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HIGHLIGHTS

- Number of COVID-19 cases reported by the Ministry of Health (MoH): 10,442 (630 fatalities, 4,885 recovered).
- Since October, the epidemiological situation appears to have accelerated, with rises in daily reported cases.
- Of the cases announced by the MoH, 239 are reported to be healthcare workers, largely in Damascus.
- As of 19 December, the MoH reported approximately 80,000 tests have been performed in laboratories in Damascus, Aleppo, Homs, Latakia and Rural Damascus governorates, with a current average of approximately 571 tests per day.
- Socio-economic impacts are exacerbating the already considerable humanitarian needs across the country.

SITUATION OVERVIEW

At the time of writing, 76,382,044 laboratory-confirmed cases of COVID-19, including 1,702,128 deaths (CFR=2.2 per cent) had been reported globally, with many countries reporting a second and some third wave of COVID-19. In the Eastern Mediterranean Region, 4,708,243 COVID-19 cases have been reported, including 116,538 deaths.

In Syria, 10,442 laboratory-confirmed cases have been reported by the MoH to date: 7 in Ar-Raqqa; 32 in Deir-Ez-Zor; 35 in Al-Hasakeh; 153 in Quneitra; 478 in Hama; 644 in Tartous; 707 in As-Sweida; 781 in Dar'a; 1,074 in Latakia; 1,197 in Rural Damascus; 1,594 in Homs; 1,690 in Aleppo; and 2,050 in Damascus. In total, 2,645 new cases have been announced since the last report on 30 November. The MoH has also announced 630 fatalities, an increase of 217, in addition to 4,885 recoveries. All indicators (positivity rate; bed occupancy rate; CFR) indicates the emergence of the second COVID-19 wave in Syria.

Highlighting the particular risks faced by healthcare workers, the MoH has reported 239 healthcare workers have tested positive for COVID-19, including 15 who are reported to have sadly died. The toll of affected healthcare workers underscores – given Syria's fragile healthcare system with already insufficient qualified personnel – the potential for its overstretched healthcare capacity to be further compromised. Humanitarian actors continue to receive reports 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.

Since reopening in September, sharp rises of cases in schools have also been recorded, with 1,540 cases reported up to 10 December; including at least 12 reported deaths. Of those affected, 858 were reported to be teachers/administrative staff, with the highest numbers in Rural Damascus, Homs and Hama. 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. 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.

Overall, while official numbers remain relatively low, it is clear that in past months the epidemiological situation in Syria has rapidly evolved and community transmission is widespread. After a slight tapering off of reported cases in September, since October reported case numbers have accelerated across the country. Throughout December, there has been a successive rise in the daily cases reported by the MoH, with the highest reported new daily caseload since the outbreak of the pandemic reported on 18 December (169 cases). Cases in December also already represent the peak of official numbers reported in a single month (2,555 as of 23 December), following the previous record in November (2,159).

As earlier reported and including recently in November and December, humanitarian actors have received unverified reports concerning additional possible cases, in addition to other information which indicated in some areas, capacity of dedicated isolation facilities to treat moderate and severe cases, unless expanded, may be unable to cope with the rising time-sensitive demand to save lives; in addition to information that the MOH have suspended surgeries and/or adapted wards to accommodate increased numbers of COVID-19 patients.

Given the limited/insufficient testing across Syria, it is therefore likely that the actual number of cases far exceeds official figures, with significant numbers of asymptomatic and mild cases in particular going undetected. Contact tracing is also a 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. 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 23 December, authorities in Northeast Syria (NES) have reported 7,824 cases, including 263 fatalities and 1,112 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. Many local Committees of Health are also reporting shortages in swabs, limiting sample collection. Emergency procurements are underway to meet gaps, including up to 40,000 testing kits.

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. International commercial passenger flights are ongoing at Damascus International Airport, and resumed from Aleppo, Lattakia and Qamishli airports on 21 December, including international flights. Tartous and Lattakia ports remain operational, with precautionary measures.

From 16 August, the GoS has required individuals arriving from official border crossing points with Lebanon to present a negative PCR certificate obtained within the past 96 hours at accredited laboratories. Those unable to present such a document are quarantined.

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. Individuals holding expired European residency permits can cross to Iraq for renewal processes once per week. All border crossing points remain closed, with humanitarian personnel and medical cases reportedly exempt.

On 5 December, local authorities in NES announced that civilian movement by public transport would again be allowed, following a temporary suspension from 26 November, meaning that civilian crossings, in addition to commercial and humanitarian movements are now allowed at Tabqa, Akeirshi and Abu Assi in Ar-Raqqa. Al-Taiha in Aleppo remains open, although 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.

Abu-Kamal-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, including critical medevacs. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement. Bab Al-Hawa in Idleb remains 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 Salam border crossing (Turkey-Aleppo), including limiting NGO staff movement, and requirements to register with the crossing's authorities.

Preventive measures

The GoS continues to maintain a widespread easing of preventive measures introduced in late May, albeit with some ongoing, ad-hoc changes, including recent suspension of some schools/classrooms where COVID-19 cases had been reported, and in some locations, closures of wedding and condolence halls and restrictions on celebratory gatherings. 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. In the reporting period, likely due to the acceleration of reported cases and low community compliance, the GoS has issued statements reinforcing mandates for preventive measures, such as face masks, to be observed in public institutions, including banks, and on public transport. 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, widespread preventive measures in response to increased reported COVID-19 cases implemented in November have been partially eased since 6 December, with new measures in place until at least 4 January. Shops, groceries, schools,

universities and educational facilities are open during restricted hours and with mandated preventative measures. Churches and mosques are closed, except on Fridays and Sundays, and all mass social gatherings are prohibited.

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 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 SYP 2100 - 2,400, from November through to December it once again deteriorated, trading between SYP 2,600 – 2,900. This 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.

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 November 2020 was SYP 99,243; the highest on record and an increase of 250 per cent over the past 12 months. Overall, the current price is 25 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. In November, WFP reported close to half of surveyed households (46 per cent) reported poor and borderline food consumption, almost double the level in November 2019. 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 exceeds 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 in the coming months, 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 estimated 200,000-300,000 jobs had been permanently lost. 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 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 modalities, as has agricultural and livelihoods programs. In October, the *UN Framework for the Immediate Socio-Economic Response to COVID-19* was launched, under the coordination of the Resident Coordinator and with UNDP as technical lead, to supplement the health response and the humanitarian response, by providing a coherent and collective roadmap to prioritize the most vulnerable from the social and economic impacts of the pandemic.

Nevertheless, as the economic situation has worsened, some humanitarian partners have reported 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, including

due to poor mobile phone coverage in some areas and prolonged power outages. 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 October, 3.44 million people had been reached. UNFPA has continued essential assistance, including mobile teams and women and girls' safe spaces, while UNRWA continue to operate 25 health facilities for essential care, telemedicine services, and provide home deliveries of medication. Overall, Health sector partners reported two million medical procedures had been carried out in September.

PREPAREDNESS AND RESPONSE

The UNCT in Syria is focused on reinforcing comprehensive, multi-sectoral preparedness and mitigation measures for COVID-19, while continuing focus on protecting, assisting and advocating for the most vulnerable, including IDPs, refugees and host communities, including by, to the extent possible, working to continue principled programme delivery and provision of life-saving assistance across the country. WHO is the lead agency and is working to support the MoH in enhancing health preparedness and response to COVID-19, in accordance with the International Health Regulations (IHR 2005).

The current key priorities in Syria are:

- Enhancing surveillance capacity including active surveillance, with a critical need to expand national and sub-national laboratory capacity to test for timely detection;
- Protecting health care workers by training and providing additional PPE;
- Ensuring proper case management, isolation and contact tracing;
- Raising awareness 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; and is focused on procuring and delivering medical supplies, including for testing, PPE and medicines for case management in healthcare facilities. On 31 March, UN Secretary-General Antonio Guterres launched *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.

The specific country context in Syria poses considerable challenges, including: a fragile health system lacking sufficient personnel, infrastructure and essential equipment; insufficient water and sanitation infrastructure; significant existing vulnerable populations; challenges accessing certain areas; challenges for humanitarian workers to move freely to support and implement humanitarian programmes; challenges procuring supplies, a deteriorating economy; as well as sanctions.

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 continues to engage the Inter-Sector Coordination team in Damascus to coordinate the response within Syria. WHO is holding regular meetings and weekly Health sector coordination meetings and operational calls to monitor implementation of the COVID-19 Preparedness and Response plan.

In the reporting period, WHO conducted an Intra-Action Review from 30 November to 1 December, a country led facilitated process bringing together a small group of COVID-19 responders with knowledge of the public health response to identify opportunities for learning and improvement across the pillars of the response under review. In total, six pillars were reviewed (Risk Communication and Community Engagement, Surveillance and Case Investigation, Points of entry, National Laboratories, Infection Prevention and Control and Case Management) by 90 stakeholders with findings and recommendations presented in a Health Sector meeting chaired by the WHO Representative on 22 December. Health partners also discussed the two remaining pillars of the response (coordination and operational support/logistics) and agreed on the way forward to optimize the COVID-19 response in 2021 factoring in the COVAX vaccine roll-out.

Also of note, WHO, in coordination with UNICEF, has commenced engagement with the MoH concerning technical assistance for documentation needed for the COVID-19 Vaccine application process for COVAX, which has been signed by the MoH and submitted to GAVI on 15 December 2020; in addition to supporting preparedness/readiness for different coordination bodies including the Inter-Ministerial Coordination committee, COVID-19 National Immunization Technical advisory group and MOH technical working groups as well as the communication with regulatory authorities. At a meeting

of the Whole of Syria Strategic Steering Group on 14 December, COVID-19 vaccination roll out planning via COVAX was discussed with all response hubs.

Weekly operational calls on NES are also ongoing, including on enhancing preparedness and response efforts at points of entry and contingency planning for camps. Sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and NFIs also continue national and sub-national meetings to support coordinated response planning, and coordinating with authorities. In November, the ISC agreed to extend the COVID-19 Operational Response Plan into 2021 to support implementation; the ISC is currently reviewing planning assumptions/scenarios, risk factors and priority activities with a view to ensuring vaccination planning and rollout is reflected. The UN RC/HC and WHO Representative, along with other UN leadership in country, continue to engage senior officials on the COVID-19 response, 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 disseminated multi-component packages related to COVID-19, in addition to developing 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 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 13 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 addition, the RCCE Group has commenced work to engage the public, including generate public demand for, COVID-19 vaccines.

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 a workshop to make World AIDS Day, evaluating HIV awareness-raising activities within the context of COVID-19. WHO further supported ongoing awareness campaigns in Lattakia and Tartous schools, including distribution of IEC materials, fabric masks and soaps. 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. UNFPA reported since April 2020, 350,000 people were reached with COVID-19 related activities, including awareness raising, including 7,364 on GBV and COVID-19 in the reporting period. In addition to reaching 63 young people in Damascus and Hama on awareness raising activities on the difference between influenza and COVID-19, and integrating COVID-19 messages in the 16 Days of Activism against GBV campaign, UNFPA further reported finalizing messages broadcast on local mass-media platforms, including radio, television, infographic and drama spots.

Training and regional outreach is also ongoing. During the reporting period, UNICEF integrated RCCE messaging with distribution of 12,000 soap bars in Homs, Hama and Tartous and Lattakia. UNICEF further supported supported awareness-raising mobile teams in Homs Governorate, reaching 11,835 people, and distributed IEC materials in Aleppo and Deir-Ez-Zor, in addition to reaching over 27,000 people with awareness-raising session in Aleppo, Homs and Deir-Ez-Zor. Oxfam also launched a mass media campaign, utilizing billboards, social media and SMS, aiming to reach one million people.

In NES, awareness campaigns and trainings, including in camps, IDP settlements and collective shelters continue, with the RCCE Working Group strengthening stop-gap measures including key message dissemination and service uptake promotion, based on community rapid assessment's preliminary findings highlighting the importance of linkages between communities and health care providers. During the reporting period, in Al Hol camp, RCCE activities focusing on prevention methods and health-seeking behavior, as well as Infant & Young Child Feeding (IYCF), vaccination, and handwashing reaching 500 mothers through community groups and 450 children through recreational sessions.

In Al-Hasakeh and Ar-Raqqa, RCCE activities supported by UNICEF reached 1,500 households and 750 mothers with awareness sessions on IYCF in the context of COVID-19 in addition to 650 children through recreational activities on hygiene promotion. In Al-Hasakeh, 3,161 people were reached with key messages on COVID-19 including through eight

awareness-raising lectures in universities and cultural centers and three theatre performances. Additionally, 50 adolescents were trained on RCCE and communication skills. Further, UNICEF supported World Children's Day engaging 1,200 children in Al-Hasakeh city through recreational activities on COVID-19 prevention.

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. 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 health facilities to monitor admissions, in addition to active case finding in schools.

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 8,000 suspected COVID-19 cases were investigated within 24 hours of an alert received. In addition, WHO supported the transport of approximately 2,000 suspected case specimens to the central laboratories.

In the reporting period, WHO continued to support capacity building of surveillance teams, including through a three-day workshop to train 30 MoH and DoH officers on the analysis, interpretation and presentation of surveillance data, and on monitoring COVID-19 cases and calculating indicators, among other topics.

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 21 December, approximately 48,902 samples had been collected from thirteen governorates since mid-March, including 325 samples from Al-Hasakeh, 143 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, in addition to training of relevant staff. WHO has supported assessments of 12 PoEs; and based on findings are planning to support medical points in six to provide healthcare access for travelers. A medical point in Abu Kamal ground-crossing is under construction in Deir-Ez-Zor; WHO are supporting an assessment of needed medical equipment.

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, following rehabilitation to establish a designated laboratory for COVID-19 completed in June and on-site training for 42 laboratory technicians, including to support expansion of testing in regional laboratories. In the reporting period, WHO supported further training for laboratory technicians in Aleppo, Lattakia, Homs and Rural Damascus, in addition to training for five laboratory technicians from Al-Hasakeh on molecular biology COVID-19 testing and biosafety biosecurity. A GeneXpert machine has also been delivered to Qamishli hospital with an installation team scheduled to operationalize it in the last week of December. Furthermore, WHO supported maintenance of PCR systems.

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 PPE for staff. WHO has further supplies and equipment in the pipeline, including six PCR machines. In addition, UNHCR has procured one GeneXpert machine.

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, and the public health laboratory in Homs. Testing has paused at the Jdidet Artuz Health Center in Rural Damascus due to compatibility issues with WHO testing kits. As of 19 December, the MoH reported approximately 80,000 tests have been conducted. 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.

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. 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. 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, and has over five million in pipeline. 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.

To mitigate COVID-19 risks in schools, UNICEF and the MoE have identified six spaces in Al-Hasakeh to install pre-fabricated classrooms for 8,000 students for formal education and to reduce overcrowding in GoS-run schools. UNICEF will rehabilitate two, however US \$200,000 additional funding is urgently required to enable rehabilitation of the remaining four.

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. UNDP also continued rehabilitation of seven pumping stations and 26 wells and provision of dosing pumps to ensure water quality in Al-Hasakeh. Other light rehabilitation, including WASH, by Première Urgence Internationale (PUI) and Medair, in Deir-Ez-Zor, Dar'a, Quneitra, Idleb and Aleppo has been completed, as per earlier reports.

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 to targeted beneficiaries in Al-Hol camp, Al-Hasakeh city, Resass village and collective shelter (As-Sweida), and five IDP camps in Aleppo, Rural Damascus, and Homs. UNICEF also continued supporting IPC measures at Al-Hol camp.

UNFPA further distributed of PPE to staff, and maintained IPC measures at their reproductive health clinics, where more than 7,200 people received awareness-raising and/or psychosocial support and counselling on COVID-19. UNFPA also continued ongoing assistance, with WFP and UNICEF, to support women to buy hygiene items through WFP's e-voucher system. Further, OXFAM continued distribution of family and child kits in Aleppo, Deir-Ez-Zor, and Rural Damascus, reaching students in 26 schools, in addition to ongoing distribution to 6,800 targeted families across the three governorates.

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. Additional disinfection services were provided for Palestinian gatherings not supported by the local municipalities, including Khirbet al-Shayyab and Ramadan (Rif Damascus). Distribution of PPE to 125 sanitation laborers continues. UNHabitat also delivered sterilization equipment and materials to six municipalities in Rural Damascus including hands-free washing stations, 9,000 liters of sterilization solutions, solid waste containers and PPEs and cleaning tools for solid waste workers.

Training in IPC and use of PPE also continued. WHO supported capacity building workshops for 40 health care workers in Damascus and Rural Damascus, in addition to 25 healthcare workers from NGO partners in Hama and 100 other health care workers from partners in Rural Damascus, Lattakia, Quneitra, and Dar'a on IPC/PPE measures. UNICEF reported IPC training to 102 healthcare workers in various governorates. Medair further implemented training for 20 healthcare workers in Deir-Ez-Zor, including on medical waste disposal and IPC/PPE measures.

Case Management

Working closely with MoH technical teams, Health and WASH partners, following on from completed inter-sectoral mapping in coordination with departments of health, WHO continues to meet on a daily basis to monitor, plan and assess incident management system functions. Given that even the most advanced health systems globally have been quickly overwhelmed, the priority remains on providing support to and reinforcing isolation facilities.

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 22 isolation centres are currently running, with a cumulative capacity of 1,153 beds, including 937 isolation beds, 216 ICU beds, and 180 ventilators. The 32 quarantine centres are reported to have 5,182 beds. As mentioned in previous reports, information indicates that patients experiencing mild symptoms have been requested by some isolation centres to quarantine at home.

WHO continues to deliver case management trainings. In the reporting period, WHO supported training for 150 healthcare workers on case management in Dar'a, Damascus and Rural Damascus, including on ventilator management.

In NES, there are 23 planned COVID-19 treatment 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). The current total capacity is 863 beds for moderate-severe cases and 111 for ICU and 83 Ventilators. In November, a new COVID-19 facility was activated in Ar-Raqqa for pregnant women, including 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 facilities were also activated to full capacity in December. Across NES there are at least 15 specially equipped ambulances available to support COVID-19 related referrals. Primary challenges identified are for training for staff and specialized doctors who can support ICU-ventilator critical care. Additionally, RRT support is needed for hard-to-reach areas, particularly in Ar-Raqqa and Deir-Ez-Zor for early detection and treatment for suspected cases; in addition to establishing 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. 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.

In the reporting period, a COVID-19 Vaccine Logistics Working Group comprising the Logistics cluster, WFP, WHO, UNICEF, OCHA, and other health partners was also established to lay the groundwork for delivery of the COVID-19 vaccine and to build long-term pandemic logistics preparedness capacity. Immediate Working Group priorities include carrying out a downstream pipeline assessment to identify cold and supply chain requirements and gaps, including storage and warehouse capacity. Initial challenges identified include limited cold chain storage capacity below -25 degrees Celsius.

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.

The Logistics Cluster is monitoring UN agency supply routes into Syria and working with the Global Logistics Cluster to identify bottlenecks, in addition to facilitating access to free-to-user warehousing around Syria and 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. As of 30 November, 9,142 of these were living in 55 collective shelters; in recent weeks, reports indicate an estimated 7,516 individuals formerly living in collective shelters have moved to a new informal site (Al Talae/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, four residents are reported to have sadly died, while nine cases recovered. 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. 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 on 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, 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, however the treatment facility is currently not functioning. 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. The Shelter sector, with Health and WASH sectors has finalized technical guidance for collective shelters to fully reflect COVID-19 mitigation measures; the NFI sector is currently working on developing guidance for conducting house-to-house assessments.

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, four residents have died (in hospitals located outside the camp), nine have recovered. 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. Some activities, including in education and protection, are currently suspended.

Following advocacy, potential acute COVID-19 cases are 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 is complete, with capacity for 80 individuals. At present partners recommend the facility only for mild cases; UNICEF with other WASH partners are working to cover gaps. For individuals departing Al-Hol, SOPs have now been finalized, including a thermal screening of all individuals entering the reception area, and steps to take should COVID-19 symptoms be reported.

To date, WHO has delivered four shipments of PPEs (104,556 items) and six thermal screening devices to Al Hol. Following the joint UN-agency awareness campaign, daily RCCE activities are ongoing, focusing on preventive measures and dispelling myths. Key messages relating to the treatment facilities have been finalized and will be disseminated to residents.

UNICEF has further continued support of IPC measures with partners at the camp including disinfection of all communal kitchens and WASH facilities. Other 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.

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 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 15 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 was developed, with 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. 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. Funding 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 Health, WASH, Protection, Food and Logistics sectors, including four multi-sectoral projects. 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.

Syria is one of 92 countries eligible for external assistance under the COVAX Advanced Market Commitment; WHO together with GAVI and UNICEF are working with national authorities to support application processes to enable COVID-19 vaccines for the high-risk target population in Syria in the first half of 2021. This will require investment and additional funding.

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