



**12,462** Total confirmed cases

**6,098** Recoveries

**781** Deaths

Source: Syrian Ministry of Health (MoH)

\*MoH data does not include areas outside of GoS control

This report is produced by the World Health Organization (WHO) and the Office for the Coordination of Humanitarian Affairs (OCHA), in collaboration with humanitarian partners. The next report will be issued in the beginning of February.

### HIGHLIGHTS

- As of 12 January, the Government of Syria Ministry of Health (MoH) has announced 12,462 COVID-19 cases in the GoS, including 6,098 recoveries and 781 deaths.
- In northeast Syria (NES), 8,227 cases of COVID-19 have been reported as of 9 January.
- In northwest Syria (NWS), 20,717 cases of COVID-19 have been reported as of 12 January.
- Of the cases announced by the MoH, 282 are reported to be healthcare workers, largely in Damascus. In NWS upwards of 2,618 are healthcare and associated workers, and, 761 of confirmed cases in NES are healthcare workers.
- Socio-economic impacts are exacerbating the already considerable humanitarian needs across the country.
- There is an ever-increasing concern regarding the supply gap on medical equipment, consumables and supplies.

### SITUATION OVERVIEW

In Government of Syria (GoS) controlled areas of Syria, as of 10 January, there have been 12,462 laboratory-confirmed cases reported by the MoH: 7 in Ar-Raqqa; 49 in Deir-Ez-Zor; 35 in Al-Hasakeh; 229 in Quneitra; 583 in Hama; 909 in Tartous; 762 in As-Sweida; 915 in Dar'a; 1,375 in Lattakia; 1,392 in Rural Damascus; 1,957 in Homs; 1,923 in Aleppo; and 2,326 in Damascus.

Highlighting the particular risks faced by healthcare workers, the MoH has reported 282 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 the increased distribution of personal protective equipment (PPE) where needed to ensure the protection of healthcare workers already operating under very challenging circumstances.

Since reopening in September, sharp rises of school-related cases 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, insufficiently qualified teaching personnel, and poor/damaged infrastructure. WHO and UNICEF, along with Health and Education sector partners, continue to strengthen further COVID-19 preventive actions in schools, including teacher and school health worker training, PPE distributions, and infection prevention and control (IPC) measures.

Overall, while official numbers remain relatively low, it is clear that the epidemiological situation in Syria has rapidly evolved and community transmission is widespread in past months. After a slight tapering of reported cases in September, since October reported case numbers have accelerated across the country. All indicators (positivity rate; bed occupancy rate; case fatality ratio) indicate the emergence of the second COVID-19 wave in Syria. 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). In December, cases 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 previously reported, humanitarian actors have received unverified reports concerning additional possible cases, in addition to other information which indicated in some areas, the 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.

**In NES, as of 9 January**, there have been 8,227 laboratory-confirmed cases of COVID-19 in NES, comprising 6,786 active cases, 1,158 recoveries and 283 deaths. Seven hundred sixty-one of all confirmed cases (9 per cent of total) have been amongst health workers. Forty per cent of all samples tested have returned positive. As previously noted, there continues to be significant under-reporting of deaths and recoveries. Only a fraction of confirmed deaths in COVID-19 Treatment Facilities are currently reflected in the death total. While, data suggests that there has been a reduction in transmission in some areas (e.g. Tabqa), given the low number of tests conducted (i.e. limited sample size) such analysis should be treated with caution (i.e. does not necessarily indicate statistical significance). The number of tests conducted in December was 3,441, which is an 1,894 reduction (-36 per cent) from November. As of 9 January, the 7-day average of tests conducted was 61, the lowest total since regular mass testing began at the end of August.

**In NWS, as of 12 January**, 20,717 confirmed cases of COVID-19 were reported, with 358 deaths and 14,000 recoveries. Among cases, 12,865 are males (62.1 per cent) and 7,753 females (37.4%). Among the cases, mean age of the cases is 37.4 years, 49 cases are under five years old, and 1,922 (9.7 per cent) cases are over 60 years old. Of all cases, 2,618 (12.6 per cent) are healthcare and associated workers. Curbing transmission in healthcare settings is a priority for WHO and the COVID-19 Task Force. Overall, most cases are in Idleb, Dana, and Afrin sub-districts. Some ten per cent of confirmed cases are in IDP camps (2,095 cases), mostly in Harim. The COVID-19 Task Force is working on the 2021 COVID-19 Preparedness and Response Plan. There is more community acceptance of COVID-19 Community-based Treatment Centres (CCTCs), but some are running out of funds. There are also funding challenges for RCCE and community-based referral activities, which may result in scaling down.

## PREPAREDNESS AND RESPONSE

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

The Humanitarian Country Team (HCT) focus in Syria continues to be to reinforce comprehensive, multi-sectoral preparedness and mitigation measures for COVID-19. The HCT is also oriented to protecting, assisting, and advocating for the most vulnerable, including internally displaced persons (IDPs), refugees, and host communities particularly vulnerable to the pandemic, including by, to the extent possible, working to continue principled programme delivery and the provision of life-saving assistance across the country. 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.

WHO is the lead agency and is working to support the Syrian MoH in enhancing health preparedness and response to COVID-19, following [International Health Regulations \(IHR 2005\)](#). WHO, acting on the eight pillars of the global WHO Strategic Preparedness and Response Plan, continues engaging the Syria MoH and partners. To enhance technical capacity and awareness, including on rational use of PPE, case management, IPC, environmental disinfection, and risk communication; and is focused on procuring and enhancing medical supplies, including laboratory testing and PPE for case management and healthcare facilities. On 31 March, the UN Secretary-General Antonio Guterres launched a report - Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19 - which forms the basis of incorporating socio-economic impacts as the 'ninth pillar' of the response.

In NWS efforts are underway to develop the COVID-19 Preparedness and Response Plan. In NES a modelling task force has been established, led by the COVID-19 International Modelling Consortium (CoMo Consortium) and engaging local health authorities and key NES health actors. This task force has been working on modelling the impact of different non-pharmaceutical interventions on COVID-19 transmission in NES. This model serves to support decision-makers in assessing the public health impact of various preventative measures on overall transmission levels, including the number of severe cases (and related hospitalizations and death cases). Taking the situation as of mid-November as a baseline (i.e. partial lockdown and very localized full lockdowns covering 5-10 per cent of the population in NES), the model estimates that a full 14-day lockdown across NES followed by partial lockdown measures implemented over an extended duration could reduce COVID-19 attributable deaths by over 70 per cent. Similarly, based on the situation an estimated 46.6 per cent of the population in NES is expected to have been infected by COVID-19 by May 2021; the combination of a full lockdown followed by the implementation of partial lockdown measures will reduce the infection rate to 38 per cent of the population over the same period. A full report on the model's findings/ projections is expected to be produced in due course.

## ACCESS RESTRICTIONS

As of 7 January, most land borders into Syria remain closed, with some limited exemptions (from Jordan, Turkey, and Lebanon), including commercial and relief shipments, and movement of humanitarian and international organization personnel. Damascus International Airport, as well as Tartous and Lattakia ports, are operational. Additionally, on 15 December, the Government of Syria Cabinet of Ministers announced the reopening of Aleppo, Lattakia and Qamishli airports starting from 21 December. Starting 15 November, authorities in Jordan introduced additional facilitations for some individuals, including Syrians and Jordanian nationals with Syrian residency to cross into Syria via the Jaber/Nassib border. From 16 August, as in many other countries, the GoS implemented requirements for individuals arriving from official border crossing points with Lebanon, including the presentation of a negative PCR certificate obtained within the past 96 hours at accredited laboratories. The border crossing point between Rukban and Jordan remains closed, curtailing access to the UN-clinic. Access to Rukban from within Syria remains under negotiation.

In addition, reports indicate internal crossings into the Tal-Abiad and Ras Al-Ain area, across frontlines, remain closed. Restrictions appear to remain in place at Um Jلود in Aleppo; at Awn Dadat, the crossing has been closed since 19 October. Al-Bukamal-Al-Quaem crossing is reported to open for commercial and military movements; crossings between the Ras Al-Ain/Tel Abiad area and other locations in Syria remain closed. 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 and humanitarian cargo movement.

The Bab Al-Hawa border into NWS from Turkey is open for commercial and humanitarian traffic, including UN transshipments, and movement of humanitarian staff. Restrictions remained at Bab Al Salama border crossing (Turkey-Aleppo), including limiting NGO staff movement to Tuesdays and Thursdays only, limiting two staff to one vehicle per NGO being granted movement per day, and requirements to register with the crossing's authorities. New regulations by the Government of Turkey will also likely require that people crossing the Syria-Turkey border will need a negative COVID-19 test. All internal crossings between NWS and NES remain closed, however, not due to COVID-19 restrictions.

In NES, local authorities announced on 5 December that civilian movements by public transports will be allowed again starting 6 December. However, access through internal crossing points continued to be restricted in large part due to the impact of widespread lockdown measures which had been implemented, including 10-day full lockdowns in Tabqa and Raqqa cities. Movements were also disrupted following the closure of crossing points for a minimum of 3-days over the new year holiday. Regular organized crossing of international humanitarian staff into NES via the Fishkabbour/Semalka crossing have continued as normal, with the cancellation of just one crossing on 5 January due to KRG office closure over the new year holiday.

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## 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 the COVID-19 Preparedness and Response plan implementation.

In the reporting period WHO conducted an Intra-Action Review from 30 November to 1 December. This was a country-led facilitated process, bringing together a small group of COVID-19 responders, with knowledge of the public health response, to identify learning and improvement opportunities across the pillars of the response. 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). They 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; 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.

**In NES**, weekly operational calls on NES are 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. An updated version of the NES COVID-19 Operational Response Plan was published as of the end of October, outlining immediate requirements to the end of 2020 and into 2021 (anticipating supply challenges and pipeline breaks). The NES COVID-19 Task Force, under the NES Forum structure, continues to meet monthly and serve as a platform for coordinating work across the eight pillars of the response. The task force updates health partners and sector coordinators on COVID-19 related developments, support engagement with the local authorities, and addresses key cross-cutting issues affecting health partners. The task force also oversees two dedicated sub-task forces for risk communication, community engagement (RCCE), and a more technical task force, focused on case management, case investigation, and IPC. The NES Forum and partners continue to engage with local authorities at both central and local levels.

**In NWS**, A COVID-19 Task Force continues to work on securing adequate oxygen supply for hospitals and CCTCs. The Dana hospital was upgraded to 30 ICU beds and is currently in the process of installation of an oxygen generator. Moreover, WHO is distributing 84 oxygen concentrators, which is to supplement and improve oxygen supplies at 27 CCTCs, and, has distributed 480 pulse oximeters to support triage stations at approximately 240 health facilities. WHO continues supporting IPC programmes by providing field visit technical supervision and on-job coaching and training. In the past month, IPC training was provided to 226 staff working at CCTCs.

## Risk Communication and Community Engagement

The UNCT has activated the Risk Communication and Community Engagement (RCCE) Group, aiming 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 behaviours. While cumulative RCCE efforts have reached an estimated 13 million people, survey information and anecdotal evidence suggest that 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 generating public demand for, COVID-19 vaccines.

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

**In NES**, in response to the low levels of mask-wearing in NES and the reported economic barriers to implementing personal protective measures, the RCCE sub-task force has coordinated a multidimensional face-mask campaign. As previously reported, this includes coordinating with Food Security and Livelihoods Cluster partners on the production of cloth masks and linking them with NGOs and local authorities to provide the masks at identified priority locations. The aim will be to distribute these masks to vulnerable populations, key RCCE messages on face masks, and general COVID-19 key messaging. Based on an area-based approach, the campaign has provided masks to the Ar-Raqqa Health Council and at primary healthcare facilities in Ar-Raqqa. There have been some delays experienced in the face-mask campaign, due to lockdown measures on the production of masks and printing of IEC materials.

In the next phase, the campaign masks will be provided to the Kobane Hospital and education councils and distributed to teachers at schools, supporting a mask mandate in schools as they reopen. Partners continue to engage with health partners on masks and messaging at public health care and health facilities. To further address these issues, efforts are underway to brainstorm creative and innovative approaches to raising awareness and take upon critical public health actions. These include such actions as facilitating ongoing consultations between key public health actors and media (i.e. round-table format) to ensure greater visibility around the existing COVID-19 outreach/ awareness being supported by media outlets, partners engaging in traditional media messaging, and formulating a “Media Action Plan” to help initiate key campaigns, provide advice on tracking/ addressing rumours and misinformation, and to ensure uniform messages.

**In NWS**, the RCCE pillar team have set several objectives for 2021, including support NWS COVID-19 Task Force activities through tailored RCCE activities and improved community attituded and utilization of services; sustain and improve communication activities; and, enhance community engagement activities. The RCC pillar team has also surveyed the utilization of COVID-19 CCTCs, both with the general population and with people confirmed COVID-19 positive. The results indicate that social media and awareness-raising workers were the main sources of COVID-19 related information dissemination. There is a generally high understanding of COVID-19, with 73 per cent of the general populace and 97 per cent of patients responding correctly to the five key-COVID-19 statements. Most of the respondents (over 85 per cent) confirmed that face masks, physical distancing and hand washing are among the key protection practices. Up to 61 per cent of respondents had heard about CCTCs for the first time from social media and awareness-raising teams. COVID-19 patients mentioned receiving information from friends, communication apps, doctors, and other patients at a higher rate than non-COVID-19 patients. Radio and television were not among the highly utilized sources. Most of the general population (94 per cent) and COVID-19 patients (85 per cent) knew of the CCTCs. However, only a fifth of COVID-19 patients indicated that they went to a CCTC on diagnosis, while 78 per cent of the general population said that they would go if infected. The primary reason someone would seek treatment at a CCTC was to protect others, followed by the belief that they would get better medical care. For patients at CCTCs, the availability of medical staff and supplies, and the good treatment and respect were among the top reasons that encouraged patients to stay at a CCTC. However, the bad reputation of CCTCs was reported by 26 members of non-COVID-19 patients and 17 patients in areas related to overcrowding, long stay, lack of respect, and no separate rooms for women.



## 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 rapid response teams (RRT) to refer to the central public health laboratory (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. More than 8,000 suspected COVID-19 cases were investigated during the reporting period within 24 hours of an alert received. 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 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 were collected from thirteen governorates since mid-March, including 325 samples from Al-Hasakeh, 143 from Deir-Ez-Zor and 13 Ar-Raqqa.

**In NES**, the centralized hotline mechanism is supported by the local authorities, the Kurdish Red Crescent (KRC), and NGO partners. This hotline (hotline A) is available to the public and can be reached through 4 phone numbers, widely disseminated to the population via media/ social media, and flyers. Individuals with symptoms are encouraged to contact the helpline to ask some basic questions as part of a triage process. If deemed a suspect case, an RRT will be deployed to collect a sample and conduct a case investigation. A second hotline (hotline B), also part of the Operations Desk (OD) in Qamishli, has now been established to facilitate the referral and hospitalization of cases.

To address a significant underestimation/underreporting of recoveries (and deaths at home), which has been linked to the lack of dedicated follow-up capacity, a dedicated “Recovery/ Follow-Up Unit” under the OD has been established. It will be responsible for following-up with COVID cases both as part of regular screening and to track/ confirm recoveries (recovered cases being defined as an individual who meets criteria of a minimum of 13-days in self-isolation, with the last three-days of being asymptomatic).

**In NWS**, a total of 1513 cases (7.3 per cent) were reported to be among health care workers (physicians, dentists, nurses, and various medical technicians), and another 1105 (5.3 per cent) cases are other staff working in healthcare facilities/community health workers. There has been a gradual increase observed in reporting of syndromes/morbidities by the sentinel sites under EWARN. Up until epi-week 50, a total of 238 (Aleppo 129, Idleb 109) out of 241 (Aleppo 131, Idleb 110) sentinel sites reported to the EWARN, constituting 99 per cent (vs 98 per cent in November) of completeness and 99 per cent (vs 87 per cent in November) timeliness of reporting.

## 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 travellers. A medical point in Abu Kamal ground-crossing is under construction in Deir-Ez-Zor; WHO supports 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.

**In NES**, a monitoring team has been established to assess compliance of the recently developed guidance on ‘NES Border Crossing /PoE’ and a ‘Technical Monitoring System’ for PoEs. The NES COVID-19 Task Force is exploring the capacity of partners to provide some limited support. Identified gaps continue to persist concerning the infrastructure, supplies, and staffing at PoEs, such as the lack of dedicated medical and isolation caravans and limited furniture, ambulances, medical equipment (including oxygen), PPE, and staffing coverage costs, and capacity-building for staff. The NES COVID-19 Task Force coordinates with other stakeholders to ensure identified gaps are covered. As of December, the implementation of a project to provide support to 4 crossing points (one cross-border and three crossline) has begun. Interventions include the rehabilitation of existing screening infrastructure, the rehabilitation of targeted POEs, provision of prefab medical posts, installation of isolation units and donation of equipment and supplies (including PPE, furniture and electric generators).

**In NWS**, during the reporting period, almost 233,918 travellers were screened with temperature checks within the 7 POEs through the medical staff of WHO implementing partners, of which 174 travellers were COVID-19 suspected cases that were referred to the COVID-19 Community Based Treatment Centers (CCTCs). An additional 946 suspected cases were referred to the CCTCs and the referral hospitals from other health facilities inside NWS through the COVID-19 referral system.

## Laboratory

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 the 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 the 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 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 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.

**In NES**, as previously reported, the main challenge in initiating expanded testing have been supply challenges. Throughout 2020 shortages of stocks, particularly PCR testing kits, reagent (RNA extraction kits) and diagnostic consumables (e.g. swabs and microcentrifuge tubes) created a barrier to scaling-up testing. As of December, two NGO shipments of diagnostic supplies have been provided to the lab, the first containing testing kits and reagent and the second diagnostic consumables. As of the beginning of January 2021, between one to two months' worth of supplies (i.e. at 400 tests per day these supplies will last one month; at 100 tests per day they will last up to three months) were in stock. A second NGO shipment of testing kits sufficient for approximately 20,000 tests is expected to be delivered in January. Although supply challenges have been a barrier to expanding testing, low stock levels alone do not explain the low testing levels. Other factors include social stigma around getting tested (or being visited by RRTs), a divergence of approach in some areas (e.g. in Raqqa the local Committee of Health have instructed health facilities to send suspect cases with mild symptoms home without a test) and the limited compliance among many health facilities (particularly private health facilities) with regards the official procedures for reporting and referring suspect cases.

**In NWS**, 67,693 samples have been tested since reporting the first case, with a test positivity rate of 29.2 per cent. WHO has provided 5,400 swabs followed by other 10,000 and UTMs (Universal Transport Medium) which have reached inside NWS on 22nd and 24th December, respectively. In addition, with support from WHO an additional 50,000 swabs and UTMs are currently being procured. The new WHO Guidance on revised Case Definitions and revised Interim Surveillance Guidance, both dated 16 December, were shared with the COVID-19 Task Force. The collaborative initiative between the EWARN partner and the MoH Turkey for Laboratory Quality Assurance program for COVID-19 is in progress and has included the additional two laboratories in the program.



### Infection Prevention and Control (IPC)

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 the 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 the rehabilitation of WASH facilities at Drikeesh National Hospital in Tartous. 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 Ministry of Education have identified six spaces in Al-Hasakeh to install prefabricated classrooms for 8,000 students for formal education and reduce overcrowding GoS-run schools. UNICEF will rehabilitate two, however, an additional \$200,000 is urgently required to enable rehabilitation of the remaining four. UNFPA have distributed 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. UNRWA continued the distribution of PPE to sanitation labourers. UN Habitat also delivered sterilization equipment and materials to six municipalities in Rural Damascus including hands-free washing stations, 9,000 litres of sterilization solutions, solid waste containers and PPEs and cleaning tools for solid waste workers.

Training in IPC and the use of PPE has continued. WHO supported capacity-building workshops for 40 health care workers in Damascus and Rural Damascus and 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. A partner further implemented training for 20 healthcare workers in Deir-Ez-Zor, including medical waste disposal and IPC/PPE measures.

**In NES**, there appears to be a reduction in the level of transmission at NGO supported health facilities and among NGO employed health workers, suggesting that IPC enhancements can positively impact reducing transmissions. The NES COVID-19 Task Force has proposed that all health facilities in NES take basic steps to promote greater compliance with IPC measures. To ensure technical coherence across camp-level isolation facilities, several SOPs related to solid waste management, disinfection protocols, and laundry have been developed to support Camp Management, WASH, and Health partners to ensure compliance with basic minimum standards. A second round of the IPC in health facilities assessment is currently underway. This assessment is targeting all NGO facilities assessed under the first round. In addition to NGO-

supported facilities, emphasis will be on expanding coverage to all public hospitals in NES. To the extent possible, other local health authorities supported primary healthcare facilities. Based on this assessment, the Health and WASH Working Groups will direct partners accordingly to support further IPC upgrades in health facilities

**In NWS**, WHO has continued supporting the Al Zara'a and Dana COVID-19 designated hospitals. Dana Hospital was upgraded to 30 ICU beds and is currently in the process of installing an oxygen generator. Through a partner, WHO is in the process of distributing 84 oxygen concentrators to supplement and improve oxygen supplies at 27 CCTCs and has distributed 480 pulse oximeters to support triage stations at approximately 240 health facilities. In addition, through a partner, WHO has continued supporting IPC programmes through field visits, technical supervision, job coaching and training.



## Case Management

Working closely with MoH technical teams, Health and WASH partners, following on from completed inter-sectoral mapping in coordination with health departments, WHO continues to meet daily 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 to support and reinforce isolation facilities.

Local authorities have informed humanitarian partners 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 training. 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** overall levels of hospitalization to COVID-19 dedicated facilities remains low. The biggest facilities are seeing 20-25 admissions per week, with bed occupancy at approximately 9 per cent of capacity only. This increases the concern that people are not receiving the treatment they require, potentially contributing to a significant number of people dying at home. Furthermore, there is concern regarding the trend of late presentation to treatment facilities, occurring only when patients experience severe symptoms. Fifty per cent of deaths reported are in those that have been admitted within a mere 48 hours, with case fatality rates ranging from 26-61 per cent of total admissions.

Based on the data submitted by 9 COVID-19 facilities of 58 patients who've been intubated and receive intrusive ventilation, 55 (95 per cent) have died. This indicates that without adequate staffing/ training, ventilation may do more harm to patients. In at least one facility, a decision has been taken not to ventilate patients. Instead, there has been an increased focus on early interventions that prevent the deterioration of cases, including collaborating with nearby health facilities to promote early referral and palliative/ end of life care. To enhance capacity to treat critical cases, three NGOs are collaborating on a training programme. This will ensure that all ICU staff are trained on a standard critical care protocol and provide on-the-job support/consultation to medical staff.

**In NWS**, the Suicide Prevention Roll-Out Training during COVID-19 for doctors, nurses, GBV/CP workers, and personal support workers (PSW), is continuing with 542 trained (311 males and 231 females). There is also ongoing online supervision for 253 trainees, who are supported by nine supervisors. With the comprehensive training on suicide prevention for PSWs, efforts have also been made to improve the existing Helpline and created "24/7 Suicide Prevention Hotline", which started 19 December. Face-to-face psychosocial support (PSS) counselling is being conducted by 15 PSWs providing PSS counselling with strict IPC. This is also being followed-up with the 13 CCTCs, and there were 1,159 Psychological First Aid sessions and 1,194 PSS counselling sessions provided. For the mental health and psychosocial support (MHPSS) helplines for COVID-19 patients and frontline workers at CCTCs, Isolation Hospitals and communities, there was a total 421 PSS counselling provided as of the first week December. A training of trainers has been conducted for 18 future trainers on perinatal depression for midwives during this COVID-19. The roll-out training for 450 midwives was started on 28 December, and 125 midwives have been trained. The midwives trained will receive supervision post-training for three months, provided by an external consultant on perinatal depression for the supervisors.



## 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 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. 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.

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

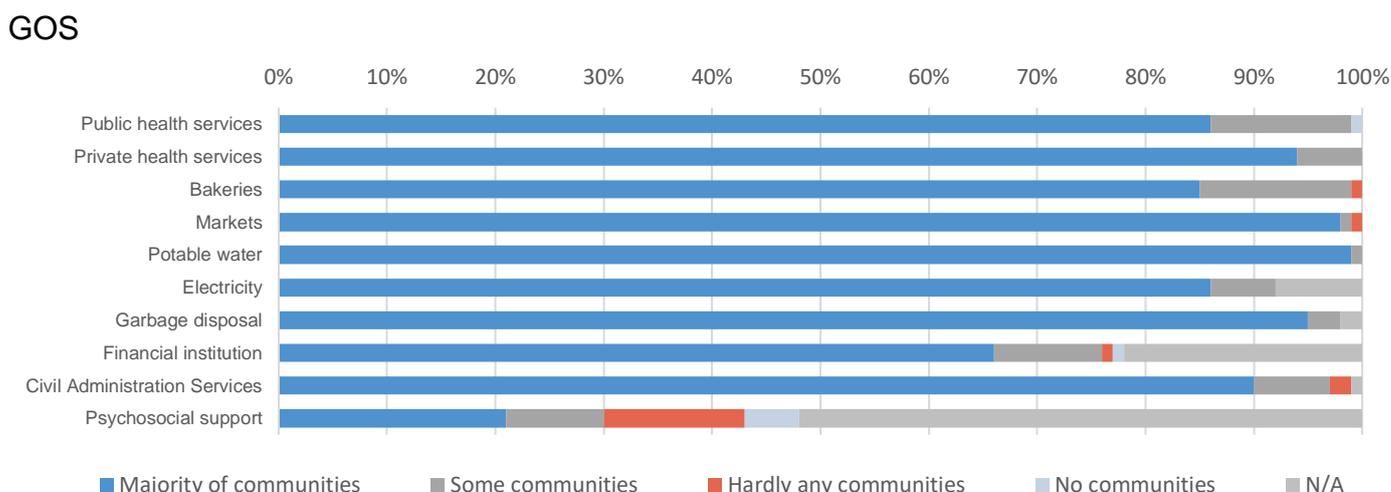
The Logistics Cluster is monitoring UN agency supply routes into Syria and working with the Global Logistics Cluster to identify bottlenecks, in addition to facilitating access to free-to-user warehousing around Syria and monthly consultations with partners through cluster coordination meetings. Ad-hoc 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.

**In NES** NGOs continue to face challenges in importing medical equipment and PPE from suppliers based in Iraq/ KRI and report challenges in exporting COVID-19 related supplies from KRI to NES. Some NGOs have had more success than others in navigating these ambiguities through direct negotiation with authorities or reducing quantities (i.e. dividing into individual shipments). Partners are encouraged to notify the NES Forum of any planned COVID-19 shipments through the dedicated COVID-19 supplies shipment tracker. This tool aims to ensure more systematic tracking ability of NGOs in NES to bring COVID-19 related supplies into NES to understand better the specific constraints impacting NES COVID-19 shipments and provide clarity on the workaround to address these constraints.

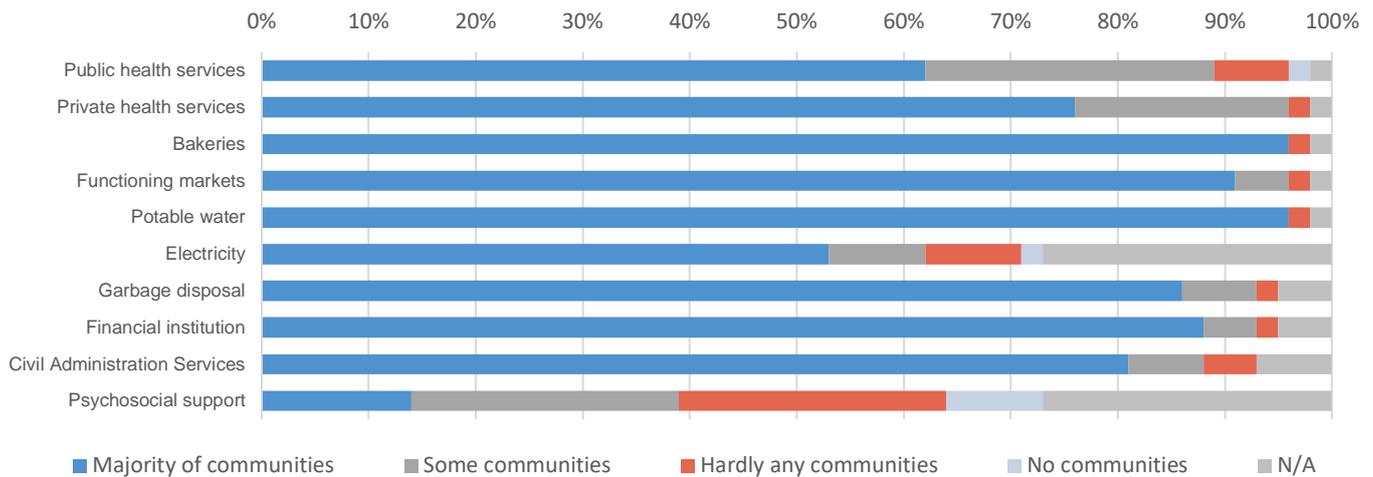
**In NWS**, WHO has supported 160 Health Facilities in northwest Syria with personal protective equipment and IPC materials in order to cover the one-month gap for health workers in the health facilities. WHO has distributed 29,160 Protective Gowns, 11,700 Protective Suits, 650 Goggles Protective, 30,000 Medical-Surgical Masks, 100,000 Gloves, 6,000 N95 Masks and 160 IPC kits. In addition to the support of WHO, an NGO partner distributed 300,000 surgical masks. Additionally, WHO has supported six health facilities with ICU medicines and consumables in order to support case management.

## Annexes

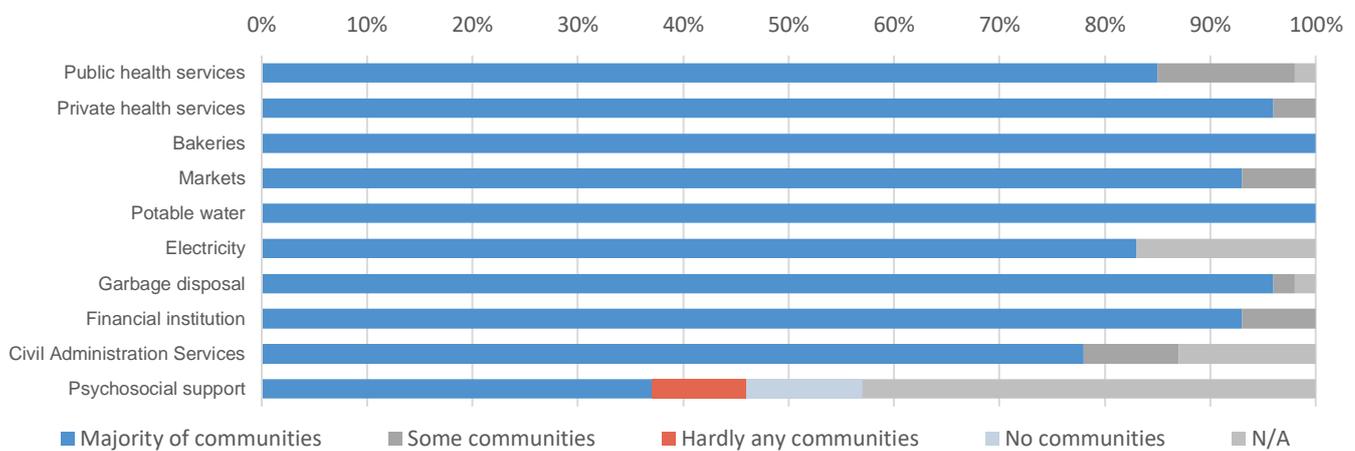
### STATUS OF BASIC SERVICES *(Source: HNAP as of 5 January 2021 / Proportion of sub-districts with access to the below services: )*



## NSAG



## SDF



## More Information

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

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