	2	195	1	42	0	45
Distribution of soap/disinfectant/ masks	5	192	15	28	2	43
Disinfection campaigns	62	135	15	28	0	45
Awareness campaigns	105	92	19	24	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](#)

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