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HIGHLIGHTS

- Number of COVID-19 cases reported by the Ministry of Health (MoH): 19,404 (1,313 fatalities, 13,205 recovered).
- The MoH has reported a further increase in healthcare workers affected, with 691 official cases, including 30 deaths.
- As of 20 March, the MoH reported approximately 103,566 tests have been performed in laboratories in Damascus, Aleppo, Homs, Latakia and Rural Damascus governorates.
- Health workers, the elderly, and people with co-morbidities have been identified as high-risk groups to be prioritized for vaccines under COVAX application. WHO, with UNICEF and other partners, are providing technical support.
- The socio-economic impacts of the pandemic continue to be an exacerbating force on already considerable humanitarian needs across the country, with an estimated 13.4 million people requiring assistance in 2021.

SITUATION OVERVIEW

At the time of writing, 130,422,190 laboratory-confirmed cases of COVID-19, including 2,842,135 deaths had been reported globally. In the Eastern Mediterranean Region, 7,693,094 COVID-19 cases have been reported, including 160,612 deaths.

In Syria, 19,404 laboratory-confirmed cases have been reported by the MoH to date: 7 in Ar-Raqqa; 49 in Al-Hasakeh; 91 in Deir-Ez-Zor; 377 in Quneitra; 777 in Hama; 981 in As-Sweida; 1,030 in Dar'a; 1,588 in Tartous; 2,033 in Rural Damascus; 2,511 in Homs; 2,585 in Aleppo; 2,868 in Latakia; and 4,507 in Damascus. Since the last report, 3,708 new cases have been announced. The MoH also announced 1,313 fatalities, an increase of 305, in addition to 13,205 recoveries.

The MoH has also reported 691 healthcare workers have tested positive for COVID-19, an increase of 87 cases since our last report, including 30 who have sadly died (an increase of five). This underscores not only the particular and ongoing risks to healthcare workers, but – given Syria's fragile healthcare system with already insufficient personnel – the potential for its overstretched 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 supply PPE where needed for healthcare workers already operating under very challenging circumstances.

Since reopening in September, as of 25 March, 2,534 COVID-19 cases have been reported schools; including at least 22 reported deaths. Of these, 961 were reported to be students and 1,573 teachers/administrative staff. On 18 March active case finding was implemented by the MoH with the School Health Directorate; from 18 to 25 March 232 samples were collected in schools of which 110 were positive (47 per cent positivity rate). This also highlights the challenges of preventing transmission in schools, particularly given the overall context of overcrowded classrooms, teacher shortfalls, and poor/damaged infrastructure. On 3 April, given the current challenges, the Ministry of Education announced the end to the academic year for students in kindergarten to Grade 4, with Grades 5 to 7 ending on 5 April. WHO and UNICEF, along with sector partners, continue to further strengthen preventive actions in schools, including through PPE distributions, and promotion of infection prevention and control (IPC) measures.

Overall, while official numbers remain relatively low, it is clear community transmission in Syria is widespread. Epidemiological analysis indicates the emergence of a second wave in mid-December, when the caseload was the highest reported to date in a single month (3,547). After a relative tapering off of reported cases in February, in the reporting period numbers have again surged, possibly indicating the emergence of a third wave. In March 2021, the second highest monthly caseload has been reported (3,321), including on 17 March, when the MoH announced 172 new cases – the highest daily toll since the outbreak of the pandemic. Media reports also indicate some COVID-19 wards at some hospitals are currently at capacity, and earlier in March, the Health Minister was reported to have directed some hospitals to cancel elective surgeries to increase COVID-19 patient capacity. As earlier reported, humanitarian actors have received ongoing, unverified reports concerning additional possible cases. Given the limited/insufficient testing across Syria, it is likely the actual number of cases far exceeds official figures, with significant numbers of asymptomatic and mild cases in particular going undetected.

Contact tracing also remains 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. 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 4 April, authorities in Northeast Syria (NES) have reported at least 10,509 cases, including 450 fatalities and 2,240 recoveries. Healthcare workers have also been affected, with 822 reported cases to date. Cases in NES rose dramatically over March with the number of new daily cases at the end of March the highest since November, during the previous peak. There have been 1,289 confirmed cases in March alone, with a positivity rate of tests conducted in the month at 28 per cent. The laboratory processing PCR tests is reported to be reaching an almost critical level, with likely stockout of RNA Extraction Kits within one month and stockout of necessary consumables within one week. **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. International commercial passenger flights are ongoing, and Tartous and Lattakia ports remain operational, with precautionary measures. The GoS requires 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 (daily except Fridays) and personnel (three times per week) at the Fishkabour/Semalka informal border crossing, and in other limited cases, including urgent medical cases to cross to Iraq. Commercial movements are being increasingly facilitated in both directions. All border crossing points remain closed, with humanitarian personnel and medical cases reportedly exempt.

Between 21 to 25 March, Tabqa and Abu Assi crossings in Ar-Raqqa were completely closed, however since 26 March, some relaxations were reported, including movement of GoS employees, students, and urgent medical cases in addition to facilitation of humanitarian shipments through Tabqa. Akeirshi (Shannan) in Ar-Raqqa was also closed on 21 to 22 March but from 23 March, similar exemptions were introduced on the GoS side. Al Taiha crossing in Aleppo was closed on 21 with no reported exemptions in place. Further reports indicate internal crossings in Tal-Abiad-Ras al-Ain remained closed. Restrictions are ongoing at Um Jloud in Aleppo, although reports have been received of ongoing commercial movements; the Awn Dadat crossing has been closed since 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 and voluntary returns. Abu Zandin in Aleppo remains closed, although reports indicate in practice, crossings do occur, including medevacs. On 25 March, the GoS announced the opening of Abu Zandin to allow civilian movements in one direction to areas under its control, in addition to Turunbah crossing (west of Saraqeb) in Idleb and Mezenaz in Aleppo. All three crossings have since reportedly closed with no such movements recorded.

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. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement.

Preventive Measures

Since late May, the GoS has maintained a widespread easing of initial preventive measures, albeit with some ad-hoc changes, including localized lockdowns and restrictions on gatherings for celebratory and sporting events. As mentioned above, from 3 April, the Ministry of Education announced an early end to the school year from kindergarten to Grade 8; Grade 9 and secondary school students will continue to attend classes. Also on 3 April, the Ministry of Higher Education and Scientific Research suspended all universities and institutes from 5 to 17 April. Otherwise, most public facilities, including shops, leisure facilities, places of worship and general services are open, with mandated precautionary measures.

In NES, in response to rising cases, from 3 April local authorities announced a partial curfew from 6 p.m. to 6 a.m. from 6 to 12 April. All restaurants, cafes, schools, universities and institutions must also close, although essential shops, groceries and services can remain open. Mass social gatherings are prohibited, and public collective prayers are suspended. A total curfew was also announced in Ar-Raqqa, Qamishli, and Al-Hasakeh cities, with similar exemptions. Mask wearing will also become mandatory in public places.

Humanitarian Impact

In 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 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 ongoing and continued devaluation and overall volatility of the informal SYP/USD exchange rate, which has sharply declined since 2019, when the informal exchange rate was around SYP 694. In past weeks, the SYP has once again experienced extreme volatility in the informal market, sinking to yet another record low (approximately SYP 4,775 to US\$ 1 on 18 March), and has subsequently and quickly rallied to trade at SYP 3,675 to US\$ 1 at the time of writing. The Central Bank of Syria has maintained the official exchange rate of SYP 1,256 to US\$ 1, last revised in June 2020, but on 22 March announced a new preferential exchange rate of SYP 2,500 to US \$1 (including for UN agencies and humanitarian INGOs).

As a result of the exchange rate volatility, regional banking crisis and other factors, including knock-on effects of COVID-19 food prices have persistently increased nearly every month in the past year. 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) rose once again in February 2021 to SYP 136,398; the highest on record and an increase of 241 per cent in just 12 months.

Food prices, in addition to other factors such as periodic shortages of staples, has led to a record 12.4 million people in Syria now estimated to be food insecure, an increase of 4.5 million in just one year. In January, WFP reported 85 per cent of surveyed households reported at least one food-based coping strategy. Current projections indicate a likely further deterioration of the food security situation ahead, with possible longer-term, entrenched consequences, including an increase of acute and chronic malnutrition.

Overall, 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. This year, an estimated 13.4 million people in Syria need humanitarian assistance and nearly 90 per cent of the population now live below the poverty line. With already limited livelihoods opportunities further diminished, in addition to the ramifications of insufficient, damaged, and destroyed infrastructure and basic services, it is likely many families, including those who have over time depleted savings and resources, will be pushed toward destitution in 2021.

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 life-saving assistance while supporting social and economic resilience initiatives. In particular, life-saving food assistance, agriculture and livelihoods programs have continued with adjusted modalities. In October, the *UN Framework for the Immediate Socio-Economic Response to COVID-19* was launched, to supplement the health and humanitarian response.

Nevertheless, as the economic situation has worsened, some humanitarian partners continue to report the negative impacts of the informal exchange rate volatility and inflation on local procurement and budgets, in some cases 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.

PREPAREDNESS AND RESPONSE

The UNCT in Syria is focused on reinforcing comprehensive, multi-sectoral preparedness and mitigation measures, while continuing to 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 ten pillars of the updated Syria Strategic Preparedness and Response Plan, continues engaging the MoH and partners to enhance technical capacity and awareness; and is focused on surveillance and response activities, enhancing testing capabilities, procuring and delivering medical supplies and reagents, including medicines for case management in healthcare facilities, and overall technical advice.

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, the revised 2021 plan, including the response monitoring framework was disseminated.

Weekly operational calls on NES are also ongoing, including on assessing coverage and gaps in camps, as well as COVAX planning. Joint calls are arranged with NES Forum INGOs to address the COVID-19 response in NES camps. Sectors also continue national and sub-national meetings to support coordinated response planning, and coordination 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.

Vaccines

WHO, in coordination with UNICEF, has supported the MoH concerning technical assistance for documentation needed for the COVID-19 Vaccine application process under COVAX. Part A of the application was signed by the MoH and submitted to GAVI on 15 December, and Part B (legal) was signed and sent on 3 February. GAVI, in return, on 3 February acknowledged the submission and expressed intent to provide an initial 1,020,000 doses of Astra Zenica SII (AZ SII) vaccines, to cover the first three per cent of the population (targeted high-risk groups), including in NES. On 25 March, the COVAX facility informed participating Member States that deliveries of doses from the Serum Institute of India would be delayed in March and April due to increased demand for COVID-19 vaccines in India, affecting 37 low and middle-income countries, including Syria. An anticipated delivery of 912,000 doses are now expected to arrive in Syria sometime around May with exact timing to be confirmed; the COVAX team are exploring possible other channels.

Meanwhile, regular daily meetings of the three vaccine-related coordination committees are ongoing (NCC National Coordination Committee, cTAG COVID-19 Technical Advisory Group and ICC Inter-Agency Coordination Committee), with WHO and UNICEF attending the latter, in addition to the 10 technical sub-committees. With WHO support, training of trainers for service delivery and communication is ongoing, with cascade training at the governorate level to commence shortly. UNICEF has also supported ongoing training of trainers on COVID-19 supply chain management for cold chain.

WHO is further providing ongoing support for the Vaccine Introduction Readiness Assessment Tool (VIRAT tool), which includes a set of 50 key operational activities including planning and coordination, budgeting, regulatory, prioritization, targeting and surveillance, service delivery, training and supervision, monitoring and evaluation, vaccine cold-chain, logistics, safety surveillance, and demand generation and communication. Regular meetings to update the VIRAT tool and prepare needed materials for the NVDP, with WHO support, are ongoing. The VIRAT tool has been used to update the readiness status on a monthly basis, with the most recent update submitted on 23 February. Further, WHO has also supported development and introduction of a vaccine pre-registration online platform and reporting mechanism, to inform vaccine uptake and distribution across the country. A pilot of the platform is now ongoing.

In addition, work is ongoing to support other planning necessary for vaccine roll-out, including developing IPC and waste management protocols, national cold chain inventory, and planning to target hard-to-reach areas, including camps and settlements. Estimated operational costs for the first phase of the COVAX roll-out are US \$7 million (\$4.5 million for GoS-areas and NES, and \$2.5 million for north-west Syria).¹ Additional funds of \$101 million are required to cover operational costs for the remaining 50 per cent of the population required to reach 70 per cent coverage to achieve herd immunity. Of note, COVAX has only currently committed to supply the vaccine for the priority 20 per cent.

¹ Operational costs relating to NWS are reflected in the separate COVAX submission co-sponsored by WHO and UNICEF for non-GoS-controlled areas of NWS.

Risk Communication and Community Engagement

The Risk Communication and Community Engagement (RCCE) Group has been working from an early stage with partners to inclusively engage communities while communicating critical COVID-19 risk and event information. Ongoing activities have been highlighted in previous reports, including the development and dissemination of multi-component packages, online training materials, training of several partners in NES and elsewhere, and the development, printing and distribution of information, education and communication (IEC) materials in addition to awareness raising across multiple channels. While cumulative RCCE efforts to date have reached an estimated 13 million people, in addition to over 4,500 community workers and volunteers trained on COVID-19 RCCE, survey information and anecdotal evidence suggests the risk perception across Syria remains low.

In light of the increased reported numbers of COVID-19 in recent months, the RCCE Group is focused on strengthening coverage and effectiveness of public engagement on the ongoing risks of COVID-19, with interventions emphasizing preventive measures and health-seeking behaviors and supporting linkages between community and health systems.

UNICEF and WHO are working closely with the MoH to develop the 2021 COVID-19 RCCE Strategic Plan engaging ministries and counterparts, in line with findings and recommendations from the Intra-Action Review. In addition, the RCCE Group is working to support the Demand Generation and Communication component of the COVAX facility, as well as support public engagement on, including generating demand for, COVID-19 vaccines. This includes WHO and UNICEF support to develop the COVID-19 vaccine update and demand generation plan as part of the NVDP. UNICEF has supported technical assistance for the Strategic Plan to strengthen evidence-based strategy development and integrated planning and recruited a Social and Behavior Change Communication consultant for data/information, with a media agency to be contracted for campaign implementation.

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. During the reporting period, WHO, in coordination with UNICEF, continued to work with the MoH to support the COVID-19 vaccination media campaign, including capacity building workshops for journalists, health educators and community influencers, in addition to a full media package to be rolled out nationally. WHO also continued technical support for the MoH COVID-19 Dynamic Infographic Dashboard for Syria, in [Arabic](#) and [English](#).

UNICEF reported ongoing awareness raising through both dedicated mass communication and also community-based activities. In the reporting period, UNICEF further reported ongoing regional outreach, including awareness raising sessions integrated with infant and young children feeding in health facilities and hygiene promotion in schools. UNFPA reported reaching over 38,000 people with COVID-19 related activities in the reporting period, including awareness raising through the integrated GBV/RH mobile teams, community wellbeing centers and women and girls' safe spaces. This included awareness raising reaching more than 11,000 through partners in Aleppo in the reporting period, and targeted awareness raising for 158 young people in Damascus.

UNHCR reported the ongoing work of their approximately 2,678 outreach volunteers with awareness raising across all governorates. In the reporting period, around 61,973 people were reached with COVID-19 awareness raising, with most conducted virtually, with exceptional in-person visits for the most vulnerable individuals and unaccompanied persons.

In addition, OXFAM delivered awareness sessions in ten schools in Rural Damascus reaching over 2,600 students in addition to supporting 91 volunteers delivering awareness-raising messages and IEC on surface hygiene measures for shops and traders. OXFAM also supported 88 female workers to disseminate COVID-19 prevention key messages in Deir-Ez-Zor and Aleppo for 60 days. IMC continued support of awareness sessions in Damascus, Rural Damascus and Dar'a utilizing 11 health educators.

In NES, the Community Rapid assessment on COVID-19 in Al-Hol Camp has been completed, including a Health component focusing on signs and symptoms (with WHO support) and an RCCE component focusing on information and knowledge (UNICEF support). RCCE findings indicate low levels of knowledge and practice of prevention and health seeking behaviors, with rapid stop-gap measures being actioned. UNICEF further reported undertaking a one-month awareness campaign on COVID-19 and disabilities at Al Hol with 20 volunteers in March, in addition to ongoing broader campaigns, including in the Annex. Other activities supported by UNICEF in camps are detailed below.

Also in NES, NGOs continue awareness raising in camp and out-of-camp areas. The RCCE Sub-Taskforce is working with an NGO partner and local authorities to develop Public Health Service Announcements, to be broadcast on television and radio stations, including on how to access testing and treatment, and to reduce stigma on isolation facility treatment. Furthermore, in light of low individual reporting of symptoms and weak health-seeking behaviors, the RCCE Sub-Taskforce and COVID-19 Taskforce is working with partners on a survey to identify barriers and improve uptake of formal treatment.

Surveillance, Rapid Response Teams and Case Investigation

Currently 1,360 sentinel sites report cases through the EWARS system. With WHO support, 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 for testing (in line with similar established mechanisms). To date, 507 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 (all DoH supported), while Manbij/Kobane is covered from Aleppo while local health authorities in NES have also deployed seven RRTs and one RRT in Al-Hol camp in cooperation with KRC; however the majority of samples are collected by 20 RRTs operating under a parallel sample collection system supported by local authorities and humanitarian partners.

WHO continues to provide support for capacity building and reporting tools for immediate notification and operational support for sample collection and transportation. IMC further reported continuing active surveillance and suspected case finding utilizing a network of 32 physicians (pediatric, gynecology and general internal) in Damascus, Rural Damascus and Dar'a. UNICEF supported mobile medical teams in Damascus, Rural Damascus and Dar'a, who followed up on suspected and confirmed cases, including those self-quarantining at home.

In NES, partners report funding for RRTs is declining, with at least four ceasing operation since the last report. 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.

Points of Entry

WHO continues to support strengthening capacity at points of entry (PoE). Among 15 GoS-designated PoEs, seven have partially opened for international travelers. WHO has supported assessment of 12 to date, and based on those findings, is working to support establishment of six medical points to provide healthcare access for travelers. A medical point in Abu Kamal ground-crossing is under construction in Deir-Ez-Zor; WHO is supporting procurement of needed medical equipment and other items. In addition, WHO is working to support a media point at the Jubousiya ground-crossing located in Homs. Other efforts to date include provision of PPEs, infrared thermometers, barriers, and one thermal camera.

Also in the reporting period, WHO supported two field visits to Homs and Tartous to review the capacity at three ground crossing PoEs and at three ports (Tartous, Baniyas and Alwad). WHO further supported two workshops for 40 people on enhancing PoE preparedness and response capacity, based on the IAR recommendations, as well as the updated COVID-19 case definition.

In NES, PoE upgrades have been at five of the ten PoEs in Manbij, Tabqa and Al Jazeera. This has included support for rehabilitation, provision of medical prefabs and isolation units, medical equipment, PPEs, and other items. Discussions are ongoing with partners to plan for a training of health staff based on PoEs in NES to support in identifying and referring suspected cases for testing.

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 82 laboratory technicians and 49 laboratory assistants, including to support expansion of testing in regional laboratories. In the reporting period, WHO supported further training in molecular biology, COVID-19 PCR testing, biosafety, and biosecurity procedures for nine laboratory technicians from Ar-Raqqa and Deir-Ez-Zor.

WHO has provided testing kits to the MoH since 12 February 2020, and to date, has provided a wide range of reagents and supplies needed for conducting approximately 310,000 tests, in addition to eight polymerase chain reaction (PCR) machines and two extraction machines, and PPE for staff. In the reporting period, WHO delivered three new PCR machines for laboratories in Tartous, Rural Damascus and As-Sweida. In addition, UNHCR has procured one GeneXpert machine, and WHO delivered another GeneXpert to the Qamishli National Hospital, which has been functional since the end of December. A public health laboratory in Hama has been equipped with support from the Aga Khan Development Network and is expected to start functioning shortly.

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, Qamishli National Hospital and the public health laboratory in Homs. A laboratory in Hama, equipped with the support of the Aga Khan Development Network, has also commenced testing. As of 20 March the MoH reported approximately 103,566 tests had been conducted across the laboratories. 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. Additionally, the laboratory processing PCR tests in Qamishli from the local authorities is critically under-supported and may cease operations within one month without support of RNA Extraction Kits, PCR Kits and consumables, with likely stockout of RNA Extraction Kits within one month and stockout of necessary consumables within one week.

Infection Prevention and Control

WHO, UNICEF, Health and WASH partners continue to work closely with relevant authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors have continued to support IPC measures in health facilities, as have Shelter partners in collective shelters.

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 the pipeline. In addition, over a million PPEs have been delivered by health sector partners. In the reporting period, WHO dispatched nearly 33,000 PPE items to health facility partners in Damascus, Al-Hasakeh, Deir-Ez-Zor, Ar-Raqqa and Aleppo, in addition to 29 infrared thermometer devices.

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, UNICEF supported training for 75 health workers from nursing schools on IPC measures during COVID-19, in addition to delivering 150,000 PPE (N95 masks and gowns) and 50,000 hand sanitizers to education partners and nearly 300,000 PPE (N95 masks, gowns and gloves) and 29,060 hand sanitizers to health partners in seven governorates.

Also, UNICEF completed rehabilitation of WASH facilities at a Damascus hospital, and continued rehabilitation of WASH facilities and sewage networks at the Al Forat Hospital and Children and Obstetrics Hospital in Deir-Ez-Zor.

As reported previously, UNDP has completed rehabilitation at a hospital isolation center in Damascus and during the reporting period, completed rehabilitation at additional healthcare facilities in Lattakia and Dar'a, with work in Deir-Ez-Zor ongoing and 85 per cent completed to date. Rehabilitation at Dummar Hospital was also completed in mid-March. UNDP further continues support of safe water supplies in Al-Hasakeh, including rehabilitation of seven pumping stations and 26 wells completed in January 2021. Other light rehabilitation, including WASH, by Première Urgence Internationale (PUI) and Medair, in Deir-Ez-Zor, Dar'a, Quneitra, Idlib and Aleppo has been completed, as per earlier reports.

In schools, UNICEF continues to support water trucking more than 50 schools in East Ghouta and completed light rehabilitation of WASH facilities in 30 schools in Aleppo covering more than 20,000 students. UNICEF also supported distribution of 22,000 soap bars to 23 schools in Aleppo. TGH further completed WASH rehabilitation in seven schools across Dar'a, Hama and Rural Damascus, while PUI provided ongoing support to 106 children at a facility in Lattakia, including with cleaning and sanitization materials, and maintenance and repair of WASH facilities. Also in schools, OXFAM distributed 2,356 child hygiene kits to 10 schools in various locations.

Also as previously detailed, WASH sector partners continue to deliver increased quantities of soap and water to particularly vulnerable communities, including to areas in Idlib governorate. UNICEF also 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. TGH continued water trucking to 11 communities in Rural Damascus. UNICEF further delivered hygiene kits to 5,000 people, including students in Homs, Hama and As-Sweida, and supported delivery of 6,302 hygiene kits in northern rural Aleppo, as well as baby hygiene kits and soaps.

UNFPA further distributed of PPE to staff and maintained IPC measures at their reproductive health clinics. UNFPA also delivered 14,745 COVID-19 hygiene kits to Aleppo, Homs, Deir-Ez-Zor, and to NES, in addition to 60,000 N95 masks to health partners in Damascus. Further, IMC delivered over 10,000 items of various PPE in addition to disinfectants to clinic and mobile teams, with supplies sufficient for 12 months in pipeline. OXFAM distributed a further 750 family hygiene kits in

Rural Damascus and 2,080 family hygiene kits across five villages in Rural Aleppo, with further plans to distribute more than 5,000 additional kits in the coming weeks.

UNRWA continued to support essential WASH services to Palestine refugees in ten accessible camps (nine official). As previously reported, UNHabitat has also delivered sterilization equipment and materials to six municipalities in Rural Damascus and implemented hygiene awareness campaigns.

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. The priority remains on providing support to and reinforcing isolation facilities.

To date, humanitarian partners have been informed by local authorities of 32 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 1,144 beds, including 934 isolation beds, 210 ICU beds, and 185 ventilators. The 32 quarantine centres are reported to have 5,182 beds.

WHO continues to deliver case management trainings. In the reporting period, WHO supported training for 150 health workers including on immediate life support and ventilator management in Damascus, Aleppo, Rural Damascus and Hama. Further, WHO provided more than 71,000 treatments of lifesaving medicines to partners including for COVID-19 cases.

In NES, 16 are currently fully or partially operational (four in Al-Hasakeh, six in Ar-Raqqa, three in Deir-Ez-Zor and three in Aleppo), with a current total capacity of 795 beds for moderate-severe cases and 40 for ICU. In November, a COVID-19 facility was activated in Ar-Raqqa for pregnant women, including a dedicated delivery unit. However one CTF has closed within the last month, and four more are likely to close within the next 30 days, due to the lack of funding to maintain operations. While CTFs have not been fully utilized in the past, the number of beneficiaries seeking treatment has increased, with several CTFs are at or near capacity. Cases in NES are unlikely to decrease for some time due to the lack of community risk perception and delays in vaccines. Implementing organizations in NES will continue to seek funding to maintain essential services.

Operational Support and Logistics

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

Globally, 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 have been compiled by WHO to inform all partners of the requirements and gaps. 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 against the needs. The dashboard is updated weekly. The RC/HC has also designated a dedicated Supply Chain Task Force Coordinator for within Syria, assigned by WHO and alternate Coordinator, assigned by WFP, who will oversee and validate related requests for Damascus-based partners uploaded onto the system.

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. During the reporting period, the Logistics Cluster facilitated the transportation of 3MT of Health Sector cargo by air from Damascus to Qamishli. This is in addition to an UNHAS service for air passengers between Damascus and Qamishli. During the reporting period, the UNHAS service expanded to include twice-weekly flights to Aleppo.

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 in NES, 75 confirmed cases have been reported in camps and IDP sites. Overall there have been 1,817 samples taken from IDPs and refugees out of camp settings, and 253 samples from camps. Among IDPs outside of camps 540 confirmed cases have been identified and registered.

The camp coordination meeting for all formal and informal camps in NES (excluding Al Hol, which has weekly meetings) is now combined into one monthly meeting to enhance coordination. In all formal camps, health committees are active. In general only critical activities are ongoing to reduce transmission risks, 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. In most camps areas are completed or nearing completion. At Mahmoudli and Washokani, isolation centers are operational, and at Areesha, the center is ready with capacity for 70 people. At Abu Khashab, two rub-halls and four family tents, with 31 beds, were installed. At Roj, works have been largely completed, however the treatment facility is currently not functioning. In Newroz, suspected cases are isolated in a rub-hall. In addition, external referral of all moderate/severe suspected cases has been agreed (except Al Hol).

To date, 7,572 people have been reached with COVID-19-related rehabilitation and light maintenance at 36 collective shelters in five governorates. Other planned responses have since been cancelled due to lack of official clearances.

Further, Shelter and NFI partners are continuing to conduct their activities while applying the precautionary measures and update guidance and provide support where requested. In February, Shelter partners conducted four further training sessions and distribution of PPE for staff. The Shelter sector, with Health and WASH sectors has finalized technical guidance for collective shelters to fully reflect COVID-19 mitigation measures.

UNICEF also reported in the reporting period, in addition to ongoing RCCE campaigns in Al-Hol camp, COVID-19 awareness and vaccine demand generation promotion activities reached 1,661 people through 65 volunteers in Al-Hasakeh and Ar-Raqqa, including in IDP camps.

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, 14 cases of COVID-19 among residents has been confirmed, including one new case in the reporting period, in addition to five healthcare workers and several distribution staff. Sadly, four residents have died (in hospitals located outside the camp) and nine have recovered. At the time of writing, a further suspected case had been transferred to the isolation ward at Al-Hasakeh National Hospital, with PCR results pending.

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, with transfer of COVID-19 cases arranged through dedicated ambulances and teams trained on IPC measures. As reported previously, construction of the COVID-19 treatment facility/isolation area is complete, with capacity for 80 individuals.

To date, WHO has delivered four shipments of PPEs (104,556 items) and 29 thermal screening devices to Al Hol. UNICEF has 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 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 continues to emphasize 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.

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.

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, \$3.79 billion or 39.9 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 appeal 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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