

This report is produced by OCHA Syria in Damascus in collaboration with WHO Syria and Damascus-based humanitarian partners, and does not reflect cross-border operations.

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 7,797 (413 fatalities, 3,500 recovered).
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps and informal settlements in 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 are susceptible. However, the elderly; people with underlying health conditions; vulnerable IDPs and refugees; and healthcare workers with inadequate personal protective equipment (PPE) are at greater risk.
- Of the cases announced by the MoH, 239 are reported to be healthcare workers, largely in Damascus.
- As of 21 November, the MoH has reported approximately 64,000 tests have been performed in laboratories in Damascus, Aleppo, Homs, Lattakia and Rural Damascus governorates, with a current average of 550 tests per day.
- Socio-economic impacts are exacerbating the already considerable humanitarian needs across the country.

SITUATION OVERVIEW

The global situation remains highly fluid. However, at the time of writing, 61,869,330 laboratory-confirmed cases of COVID-19, including 1,448,856 deaths (CFR=2.3 per cent) had been reported globally. The United States has the most confirmed cases (12,939,666) and the most deaths to date (262,736). In the Eastern Mediterranean Region, more than 4,045,906 COVID-19 cases have been reported, including 102,160 deaths.

In Syria, 7,797 laboratory-confirmed cases have been reported by the MoH to date: 7 in Ar-Raqqa; 22 in Deir-Ez-Zor; 35 in Al-Hasakeh; 107 in Quneitra; 354 in Hama; 391 in Tartous; 399 in As-Sweida; 400 in Dar'a; 783 in Lattakia; 880 in Rural Damascus; 1,222 in Homs; 1,422 in Aleppo; and 1,775 in Damascus. In total, 2,217 new cases have been announced since the last report on 28 October. The MoH has also announced 413 fatalities, an increase of 135, in addition to 3,500 recoveries; the CFR is approximately 4.9 per cent.

Highlighting the particular risks faced by healthcare workers, according to the MoH, 239 healthcare workers have tested positive for COVID-19, including 28 in November. Of particular concern, 12 healthcare workers are reported to have died, most recently on 2 November. The ongoing increase in affected healthcare workers underscores – given Syria's fragile healthcare system with already insufficient numbers of qualified personnel – the potential for its overstretched healthcare capacity to be further compromised. Humanitarian actors continue to receive reports that healthcare workers in some areas do not have sufficient PPE. WHO continues to lead efforts to support increased distribution of PPE where needed to ensure protection of healthcare workers already operating under very challenging circumstances.

Reported cases in schools have also sharply increased in recent weeks, with 828 cases reported to date, more than double than as of 1 November (399 cases). Of these, 420 were reported to be teachers and other staff, with the highest cases in Rural Damascus, Aleppo and Homs. These cases also highlight the challenges of preventing transmission in schools, particularly given the overall country context of overcrowded classrooms, insufficient qualified teaching personnel, and poor/damaged infrastructure. Both WHO and UNICEF, along with Health and Education sector partners, continue to further strengthen COVID-19 preventive actions in schools, including through teacher and school health worker trainings, PPE distributions, and infection prevention and control (IPC) measures including increased water trucking and soap distributions.

Even while the current official numbers remain relatively low, it is clear in past months the epidemiological situation in Syria rapidly evolved and all factors – including that the vast majority of announced cases have not been linked to exposure/contact with a known case – point to widespread community transmission. This month of November represents the peak of official numbers reported in a single month (2,069; followed by 2,008 cases reported in August).

As earlier reported, humanitarian actors have received unverified reports concerning additional possible cases, in addition to other information which indicated in some areas, healthcare facilities, particularly in July and August but also more recently in November, were unable to absorb all suspected cases and/or are suspending surgeries or adapting wards to

accommodate increased COVID-19 patients. While the UN is not in a position to verify or directly link such reports to COVID-19, other unverified reports received include difficulty obtaining a test; and rises in obituaries, death notices and burials.

Given the limited testing across Syria, it is therefore likely that the actual number of cases may far exceed official figures. In particular, it is likely significant numbers of asymptomatic and mild cases are going undetected. Contact tracing is also a particular challenge, including in more remote governorates and camps. In addition, for reasons including community stigma and individual reluctance to go to hospitals, it is further likely significant numbers of people with symptoms are not seeking tests or treatment or are obtaining private services offering home care. In addition to making actual numbers of cases difficult to ascertain, this may increase the risk of late referral of severe/complicated cases for treatment, negatively impacting the long-term health prospects and survival of patients.

As of 27 November, authorities in Northeast Syria (NES) have reported 6,899 cases (4,283 in Al-Hasakeh, 1,086 in Aleppo, 1,401 in Ar-Raqqa, and 129 in Deir-Ez-Zor), including 196 fatalities and 1,014 recoveries. Healthcare workers have also been affected, with 637 reported cases. As is the case elsewhere, limited testing likely means significantly higher numbers exist. Currently, the laboratory in Al-Hasakeh is only functional every other day due to limited testing kits; in past weeks an increase in positivity rate has been recorded as a likely result. Many local Committees of Health are also reporting shortages in swabs, limiting sample collection from all suspect cases. Emergency procurements are underway to meet gaps, including up to 40,000 testing kits, which are expected to arrive in the first half of December.

As of 21 November, the MoH reported around 64,000 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus and the public health laboratories in Aleppo, Lattakia, Rural Damascus and Homs. The UN continues to advocate for the enhancement of laboratory and case investigation capacity across Syria, including in NES, and the timely communication of all relevant public health information.

Points of Entry

Border crossings remain impacted as Syria and neighboring countries continue implementation of precautionary measures. 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. From 15 November, authorities in Jordan introduced additional facilitations for some individuals, including Syrians and Jordan nationals with Syrian residency to cross into Syria via the Jaber/Nassib border provided certain conditions are met. International commercial passenger flights resumed at Damascus International Airport from 1 October. Tartous and Lattakia ports remain operational, with precautionary measures.

From 16 August, the GoS has implemented new requirements for individuals arriving from official border crossing points with Lebanon, including presentation of a negative PCR certificate obtained within the past 96 hours at accredited laboratories. Those unable to present such a document are quarantined. The GoS further announced Syrians transiting through Lebanon must reach the borders no more than 24 hours before their flight and within 96 hours of a negative PCR test. Private laboratories offer testing, including one center dedicated to UN staff and diplomats.

Local authorities continue to provide exemptions for humanitarian goods and personnel at the Fishkabour/Semalka informal border crossing, and in other limited cases, including urgent medical cases to cross to Iraq, however other movements generally remain restricted. In addition, on 8 September, local authorities announced individuals holding expired European residency permits can cross to Iraq to undertake renewal processes once per week. All border crossing points remain closed as a precautionary measure. Humanitarian personnel and medical cases are reportedly exempt.

The 12 October announcement by local authorities in NES that all internal crossings would be open, including Tabqa, Akeirshi and Abu Assi in Ar-Raqqa, has now been impacted by lockdowns imposed from 26 November. All civilian movements are once again restricted, with exemptions for commercial and humanitarian movements. The new measures do not impact Al-Taiha in Aleppo, although early reports indicate some individuals have been prevented moving to GoS areas. Further reports indicate internal crossings in Tal-Abiad-Ras al-Ain remained closed. In addition, restrictions appear to remain in place at Um Jloud in Aleppo; at Awn Dadat, the crossing has been closed since 19 October.

Al-Bukamal-Al-Quaem crossing is reported open for commercial and military movements; Ras al-Ain border crossing is partially open for humanitarian shipments, voluntary returns and visits relating to the agricultural harvest. Abu Zandin in Aleppo remains closed, although reports indicate in practice, crossings do occur. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement. On 20 July, Bab Al-Hawa in Idleb partially re-opened for humanitarian workers and emergency medical cases to cross to Turkey. Syrian citizens in Turkey can reportedly apply for voluntary return to Syria through the crossing. On 12 November, Turkish authorities introduced new restrictions at Bab

Al Salama border crossing (Turkey-Aleppo), including limiting NGO staff movement to Tuesdays and Thursdays only, with two staff and one vehicle per NGO granted movement per day, and requirements to register with the crossing's authorities.

Preventive measures

The GoS continues to maintain a widespread easing of preventive measures introduced throughout May, albeit with some ongoing, ad-hoc changes, including recent suspension of some schools/classrooms where students or teachers had been confirmed to have contracted COVID-19. Otherwise, markets, restaurants, cafes, gyms, parks, theaters, cinemas and most leisure facilities are open, with mandated precautionary measures, as are mosques and churches. Public and private transportation services have resumed, as have schools, universities and institutions. While broad-based restrictions are not anticipated to be re-imposed due to socio-economic impacts, it remains possible the GoS may enforce localized lockdowns.

In NES, local authorities have recently re-imposed general preventive measures in response to increased reported COVID-19 cases. This has included a partial curfew in place since 27 October requiring closure of most shops and restricted trading hours for essential shops, and requirements that restaurants only operate delivery service. A lockdown was also imposed on Al-Malikeyyeh town from 3 November, and on 21 November, local authorities announced a complete lockdown in Qamishli, Al-Hasakeh, At-Tabqah and Ar-Raqqa cities from 26 November to 5 December (but not other towns or rural areas within the relevant districts). All other areas in NES are now in partial lockdown, with the exception of the Kobane and Ein Issa area, where full lockdown is imposed until 10 December, with exemptions between 26-30 November to allow people to purchase food and other essential items. Humanitarian/relief activities, commercial traffic, hospitals, bakeries, pharmacies and fuel/food distribution are exempt, although are subject to some additional permission procedures in certain areas. Social, educational and all training/group activities are prohibited, and schools across NES are closed.

Humanitarian Impact

For most of the past year, Syria's economy has experienced an unprecedented downturn that has had profound impacts on the welfare of a significant proportion of the population. While these economic hardships have not been primarily driven by COVID-19, the pre-existing and underlying fragility of the Syrian economy – in addition to multiple shocks over the past 12 months – has meant that COVID-19 related factors has had a disproportionate negative socio-economic effect. In practical terms, families across Syria have largely faced heavily eroded employment opportunities, skyrocketing prices and shortages of basic goods and services, and widespread deterioration of household coping mechanisms.

Among these shocks has been the extreme volatility of the informal SYP/USD exchange rate, which on 8 June rose to its highest rate on record – approximately SYP 3,200 to US\$ 1. While the informal rate rallied somewhat between July to October, fluctuating between approximately SYP 2100 - 2,400, in November it has again steadily deteriorated, in past weeks trading as low as SYP 2,900 to US \$1. The current rate is, in any case, a significant devaluation compared to one year ago, when it was around SYP 694. On 17 June, the Central Bank of Syria devalued the official exchange rate to SYP 1,256 to US\$ 1. In some areas, local authorities have announced local adoption of the Turkish Lira as an accepted currency.

Due to exchange rate volatility, the regional banking crisis and other factors, including knock-on effects of COVID-19 such as supply chain disruptions, panic buying, and restrictions on trade, industry and agriculture, food prices have soared in past months. According to WFP VAM data, the price of an average food basket (a group of basic goods providing 1,930kcal per day for a family of five for a month) in October 2020 was SYP 88,138; the highest on record and an increase of 247 per cent over the past 12 months. Overall, the current price is 22.8 times higher than the average price recorded in 2010.

Food prices, in addition to other factors such as periodic shortages of staples, has led to a significant deterioration in food insecurity indicators. According to WFP, as of April 2020, 9.3 million people in Syria were considered food insecure, with one million severely food insecure. With the loss of job opportunities due to the impacts of COVID-19, particularly in daily wage labour, combined with rises in food prices, disruptions to food supply chains and deterioration of access to markets during lockdowns, it is likely more families have been pushed into food insecurity. Reports indicate even households with regular income have been adversely affected as the cost of living has spiraled. For example, WFP's national average food basket has for the past few months exceeded the highest paid official government monthly salary of SYP 80,240.

According to a WFP report on the socio-economic impacts of COVID-19, current projections indicate a likely further deterioration of the food security situation, with possible longer-term, entrenched consequences, including the likely increase of acute and chronic malnutrition. An inter-agency socio-economic impact assessment of COVID-19 completed in August found that an estimated 200,000-300,000 jobs had been permanently lost. In April, more than 320,000 people registered for the National Campaign for Emergency Social Response for assistance due to work lost as a result of COVID-19 preventive measures, the vast majority being daily labourers. The informal sector and businesses have been heavily

impacted, with 15 per cent of small and medium sized business reporting permanent closure. In addition, remittances – on which many families heavily rely – are estimated to have reduced up to 50 per cent.

For many currently living in Syria, the current socio-economic situation represents some of the most challenging humanitarian conditions experienced in the past ten years of crisis. While estimates one year ago suggested at least 80 per cent of the population lived below the poverty line, current conditions indicate it is likely more families have been pushed toward poverty and destitution. In mid-October, the GoS announced new economic measures, including a restructuring of income tax brackets and increase in the tax-free threshold, and one-time payments to civil servants and military personnel. However, this is unlikely to provide much alleviation for the most vulnerable, particularly those without a formal income.

In recognition of the likelihood of far-reaching socio-economic impacts of COVID-19, the UN Country Team (UNCT) has from an early stage worked with UN agencies and humanitarian partners to ensure ongoing provision of life-saving assistance while supporting initiatives to bolster social and economic resilience. Life-saving food assistance to 3.5 million people has continued with adjusted distribution modalities, as has agricultural and livelihoods programs. UNDP and partners have further focused on support for micro, small and medium enterprises for workers temporarily out of employment with social safety net activities, dedicated assistance to people with disabilities, in addition to distribution of agricultural inputs and livestock to sustain food security in rural areas.

Nevertheless, as the economic situation has worsened, some humanitarian partners report that the informal exchange rate volatility and inflation has forced temporary suspension of local procurement and budget redesign, leading to delays in programme delivery. Recent surveys of partners across all sectors has indicated most organizations have experienced some negative impact to programming in recent months, including due to fluctuations in the informal exchange rate, COVID-19 precautionary measures, difficulty transferring funds, reduced capacity due to COVID-19, and more recently, due to fuel shortages and/or increased fuel prices. Almost all (96 per cent) reported an increase in operating costs since July.

Precautionary measures, even in areas where restrictions have eased, continue to also impact programming, with Health, Nutrition and Protection sector partners in particular reporting challenges in implementing alternative modalities. Even with humanitarian exemptions in place, as preventive measures were re-imposed in past weeks in NES, this has further impacted programming; as an example, UNFPA have reported closing 11 women and girls' safe spaces due to restrictions on social gatherings. UNRWA also report suspension of a number of health services during the reporting period, including women's pre-conception care and pre-natal services, NCD examinations, and dental curative consultations.

However, at the same time, other humanitarian programs continue with implementation of measures to ensure safety of staff and beneficiaries. While the Protection sector reported a steep decline in interventions in March and April; as of end September, just over three million people had been reached. UNFPA has continued essential assistance, while UNRWA continue to operate 25 health facilities for essential care, telemedicine services, and provide home deliveries of medication. UNDP also continued to support, with WHO, "Fadfada", an online psychosocial support platform, to support increased needs reported related to COVID-19 stressors, with 3,129 people to date utilizing the service since its launch in August.

PREPAREDNESS AND RESPONSE

The UNCT in Syria is focused on reinforcing comprehensive, multi-sectoral preparedness and mitigation measures for COVID-19. At the same time, the UNCT is also focused on protecting, assisting and advocating for the most vulnerable, including 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:

- Improving surveillance capacity and expanding national and sub-national laboratory capacity to test for timely detection;
- Protecting health care workers by training and providing additional PPE;
- Building the capacity of health care workers on IPC and case management protocols;
- Procuring COVID-19 supplies including diagnostics and biomedical equipment;
- Enhancing awareness raising and risk communication; and
- Engaging with the Ministry of Health on their vaccination strategy, including defining priority population groups.

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

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

Country-Level Coordination

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

OCHA Syria also continues to engage the Inter-Sector Coordination team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly Health sector coordination meetings and operational calls to monitor implementation of the COVID-19 Preparedness and Response plan. Weekly operational calls on NES are also ongoing, including on enhancing preparedness and response efforts at points of entry and contingency planning for camps.

In addition, sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and NFIs continue to undertake national and sub-national level meetings to support coordinated response planning, as well as coordinating with authorities. Key activities have included developing sectoral-specific guidance on risk mitigation, information dissemination among partners, and development of sector-specific response plans incorporated in the operational response plan.

The UN RC/HC and WHO Country Representative, along with other UN leadership in country, continue to engage senior officials on the COVID-19 response, including with the Deputy Minister of Foreign Affairs, the Minister and Deputy Ministers of Health, the Ministers of MoSAL, MoLAE and Ministry of Education, as well as ICRC and SARC.

Risk Communication and Community Engagement

The UNCT has activated the Risk Communication and Community Engagement (RCCE) Group, which aims to inclusively engage communities while communicating critical risk and event information concerning COVID-19. Working closely with WHO and MoH, the RCCE Group has developed and widely disseminated multi-component packages, including a toolkit of key messages covering a wide range of issues related to COVID-19. The Group has also finalized online training materials in Arabic and trained several partners in NES and other parts of the country.

In light of the increased reported numbers of COVID-19 in recent weeks, the RCCE Group has focused on strengthening inter-agency coordination to increase coverage and effectiveness of public engagement on the ongoing risks of COVID-19, with interventions emphasizing preventive measures (physical distancing, hand and respiratory hygiene) and health-seeking behaviors. While cumulative RCCE efforts to date have reached an estimated 15 million people, survey information and anecdotal evidence suggests the risk perception across Syria is very low, with a lack of adherence to individual preventive measures observed in some communities. With UNICEF and WHO technical support, a public opinion survey on COVID-19, utilizing 30 data collectors targeting 6,000 individuals has been conducted, with results expected shortly.

As detailed in previous reports, development, printing and distribution of information, education and communication (IEC) materials in addition to awareness raising on social media, WhatsApp, radio and television channels, and direct community engagement/person-to-person, including during distributions is ongoing. Other channels, including through the Smart Card/Takamol application and online quizzes, are also being utilized. Direct awareness raising at distributions and door-to-door continues, as does engagement at universities, schools, of religious leaders in mosques, and with church networks.

During the reporting period, WHO supported three workshops to coincide with World Antibiotics Awareness Week, to promote behavioral change and addressing critical issues related to antimicrobials, including in the context of COVID-19. WHO, with UNICEF, further supported a 20-day awareness campaign in Homs and Hama on preventive measures, utilizing ten teams to reach 280,000 people, including school children, in 200 locations across the two governorates. WHO also continued technical support for the MoH COVID-19 Dynamic Infographic Dashboard for Syria, in [Arabic](#) and [English](#).

As also detailed in prior reports, UN agencies, specific sectors and partners continue awareness-raising activities during existing programmes (such as distributions) and/or as separate initiatives, including through social media campaigns. In the reporting period, UNFPA reached 7,382 people with integrated awareness raising targeting women, adolescent girls and pregnant and lactating women, including through mobile teams, in clinics, community well-being centers, family protection units and women and girls' safe spaces, and distributed relevant IEC materials. UNDP further utilized 78 community volunteers through their 'Agents of Change' network to conduct community awareness sessions in five governorates, while UNRWA continued awareness-raising activities, including at their health centers and during telemedicine services.

Training and regional outreach is also ongoing. During the reporting period, UNICEF supported training of 73 health workers on RCCE in Homs, to carry out RCCE activities for two months, with similar activities also completed in Hama. UNICEF further continued ongoing awareness engagement through community-based dialogues and influencer networks, and continued hygiene promotion in schools in Deir-Ez-Zor, including sessions for health educators on COVID-19 prevention for children. UNHCR also continued support to RCCE efforts including through 2,736 outreach volunteers, utilizing remote platforms and over 5,000 physical visits/meetings to the most vulnerable individuals following strict preventive measures.

In NES, awareness campaigns and trainings, including in camps, IDP settlements and collective shelters continue. During the reporting period, in Al Hol camp, a ten-day awareness and outreach campaign utilizing ten volunteers was completed, including in the Annex. Further, UNICEF supported 364 household visits and 20 awareness sessions in Al-Hasakeh and Ar-Raqqa. Outside of camps key RCCE priorities include increasing awareness on utilizing face coverings; promoting early reporting of symptoms; and addressing social stigma which may contribute to late reporting and under-hospitalization.

Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the MoH with technical teams meeting daily. With WHO support, the new COVID-19 case definition for Syria has been disseminated, and suspected cases included as a priority in the early warning alert and response system (EWARS). Currently 1,360 sentinel sites report cases through the EWARS system across all 14 governorates. With the support of WHO, MoH is conducting active surveillance utilizing a network of officers across 13 governorates, who are in regular contact with and actively visit private and public health facilities to monitor admissions.

Within Syria, relevant stakeholders agreed to collect samples through 112 RRTs for referral to the CPHL for testing (in line with similar established mechanisms). To date, 470 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral. 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; however the majority of samples are collected by 24 RRTs operating under a parallel sample collection system supported by local authorities and humanitarian partners. During the reporting period, more than 9,000 suspected COVID-19 cases and contacts were investigated within 24 hours of an alert received. In addition, WHO supported the transport of 2,072 suspected case specimens to the central laboratories.

In the reporting period, given the additional challenges of the current co-circulation of influenza and COVID-19, WHO supported activation of influenza surveillance in three sentinel sites in Damascus and Aleppo, with training for 25 surveillance officers completed, in addition to six laboratory staff for testing samples for influenza and COVID-19.

As outlined in previous reports, RRTs continue to collect and deliver samples to the CPHL or regional laboratories in Aleppo, Homs and Lattakia with WHO support. As of 27 November, approximately 40,236 samples had been collected from thirteen governorates since mid-March, including 232 samples from Al-Hasakeh, 109 from Deir-Ez-Zor and 13 from Ar-Raqqa.

Points of Entry

WHO has supported screening efforts at points of entry (PoE) by providing PPEs, infrared thermometers, barriers, registration forms and one thermal scanner camera. Among 15 GoS-designated PoEs, seven have now partially opened for international travelers, including airports in Damascus, Aleppo and Lattakia, and from 15 November, at Nasib crossing in Dar'a for travel from Jordan.

WHO has supported assessments of 12 PoEs in Rural Damascus, Homs, Tartous, Aleppo and Lattakia (with others ongoing); and based on findings, are working to fill identified gaps, including establishment of six medical points. During the reporting period, WHO supported two three-day workshops on PoE capacity in Aleppo and Deir-Ez-Zor for 58 participants. WFP, as the Logistics Cluster lead, continues to monitor ports of entry including on operational status, capacity, new developments and restrictions. The Food Security Sector continues liaison with the Logistics Cluster to update partners.

National Laboratories

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. Of note, rehabilitation of the CPHL was completed to establish a designated laboratory for COVID-19; two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were fixed; and the laboratory generator repaired. On-site training for 42 laboratory technicians has also been completed, including to support expansion of testing in four regional laboratories in Lattakia, Homs, Aleppo and Rural Damascus. In the reporting period, WHO supported training in for laboratory technicians working in Al-Hasakeh to support increased laboratory capacity in NES.

WHO has provided testing kits to the MoH since 12 February. To date, WHO has provided a wide range of reagents and supplies needed for conducting approximately 70,000 tests, in addition to five polymerase chain reaction (PCR) machines and two extraction machines, 5,000 waste bags and 21,000 bags for samples, and six months' PPE for staff. WHO has further supplies and equipment in the pipeline, including six PCR machines. In addition, UNHCR has procured one GeneXpert machine. WHO has reported that at present, both WHO and MoH are facing challenges to obtain some specific supplies, largely due to limited market availability and transportation, which is impacting the capacity to expand testing. WHO continues to work with MoH to ensure availability of needed supplies.

Following WHO support for training of laboratory technicians and essential supplies, COVID-19 testing continues at the Tishreen University Hospital in Lattakia, Zahi Azraq Hospital in Aleppo, the public health laboratory in Homs, and Jdidet Artuz Health Center in Rural Damascus. As of 21 November, the MoH reported approximately 64,000 tests have been conducted. As detailed above, increased capacity and decentralization of testing, including NES, continues to be a priority.

Infection Prevention and Control

WHO, UNICEF, Health and WASH partners are working closely with relevant authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors continue health facility assessments to gauge IPC capacity, with many implementing IPC measures, including by establishing distance, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas. Similar efforts are ongoing in collective shelters, with Shelter sector partners supporting upgrades in 21 shelters to date.

WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. Within the reporting period, WHO delivered a further 3,000 PPE to NGO partners, and currently has over five million additional PPE in pipeline. To date, WHO has delivered more than six million PPE items, including medical masks, N95/FFP2 respirator masks, gloves, reusable heavy-duty aprons, gowns, headcovers, shoe covers, goggles, coveralls, face shields, alcohol hand-rubs and PPE kits. In addition, over a million PPEs have been delivered by health sector partners.

UNICEF, including in its capacity as the WASH cluster lead, continues to engage with partners to strengthen IPC in healthcare facilities, schools and learning spaces, youth centres and communities, in addition to regular WASH services. During the reporting period, in addition to water trucking (see below) and continued operation and maintenance of WASH infrastructure across the country, UNICEF completed rehabilitation of WASH facilities at Drikeesh National Hospital in Tartous. To date, UNICEF has supported light rehabilitation of WASH systems in 15 quarantine and isolation facilities, including Al-Hol and Dweir quarantine centre. UNICEF further provided over 625,000 items of PPEs to partners in November, including to hospitals.

As referred to previous reports, in light of schools reopening, WASH sector partners under the Implementation Plan of the School Reopening Framework continued to support delivery of soap and disinfectants to schools. In the reporting period, ICRC continued rehabilitation of WASH facilities in 42 schools in Dar'a. In addition, local NGOs in As-Sweida provided over 5,500 masks to students in 39 schools, in addition to provided RCCE materials. In Aleppo and Deir-Ez-Zor, trained teachers delivered COVID-19 preventive measures sessions to students. Additionally, UNICEF provided 12,000 soap bars to schools in Homs, Hama, Tartous and Lattakia. OXFAM completed the COVID-19 and WASH-related hygiene behavior awareness sessions in 13 schools in Eastern Ghouta and distributed of child and adolescent kits for 4,357 students.

As reported previously, UNDP has completed rehabilitation at a hospital isolation center in Damascus and continues to support rehabilitation of three additional healthcare facilities identified as isolation centres in Lattakia, Deir-Ez-Zor and Dar'a. Further, Première Urgence Internationale (PUI) has now completed rehabilitation of the quarantine centre in Deir-Ez-Zor, and light WASH rehabilitation at two facilities in Dar'a and Deir-Ez-Zor. Medair has completed rehabilitation and re-equipment of WASH facilities in clinics and isolation facilities in Quneitra, Idleb, Aleppo and Deir-Ez-Zor, in addition to distribution of PPE to partners.

Also as previously detailed, WASH sector partners continue to deliver increased quantities of soap and water to particularly vulnerable communities, including to areas in Idleb governorate. In the reporting period, UNICEF continued to support water trucking in Eastern Ghouta, as well as to Al Hol camp and Al-Hasakeh city, five camps in northern rural Aleppo, and Al Zhouria in Homs. In addition, UNDP also continued to support rehabilitation of seven pumping stations and 26 wells and provision of dosing pumps to ensure water quality in Al-Hasakeh, with works approximately 45 per cent complete.

UNFPA further reported distribution of 4,000 hygiene baskets, and over 2,700 sanitary napkins, in Homs, Damascus and Rural Damascus, in addition to PPE and disinfectants to partners and beneficiaries. A further 4,750 COVID-19 kits and 21,000 winterized dignity kits have been procured and prepositioned. UNFPA also continued ongoing assistance, with WFP and UNICEF, to support women to buy hygiene items through WFP's e-voucher system. Triangle Génération Humanitaire (TGH) with SARC also distributed 4,900 soaps and continued water trucking to 11 villages in Eastern Ghouta. In addition, Gruppo di Volontariato supported 7,432 individuals in Aleppo city with family hygiene kits and awareness sessions.

UNRWA continued to support essential WASH services to Palestine refugees in ten accessible camps (nine official) including maintenance of the existing sewerage and water supply networks and solid waste management. Sterilization also continued, with a focus on markets, crowded areas and schools. Distribution of PPE to 125 sanitation laborers continues.

Training in IPC and use of PPE also continued. WHO supported four capacity building workshops for health care workers in Damascus, Aleppo and Tartous, and a further 50 healthcare workers from NGO partners on IPC/PPE measures in Homs and Aleppo. In addition, to enhance IPC measure for elderly patients, WHO further supported two four-day workshops for 45 healthcare workers, including on elderly care at home in the context of COVID-19, and followed up with two supervisory visits to 11 primary health care centers to ensure appropriate IPC measures.

Case Management

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

To date, humanitarian partners have been informed by local authorities of 33 identified quarantine facilities and 50 isolation spaces in 13 governorates. At the central level, the MoH has announced 21 isolation centres are currently running, with a cumulative capacity of 1,002 beds, including 826 isolation beds, 176 ICU beds, and 155 ventilators. The 32 quarantine centres are reported to have 5,157 beds. As mentioned in previous reports, information indicates that patients experiencing mild symptoms have been requested by some isolation centres to quarantine at home.

Given that even the most advanced health systems globally have been quickly overwhelmed, the priority remains on providing support to and reinforcing isolation facilities. As outlined previously, UNDP is supporting rehabilitation at nine hospitals. PUI has completed light rehabilitation of WASH systems at isolation centres in Dar'a and Deir-Ez-Zor.

As outlined in previous reports, WHO delivered 85 tons of medical supplies by road from Damascus to Qamishli in July. As of early October, all 85 tons has been distributed to 17 hospitals, including 16 in cross-line areas (12 of which were previously supported by the UN through Yaruobiah crossing), two private hospitals serving as referrals for Al-Hol, and two hospitals in areas of GoS control. In the reporting period, WHO supported delivery of two ambulances to support the referral system in Aleppo and Idleb, and UNICEF supported delivery of needed equipment for establishment of a field hospital for COVID-19 patients requiring hospitalization.

WHO continues to deliver case management trainings. In the reporting period, WHO supported training for 235 healthcare workers on case management in Homs, Aleppo, Dar'a, Al-Hasakeh and Quneitra, including on ventilator management.

In NES, there are 23 planned isolation centres for moderate-severe and critical cases, with 16 currently fully or partially operational (four in Al-Hasakeh, six in Ar-Raqqa, three in Deir-Ez-Zor and one each in Kobane and Menbij). When

completed, the total capacity will be 844 beds for moderate-severe cases and 121 for ICU. As of the second half of November, a new COVID-19 facility was activated in Ar-Raqqa for pregnant women, which includes a dedicated delivery unit. An additional two facilities were also activated in Deir-Ez-Zor. Facilities in Al-Hasakeh city, Deir-Ez-Zor (Kisreh), Menbij and Tabqa are still awaiting activation. Across NES there are at least 10 specially equipped ambulances available to support COVID-19 related referrals.

Operational Support and Logistics

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

WHO has established the Supply Chain Coordination Cell to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring. WHO has also established three buyers consortia – a PPE Consortium, a Diagnostics Consortium, and a Clinical Care Consortium – to ensure that some critical supplies are reserved to meet the requests of countries most in need. The COVID-19 supply needs from all hubs have been shared with WHO EMRO for compilation and submission to the Global COVID-19 Supply Chain Task Force for consideration, a multi-stakeholder body to coordinate demand, procurement and allocation of supplies for low- and middle-income countries. The RC/HC has also designated a dedicated Supply Chain Task Force Coordinator for within Syria who will oversee and validate related requests for Damascus-based partners uploaded onto the system.

WHO in coordination with the Health Sector has developed an online COVID-19 Supplies Tracking System to monitor in real time the items procured, distributed and in the pipeline by health sector partners. The dashboard is updated weekly.

Within Syria, distributions and service delivery have been rapidly adapted. WFP alone has 1,600 distribution points within Syria; work is ongoing to adapt modalities in order to decongest distribution sites. Other options being utilized include combining distributions with modalities shared across networks to ensure all sectors can adapt where possible.

The Logistics Cluster is monitoring UN agency supply routes into Syria and working with the Global Logistics Cluster to identify bottlenecks. Further, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in monthly consultations with partners through cluster coordination meetings. Ad-hoc Supply Chain working group meetings and close collaboration with the PWG ensures the Logistics Cluster can keep an overview of any potential downstream supply needs. Finally, WFP Headquarters will notify the Logistics Cluster when COVID-19 related items from any humanitarian organization are in the pipeline through WFP's Global Service Provision. This, in addition to close liaison with the Whole of Syria Health Cluster, will provide full visibility on the pipeline for COVID-19 related supplies.

WFP, as lead agency of the Logistics Cluster, is providing access to an air cargo transport service from Damascus to Qamishli. This is in addition to an UNHAS service for air passengers between Damascus and Qamishli.

CAMPS AND COLLECTIVE SHELTERS

At present, from those displaced in October 2019, approximately 71,042 remain displaced in NES. Of these until recently, 15,458 were living in 90 collective shelters, however in recent weeks, reports indicate an estimated 6,813 individuals have moved from the collective shelters to a new informal site (Al Tala'e/Serikanye) established by local authorities. This is in addition to approximately 99,109 IDPs and refugees in NES, most of whom were displaced prior to October, living in four camps and two informal sites. A further estimated 27,625 people live in 58 collective shelters throughout other governorates.

To date, 13 confirmed cases have been reported among residents at Al Hol, in addition to four cases at Areesha camp, and six at Mahmoudli. At Al Hol, three residents are reported to have sadly died, while six cases recovered, and three cases currently remain under supervision in the camp COVID-19 treatment facility. In addition, in some camps, including Roj and Al Hol, camp staff have been reported to have tested positive for COVID-19.

The camp coordination meeting for all formal and informal camps in NES (excluding Al Hol) is now combined into one monthly meeting to enhance coordination. In all formal camps, health committees have been set up and are active. Given the emergence of reported cases in some camps, in general only critical activities are ongoing to reduce the risk of transmission, gatherings are not allowed, and ongoing distributions have been adapted to avoid overcrowding.

Sectors continue to coordinate to establish isolation areas at camps and informal sites. Sector partners have agreed that two large tents will be allocated in each camp (with one or two camps the exception); one for suspected cases and the other for confirmed, with the possibility of expansion over three stages. In most camps areas are completed or nearing completion. At Mahmoudli and Washokani, isolation centers are now operational but still has gaps for solid waste management and staffing, and at Areesha, the center is ready albeit with recruitment of staff ongoing. At Abu Khashab, two rub-halls and four family tents, including 31 beds, were installed, and fencing and levelling was completed. Some gaps in NFIs, WASH works and staff recruitment continue to be addressed. At Roj, works have been largely completed, albeit with staff gaps for the treatment facility. In Newroz, suspected cases are currently being isolated in a rub-hall, with works ongoing to improve the site. In addition, external referral of all moderate and severe suspected cases has also been agreed (except at Al Hol).

To date, 7,572 people out of 13,370 targeted have been reached with COVID-19-related shelter response through rehabilitation and light maintenance at 36 collective shelters in five governorates. Other planned responses have since been cancelled due to lack of official clearances. Of these, and as previously reported, the rehabilitation and light maintenance of WASH facilities in 14 collective shelters in Hama, Tartous, Lattakia and Homs has been completed with PUI support.

Further, Shelter and NFI partners are continuing to conduct their activities while applying the precautionary measures of masks, physical distancing and rotating staff. Supply of PPE to 110 Shelter/NFI staff and increased training has continued. Shelter/NFI sectors have further continued to update guidance and provide support where requested. At present, the Shelter sector is working with Health and WASH sectors to update guidelines for collective shelters to fully reflect COVID-19 mitigation measures.

While partners resumed distributions, with NFI partners for example spacing out distributions and providing delivery at home to reduce overcrowding, partners report that movement restrictions implemented in NES have slowed the pace of work. In particular in the reporting period, UNICEF reported that the lockdown of Al-Malikyeh from 25 October affected teams' ability to access rural areas and camps, including Roj and Newroz. At the time of reporting, access remained ad-hoc.

Al Hol Camp

Given the parallel sample collection system in NES, in the event of suspected cases, focal points notify both the DoH RRT and local authorities for sample collection. To date, 13 cases of COVID-19 among residents has been confirmed, in addition to five healthcare workers and several distribution staff. Sadly, three residents have died (in hospitals located outside the camp), six have recovered and four active cases remain in the COVID-19 treatment facility at the camp. Recognizing that a complete lockdown of the camp would be near impossible to enforce, partners continue to advocate for enhanced preventive measures. Alternatives for some distributions have been agreed, including bringing food assistance directly to camp residents. Some activities, including in education and protection, are currently suspended.

Following advocacy, potential acute COVID-19 cases will be allowed to be referred to Al-Hasakeh National Hospital or the Washokani COVID-19 hospital. Partners have agreed ambulances will support internal referrals during day shifts. As reported previously, construction of the COVID-19 treatment facility/isolation area at Al Hol is complete, with capacity for 80 individuals, including two rub-halls, two large tents and three family-size tents. Latrines include capacity for people with special needs, and IPC SOPs have been developed by health partners. At present partners recommend the facility only for mild cases; UNICEF with other WASH partners are working on covering gaps.

To date, WHO has delivered four shipments of PPEs (104,556 items total) and six thermal screening devices to Al Hol. Following the joint UN-agency awareness campaign, daily awareness sessions continue. RCCE activities are ongoing, focusing on preventing measures and dispelling myths, including through tent-to-tent visits by community volunteers. Analysis of an assessment conducted by RCCE volunteers to strengthen activities and key messages in the camp is ongoing and is expected to be finalized shortly.

UNICEF has further continued support of IPC measures with partners at the camp including disinfection of all communal kitchens, WASH facilities, the camp gate and garbage bins. Other enhanced WASH interventions also continue, including delivery of 30 liters of water per person/per day in all phases, while the WASH sector is ensuring availability of sufficient soap and hygiene products across the camp.

CHALLENGES

As is the case globally, the impacts of COVID-19 are all encompassing, and present challenges across multiple fronts – ranging from operational (movement restrictions, lengthy quarantines) to personal (concerns over physical wellbeing / family separation), and logistical (market disruptions, remote working modalities). In Syria, as is the case elsewhere, the operating

environment is in flux, with factors subject to change at any time. Some areas, particularly where there are ongoing hostilities, are difficult to access to support a response.

Due to the prolonged crisis in Syria, the public health system is fragile and requires considerable support to reinforce its capacity to support a potential outbreak of COVID-19. Only 57 public hospitals (64 per cent) are fully functioning. There is also a considerable shortage of trained staff and a high turnover rate, all of which reduce its capacity to manage cases, and of medical equipment essential for case management, including ventilators.

The crisis has also disrupted national routine surveillance with currently EWARS the only timely surveillance system for communicable diseases. Technical and operational support is urgently needed to enhance further laboratory capacity across Syria to collect and ship samples as well as recruit and train surge technicians. In line with global WHO guidance, the UN in Syria emphasizes the urgent need for a rapid increase in testing to properly track and monitor a possible outbreak.

Border closures, the volatility of the exchange rate (and banking challenges in Lebanon), and other factors that impact the import of certain medical supplies critical to an effective COVID-19 response are also a concern. Other materials, for example pumps, sterilization equipment and PPEs are in short supply in the local market, including due to wholesalers withdrawing supplies due to current exchange rate volatility, resulting in the inability of partners to procure items.

Humanitarian staff are also impacted, with restrictions on movement and lengthy quarantine limiting the ability to deploy staff and contractors where needed, including international staff unable to cross borders. Evolving preventive measures also disrupt humanitarian programming, as do unforeseen events. As an example, the Alouk water station, a critical source of water for nearly 500,000 people in NES, has been disrupted more than a dozen times this year, leading to water shortages. While emergency water trucking has been initiated by partners during times of disruption, the UN emphasizes that now, more than ever, essential civilian infrastructure including water and electricity must not be politicized.

FUNDING

Due to the pandemic, a COVID-19 Global HRP (GHRP) to address direct and indirect public health consequences on the population has been developed, with inputs from WHO, IOM, UNDP, UNFPA, UNHABITAT, UNHCR and UNICEF, and the Red Cross Red Crescent Movement. Of the revised requirements of \$9.5 billion to meet COVID-19 related needs across 63 countries through 2020, to date, \$3.78 billion or 39.7 per cent of overall requirements has been received. Funding will be allocated to UN agencies at the global level and updated monthly. The GHRP is aligned with the WHO Global Strategic Preparedness and Response and complementary to, and in support of, existing government response plans and national coordination mechanisms.

Within Syria, the financial requirements for the revised COVID-19 operational response plan are currently estimated at \$179 million, a decrease of \$9.6 million on original requirements. Funding, however, remains a major concern with only \$77.9 million raised to date. Of immediate and critical priority is \$22.4 million needed to ensure a regular supply of testing kits, reagents and other laboratory materials as well as COVID-19 and other essential medicines and PPE; \$12 million needed to maintain essential WASH services and support in camps, shelters and informal settlements; and \$10 million needed to secure a safe learning environment for students.

The Syria Humanitarian Fund has disbursed \$23 million for 32 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 four multi-sectoral projects (\$2.85 million). SARC also prepared a four-month plan to respond to COVID-19, totaling \$10.4 million. In September, UNRWA launched an updated \$94.6 million to mitigate the worst impacts of the pandemic on 5.6 million registered Palestine refugees until the end of December 2020.

General information on COVID-19: <https://www.who.int/health-topics/coronavirus>

Advice for public: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Infection prevention and control during health care: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

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