



**16,656** Total confirmed cases

**11,141** Recoveries

**1,110** Deaths

Source: Syrian Ministry of Health (MoH)

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

This monthly 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 April.

### HIGHLIGHTS

- As of 16 March, the Government of Syria Ministry of Health (MoH) has announced 16,656 COVID-19 cases in the GoS, including 11,141 recoveries and 1,110 deaths.
- In northeast Syria (NES), 8,743 cases of COVID-19 have been reported as of 16 March.
- In northwest Syria (NWS), 21,072 cases of COVID-19 have been reported as of 16 March.

### SITUATION OVERVIEW

In Government of Syria (GoS) controlled areas, 16,656 laboratory-confirmed cases have been reported by the MoH to date: seven in Ar-Raqqa; 35 in Al-Hasakeh; 62 in Deir-Ez-Zor; 286 in Quneitra; 723 in Hama; 905 in As-Sweida; 972 in Dar'a; 1,272 in Tartous; 1,657 in Rural Damascus; 2,310 in Homs; 2,375 in Aleppo; 2,610 in Lattakia; and 3,442 in Damascus. Since the last report, 1,750 new cases have been announced. The MoH also announced 1110 fatalities, an increase of 129 from the last report, and 11,141 recoveries, 2,387 more from the last report. 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). 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 going undetected.

The MoH has also reported among their testing results, 654 healthcare workers have tested positive for COVID-19, an increase of 195 cases since our last report, including 29 who have sadly died. This underscores the particular and ongoing risks to healthcare workers and - 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 to healthcare workers already operating under very challenging circumstances. Since reopening in September, 2,221 cases have also been reported in schools, including at least 21 reported deaths. Of these, 1,343 were reported to be teachers/administrative staff. These cases highlight the challenges of preventing transmission in schools, particularly given the overall context of overcrowded classrooms, teacher shortfalls, and insufficient space for distancing, due to poor/damaged infrastructure. Along with sector partners, WHO and UNICEF continue to further strengthen preventive actions in schools, including through PPE distributions and promotion of infection prevention and control (IPC) measures.

**In NES**, as of 16 March, there have been 8,743 confirmed cases of COVID-19. Of these, 6,112 are recorded as active, 2,195 have recovered, and there have been 435 deaths. In the last seven days, there were 38 new confirmed cases. There has been a drop in the number of cases reported and registered in NES since the peak of cases in the early winter. The number of cases not being reported, tested or registered is believed to be high. On 4 February, the local authorities lifted all remaining lockdown measures. As of yet, they have not implemented any new public health regulations or recommendations aimed at keeping the number of COVID-19 cases low. The continuing decrease in risk perception of COVID-19 among the community and the lack of public health guidelines means that there are concerns that when the new variants arrive in NES, the conditions exist to make it difficult to institute new policies to keep cases from spreading.

As of 3 March, there have been a total of 67 confirmed COVID-19 cases among IDPs and refugees in camps and sites from a total of 227 samples collected in camps for a positivity rate of 30 per cent (with a further 503 confirmed cases among IDPs and refugees in non-camp settings). The largest number of cases was in Mahmoudli Camp in Ar-Raqqa Governorate, where five individuals tested positive for COVID-19 in the month. As of 16 March, 787 of the total confirmed cases of COVID-19 (9 per cent of all cases) were recorded amongst health workers, with the highest recorded in Al-Hasakeh Governorate.

**In NWS**, as of 16 March, a total of 21,247 confirmed cases of COVID-19 were reported, with 637. In the last seven days, 33 there were confirmed cases. COVID-19 cases in northwest Syria are increasing at a much slower pace. In February, only 727 new cases were reported, compared to 4,268 cases in December 2020, i.e. an 83 per cent decline. The total number of cases from IDP camps are 2,214 (10.5 per cent). Of all cases, 1,849 (8.7 per cent) are from health care workers (physicians, dentists, nurses, midwives, pharmacists and various medical technicians), and another 869 (4.1 per cent) are other staff working in healthcare facilities/community health workers. Since the first case was confirmed on 9 July, a total of 90,438 samples have been tested, with a test positivity rate of 23.4 per cent. Funding gaps are increasing the risk of disruption in vital response services, particularly the referral system for patient transportation, manning points of entry with Infection Prevention Control and screening measures, and essential health services such as hospitals and primary health centres across the northwest in the coming months.

## PREPAREDNESS AND RESPONSE

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 lifesaving 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 for the COVID-19 pandemic response and is working to support the Syrian MoH enhancing health preparedness and response to COVID-19, following International Health Regulations (IHR 2005).

## VACCINES

In coordination with UNICEF, WHO 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 (the Vaccine Alliance) 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 the intent to provide an initial 1,020,000 doses of Astra Zeneca SII (AZ SII) vaccines to cover the first three per cent of the population (targeted high-risk groups), including in NES.

The National Vaccine Deployment Plan (NVDP) was submitted on 9 February, re-submitted after review on 16 February and approved on 19 February. The cold chain application was submitted on 21 February, and the technical assistance plan for COVAX was submitted on 28 February. GAVI has indicated the first allocation of vaccines is anticipated by the end of the first quarter of 2021, or within the next quarter at the latest, after its technical review and signing of the indemnity document with the manufacturer and confirming operational readiness. Regular daily meetings of the three vaccine-related coordination committees have been held in past weeks (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 ten technical sub-committees. UNICEF has also commenced 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 every month, with the most recent update submitted on 23 February.

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. Estimates for the operational costs for the first phase of the vaccine roll-out under COVAX, targeting 3% of the population, including frontline health workers and social workers, are US\$ 7 Million 000 000 (US\$ 4.5 million for the areas under the control of the Government of Syria and northeast Syria, and US\$ 2.5 million for northwest Syria areas). The

estimates for the second phase of the vaccine roll-out will target the next 17% of the population and include the elderly and those with chronic diseases; it will take place in the third and fourth quarter. Estimated gaps in operational costs: US\$ 32 (US\$ 24.3 million for areas under the control of the Government of Syria and northeast Syria, and US\$ 7.5 million for northwest Syria)

**In NES**, over the course of the last month, two inter-hub meetings have been held with WHO and NES colleagues in order to promote information sharing regarding the vaccine, and initial planning on quantities of vaccines for NES and general timelines were shared. According to plans, there will be an initial allocation of AstraZeneca vaccines for NES that are projected to be 100,000 or more doses and will be aimed to reach 3 per cent of the population, specifically individuals 55 and over, people with co-morbidities, and frontline health workers. Clarity is still needed on the details of vaccine roll-out, the geographic coverage, location of distribution points, dates of vaccination, registration processes or coordination with NES stakeholders to ensure coordination on vaccine roll-out.

The NES COVID-19 Task Force has requested detailed information related to the vaccine distribution plan and be involved in the microplanning process to ensure fair and equitable access to vaccines for all individuals covered under the COVAX application. The task force also recommends the involvement of NES local authorities to promote the effective roll-out and support in reaching populations in NES. Discussions are ongoing to identify possible Plan B options for vaccines if there are delays or disruptions in the provision of vaccines through the existing COVAX application, including the COVAX humanitarian buffer and or other avenues for accessing the vaccine.

**In NWS**, COVAX Vaccine Request and Technical Assistance plan has been prepared and submitted and approved by GAVI. WHO and partners finalized the development of the National Deployment and Vaccination Plan (NDVP) for northwest Syria; following submission, the plan has been approved on 17 February. On 15 February, the WHO granted Emergency Use Listing (EUL) for the AstraZeneca AZD1222 vaccine produced by the Serum Institute of India vaccine (SII-AZ). The northwest of Syria has been allocated an initial 224,000 doses of the AstraZeneca AZD1222 vaccine and is tentatively expected by May 2021. Further data collection is ongoing of priority groups for the upcoming COVID-19 vaccination campaign, along with the development of the registers and SOPs and adopting training material for the campaign. WHO and partners are currently working on the first draft of the COVAX vaccination campaign plan and budget. Within the NWS COVID 19 Task-force, the vaccination roll-out plan is being designed, which will include plans for service delivery, cold chain & logistics, demand generation & communication, prioritization, targeting and COVID-19 surveillance, monitoring and evaluation: determination and proof of eligibility/validation, proof of vaccination, monitoring of coverage among at-risk groups, and safety, including injury prevention and AEFI detection and response. Phase one of vaccination roll-out for NWS in priority order of precedence will include health care workers, high-risk population groups (with associated chronic co-morbidities) and other cluster frontline workers (depending on availability).

## ACCESS RESTRICTIONS

As of 14 March, 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. 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.

The GoS continues to maintain a widespread easing of preventive measures introduced in late May. However, localized measures such as the suspension of some schools/classrooms where COVID-19 cases had been reported. In some locations, closures of wedding and condolence halls, restrictions on audiences for sporting events, and celebratory gatherings have been observed.

In NWS, the Bab Al-Hawa in Idleb remains opened for humanitarian workers and goods. Syrian citizens in Turkey can reportedly apply for voluntary return to Syria through the crossing. The Bab Al-Salam border crossing remains open to NGOs (on Tuesdays and Thursdays only).

In NES, widespread preventive measures in response to increased reported COVID-19 cases implemented in November were lifted on 4 February, with no current directive concerning mandated public health measures. Shops, groceries, schools, universities, and educational facilities are open, like churches and mosques. Mass social gatherings are no longer prohibited. The Fishkabout/Semalka crossing point temporarily closed, including to humanitarian crossing from 4 to 7 February. On 8 February, NGO staff reportedly resumed crossing from Iraq into Northeast Syria. There has been no additional closure reported since – although crossing remains allowed three days a week only.

The status of internal crossing points across Syria has been intermittent since March 2020. Since early December, civilian, commercial and humanitarian movements have been allowed at Tabqa, Akeirshi and Abu Assi in Ar-Raqqa. Further reports indicate internal crossings in Tal-Abiad-Ras al-Ain remained closed. 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. 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. Al Taiha crossing point in Aleppo has been open. On 20 February, the GoS announced the reopening of the Abu Zandin crossing, however, no movement was recorded so far. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement. On 22 February, the GoS further announced the opening of the Turunbah crossing (west of Saraqeb) in Idleb Governorate; however, to date, no movement has been recorded.

## 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. The review of the 2020 plan and its revision for the 2021 response is underway. The UN RC/HC and WHO Representative, along with other UN leadership in the country, continue to engage senior officials on the COVID-19 response, as well as with ICRC and SARC. Sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and NFIs, continue national and sub-national meetings to support coordinated response planning and coordinating with authorities. The ISC is currently reviewing planning assumptions/scenarios, risk factors and priority activities to ensure vaccination planning and roll-out is reflected in the COVID-19 Operational Response Plan, which was extended into 2021.

**In NES**, the COVID-19 Task Force continues to oversee collective COVID-19 preparedness and response efforts under the joint chairmanship of the NES Emergency Coordinator for COVID-19 and the NES Health Working Group (HWG) Coordinator. Over the next month, through a dedicated feedback survey, a review of COVID-19 coordination arrangements will be undertaken. This will look to identify areas for improvement to be implemented through 2021. The NES COVID-19 Taskforce and partners continue to engage with the local authorities in the Technical Committee (TC) at the central level and seven local COVID Committees – Al-Hasakeh, Qamishli, Deir-Ez-Zor, Tabqa, Ar-Raqqa, Menbij and Kobane. After the complete removal of lockdown measures in NES, the task force recommended to the department of health (DoH) to communicate recommendations to the population to continue to wear masks in public spaces, maintain safe distances and avoid mass gatherings. The NES COVID-19 TF continues to promote regular local COVID-19 Committee meetings as a platform to address local bottlenecks/ challenges to the COVID response and ensure collective buy-in and accountability around a common approach.

The new Preparedness Response Plan (PRP) is under development. It will require the inputs of each partner in order to accurately reflect the strategic plans of task force members and accurately map out plans and any future gaps. For specific health-related costs, a further US\$11.82 million of funding has been requested for COVID-19 programming and will be included in the regional response plan. Additional funding for surveillance and increased testing requirements have been included as a strategic evolution from previous PRP iterations.

**In NWS**, the COVID-19 response continues to be a Health Cluster priority, with the maintenance of non-COVID-19 lifesaving and sustaining services expected to be prioritized during the next phase as the number of new cases continues to decline. The Health Cluster and the COVID-19 Taskforce prioritization exercise to identify the critical COVID-19 health facilities is ongoing, with the aim to manage available resources and cope with the recent epidemiological indicators related to COVID-19. As a result of this prioritization exercise, some of the COVID-19 facilities are expected to either be discontinued or remain functional at minimum capacity in order to be scaled up again in the case of a second wave of COVID-19 cases. Capacity building on mortality registration and international cause of death (ICD) refresher training was conducted with the objectives of training trainers and field medical team on the different aspects of preparing and completing the death notification form; on how to use DHIS2 for hospital mortality registration in NWS and linking with the EWARN team on daily update of COVID-19 mortality; on discussing and developing a mechanism for rapid mortality surveillance and data collection in the integrated CHW surveys; and on defining challenges within the current shortlist of international cause of death (ICD) coding system and adopting ICD 11 full lists. Training was primarily targeted for the central health information unit of health directorates.

## 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.

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

**In NES**, in order to increase the reach of RCCE messages and promote the public health messages to the largest number of community members in NES possible, the RCCE Sub-Taskforce has been working with selected partners to design and broadcast public health messages on television and radio. The videos on RCCE messages will be designed and provided to the broadcast stations. Topics discussed for broadcasting are related to building trust in the health system to increase health-seeking behaviours among NES residents. This would include interviews and statements from both healthcare workers from inside the COVID Treatment Facilities as well as interviews with patients who had received treatment in the COVID facilities. A validated training program on RCCE key messages has been developed and delivered; training materials/ tailored trainings to partners are available upon request. Additional support on reactive messaging or provision of IEC on new developments is extended through the RCCE Sub-Taskforce meetings and upon request.

**In NWS**, WHO, UNICEF and partners continue to provide regular awareness activities in order to support the community in implementing physical distancing, active screening, contact tracing, follow up with confirmed COVID 19 cases, and other community-based activities. In the reporting period, WHO is designing a Knowledge, Attitude and Practices (KAP) survey that includes the field plan and the data collection instruments. Currently, the data collection tools are being translated and formatted to electronic forms and making the necessary preparations for training of the data collection team. With concerns that there may be resistance experienced in the roll-out of the COVAX vaccine, coordination is ongoing between local authorities, IOM, and NGOs to prepare and produce accountability to affected populations (AAP) videos, posters, and any other possible contents related to the COVAX in NWS. A total of 146,545 people have been reached from the different IEC messages developed related to COVID-19, including 122,073 people reached through social media posting, plus 24,472 people reached through the awareness-raising video showing done at health facilities. An MHPSS Service Link document was created to provide information about sites, the focal point, and the phone number of facilities, making it easier for all aid workers across Cluster and community leaders to refer people to MHPSS care and support geographically.



## Surveillance, Rapid Response Teams, and Case Investigation

Currently, 1,360 sentinel sites report cases through the Early Warning, Alert and Response System (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 have 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. During the reporting period, more than 2,063 suspected COVID-19 cases were investigated properly within 24 hours. In addition, WHO supported the transport of 450 specimens of suspected cases to the central laboratories. WHO continues to provide support for capacity building and reporting tools for immediate notification and operational support for sample collection and transportation. 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 28 February, approximately 60,920 samples had been collected from thirteen governorates since mid-March.

**In NES**, as of 3 March, at least 27,423 samples were collected in response to alerts received through one of the three surveillance systems operational in NES to track reports of suspected cases, conduct case investigation, and ultimately contain the spread of the virus. Of these, at least 9,111 samples, have so far been confirmed as positive; 104 cases via the MOH/EWARS mechanism, 371 cases via the Early Warning, Alert and Response Network (EWARN) mechanism and 8,636 cases via the mechanism of local authorities.

In March, training for the database management team will be provided by a NES NGO in order to support in the maintenance of the database, and in linking it to the [COVID-19 Dashboard](#). The dashboard will be the central access point for individuals seeking information about COVID-19 testing and cases. RRTs will also be provided with tablet computers in order to report and register cases as they are identified to the RRTs and automate the data entry system. An automated system of data entry will reduce the time burden on the database management team and allow them to focus their efforts on ensuring data accuracy, and timely updates on the dashboard.

RRTs remain a crucial component of the COVID surveillance system in NES and are the focal point for case identification and referrals. However, in some areas where the RRTs are not receiving a significant number of cases the DoH has proposed to station RRTs as static units in the entrance to hospitals and other health facilities to identify cases and swab patients who meet the criteria for receiving them. It is not yet clear if roll-out of the above plan has initiated, however based on upcoming meetings with DoH and with COVID Committees in each location increasing the number of tests being carried out in NES will be a priority.

A centralized hotline mechanism continues to function and is the primary source of case detection in NES. From January to February there has been a noticeable drop in the number of calls being received by the hotlines. As the hotlines are the foundation of the COVID-19 surveillance system in NES, the reduction in calls raises significant concerns around capacity to detect cases in a timely and efficient manner. Overall, the low levels of utilization of the hotline system underline broader surveillance challenges in NES, specifically the need for multiple surveillance mechanisms to more effectively detect cases including through sentinel surveillance (of ILI and SARI cases), mortality surveillance (underpinned by a central death registry) and active surveillance.

**In NWS**, out of 242 sentinel sites (Aleppo 131, Idleb 111), 241 (Aleppo 130, Idleb 108), reported on to EWARN which constitutes approximately 100 per cent completeness and 95 per cent timeliness of reporting. To date, of all cases, 18,906 (89.3 per cent) cases have developed mild symptoms, 1,229 developed moderate/severe symptoms, and 1,040 cases were asymptomatic. 18,557 (87.6 per cent) of the cases have already recovered from the infection. The total number of cases hospitalized at the time of testing are 425 (2.0 per cent). Out of the total number of cases 18,022 (85.3 per cent) have recovered, and 2,656 (12.6 per cent) are active cases. There have been 92,498 samples RT-PCT tested in NWS (Aleppo 51,034 & Idleb 41,464). Of the total, 1,850 (8.7 per cent) were health care workers (physicians, dentists, nurses, pharmacists and various medical technicians), and another 870 (4.1 per cent) are other staff working in the healthcare facilities/community health workers.

## 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 travellers. 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 travellers. 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. Other efforts to date include provision of PPEs, infrared thermometers, barriers, and one thermal camera. In the reporting period, WHO supported two workshops for 50 participants to enhance preparedness and response capacity of PoEs, including specifically on IPC measures and risk communication. WFP, as the Logistics Cluster lead, continues to monitor ports of entry including on operational status, capacity, new developments, and restrictions.

**In NES**, per H NAP's Transit Point Mapping (Edition 34, 2 March), during the reporting period NES maintained the highest rate of open internal transit points in Syria since September 2020. Over the course of the response there has been little focus on PoEs by actors engaging in COVID response in NES. However, as COVID cases rise around the region and there are increased cases of new variants, it would be of benefit for organizations to offer health staff training at PoEs to screen travellers, and to refer for testing any person who is symptomatic of COVID-19 or has a high temperature.

A monitoring team has been established to assess compliance of the "NES Border Crossing / Points of Entry Guidance" document developed by the local authorities. As of January, it is also understood that upgrades, supported by an external stakeholder, began at 4 POEs in NES: Semelka (cross-border with Iraq), Tabqa (crossline, Ar-Raqqa), Tahya (crossline Aleppo) and Awn Dadaat (crossline Aleppo). These upgrades comprise infrastructure and in-kind support, including installation of dedicated medical and isolation prefabs as well as the donation of medical equipment, ambulances, Personal Protective Equipment (PPE), electric generators, furniture and IT equipment. NES NGOs are exploring the opportunity to provide training to health workers who are based at PoEs on identification and referral of suspected cases as well as on the hotline reporting system in order to ensure that the tens of thousands of people who are using these PoEs on a consistent basis are accurately screening and being assessed.

**In NWS**, between 1-28 February, almost 339,368 travellers were screened with "temperature measurement" within the seven PoEs through the medical staff of WHO implementing partners. Three hundred two travellers were suspected COVID-19 cases referred to the COVID-19 Community Treatment Centres (CCTC). An additional 2,184 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. 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 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 supplied and equipment in the pipeline, including six PCR machines.

In the reporting period, WHO supported a meeting on the national testing strategy for COVID-19 and the plan for public laboratory expansion. WHO further supported the MoH in plans to conduct a serological epidemiological survey scheduled for March, including a workshop for protocol development and training for healthcare workers. As of 20 February, the MoH reported approximately 98,529 tests had been conducted across the laboratories.

**In NES**, as of the beginning of March, there are sufficient PCR testing kits and RNA extraction kits to process approximately 23,000 and 13,250 tests, respectively. Based on recommended levels of testing, these supplies would only last for approximately three months; however, there have been decreasing testing rates over the past two months due to the decreasing positive cases at the same time. This means testing supplies may last longer at February levels, however as cases increase the testing supplies could become depleted. There are not currently any procurement of laboratory supplies being planned by NES NGOs, however, one NES NGO has provided 19,900 PCR tests in December and February, and 12,500 RNA extraction kits during the same period. The WHO's recommended levels of testing should have between 10-30 negatives tests for every positive test. In NES, the positivity rate in February was near the lower bounds of this indicator. It has been planned to increase the amount of testing, increase community-based surveillance and referral for testing, and identify more cases through these systems, however, if new tests are not procured, then the laboratory will only be able to support the current ongoing level of testing for a period of three to four months. In addition to testing kits, there remain some critical shortages of certain diagnostic consumables, with the laboratory reporting being out of stock in filter tips for pipettes (100 and 1,000 µL), microcentrifuge tubes (1.5ml), and medical alcohol.

In discussions with the local authorities, the DoH had previously agreed to conduct a minimum of 500 tests per day, screen health workers and test health workers in self-quarantine. Despite these commitments, there have been multiple challenges which have hampered the roll-out of this strategy. Along with challenges noted in past reports regarding issues pertaining to stigma and health-seeking behaviours, another challenge is the lack of an established pipeline to replenish depleted stocks, this puts a ceiling on the testing capacity. Discussions have taken place with partner organizations to lower the requirements to refer people to over the age of 55 for swabbing and increase the number of individuals tested at triage points and through community-based surveillance identifying and referring a larger number of community members. However, if these activities are undertaken, it could seriously overstretch the existing stock of laboratory supplies, unless a consistent pipeline is created to test larger numbers of the population.

**In NWS**, as of the 28 February, in total 94,384 samples have been tested by RT-PCR from NWS (Aleppo 52,364 & Idleb 42,020). In total 92,324 samples have been tested since reporting of the first case from NWS, with a cumulative test positivity rate of 22.9 per cent. The test positivity rate for January 2021 was 6.9 per cent, compared to 1.8 per cent in February 2021 i.e. a 74 per cent decrease in percentage change. Out of 60,000 UTMs and swabs from WHO's last procurement, into February, 52,650 UTMs and 53,050 SWABs were delivered inside NWS. Additionally, 5,000 of each item are in Stock in Mersin Warehouse and the remaining quantity will arrive in coming weeks. There are 46,000 PCR and extraction kits at the field level, 27,000 UTMs and swabs available in stocks inside NWS. The collaborative initiative between the EWARN partner and the MoH Turkey for Laboratory Quality Assurance program for COVID-19 is in progress. Two PCR machines for the new laboratories have been delivered in NWS, however, the lab supplies for testing for COVID-19 are still in transition awaiting clearance. The training for the staff for lab testing and data management have been completed.



## Infection Prevention and Control (IPC)

Health, WASH and Shelter partners continue to work closely with relevant authorities to enhance IPC measures across public spaces, collective shelters, support health facilities, and to integrate measures across humanitarian programmes. 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 over 55,000 PPE items to partners in Aleppo and in Qamishli, with the latter including for isolation centres. The WASH cluster partners, including UNICEF as cluster lead, continue to engage with partners to strengthen IPC in healthcare facilities, schools and learning spaces, youth centres and communities, in addition to regular WASH services.

**In NES**, the Health and WASH Working Groups have been working together to carry out an IPC assessment of health facilities. The IPC assessment has been included in the preparedness and response plan as a mechanism to assess the quality of IPC controls as implemented through health facilities in NES, and the assessment will provide the most accurate representation for data to report on these indicators. The assessment will cover water supply, environmental cleaning and disinfection, sanitation and waste management, as well as health indicators on PPE, training and triage points. Thus far data has been collected in 26 of 51 facilities in Deir-Ez-Zor, 23 of 50 facilities in Ar-Raqqa, 14 of 54 facilities in Al-Hasakeh and 18 of 39 facilities in Aleppo governorates. The first round of the IPC assessment covered 95 facilities, with the main gaps identified around sanitation (considered inadequate or basic in over 60 per cent of assessed facilities), hygiene promotion (considered inadequate in 40 per cent of facilities), staff training (at the time of the first assessment trainings on the identification of suspect cases/ application of the case definition were incomplete in most facilities), PPE availability

(particularly for cleaning staff) and regular screening of staff (not being done in over 50 per cent of facilities). The second round of assessments will be carried out in 194 facilities and provide the most up-to-date information on the maintenance of IPC measures in health facilities in NES.

**In NWS**, WHO continues supporting IPC programmes, through its implementing partner, SRD by providing field visit technical supervision and on-job coaching and training. During this reporting period, IPC specialized training was delivered to eight CCTCs covering 312 medical and non-medical staff. Currently, WHO is in process of extending its support to the IPC project for a further six months.



## Case Management

Working closely with MoH technical teams, Health and WASH partners, following on from a completed inter-sectoral mapping exercise, 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, local authorities have informed humanitarian partners 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 100 health workers including on immediate life support and ventilator management in Damascus, Tartous, and Lattakia. Further, WHO provided 192,869 treatments of lifesaving medicines to partners in Aleppo, Al-Hasakeh, Deir-Ez-Zor, Damascus, Lattakia and Homs, including for COVID-19 cases.

Dedicated hospital capacity remains under-utilized, with less than five per cent of established beds occupied. Furthermore, there are discussions with some partners supporting facilities that, due to low occupancy rates, they may transition the facilities to support other ICU needs. At this time, however, partners are being requested to maintain their operations on standby in case of an increase in cases. An assessment is planned to be carried out in March to understand barriers to reporting symptoms and seeking treatment of COVID-19, and it is hoped the results will allow agencies to promote health-seeking behaviours.

**In NES**, as the number of reported cases declined across NES the occupancy rates in COVID-Treatment Facilities (CTF) declined as well. One organization decided to shift the technical implementation of their CTF in Ar-Raqqa due to the low number of patients who were making use of it. Another partner in Derek will end their support to the Derek CTF in mid-March. The first noted was receiving only three to four cases per month at the CTF, so has decided that transition it to a post-cardiac ICU, however if the number of cases increases in the near future it could be transitioned back into working as a CTF. Despite evidence of reduced levels of transmission in NES, there continue to be concerns that people who require specialized care are not receiving it. A sizeable 43 per cent of deaths are occurring within 48 hours of admission, while 89 deaths (including a handful of cases outside of COVID Treatment Facilities) were recorded among clinically confirmed cases who had not received a PCR test- this underlines continued challenges around late reporting of symptoms and late admission, with a significant number of people only reporting symptoms or coming to hospital when their illness is advanced. As such, there continue to be concerns that many people may be dying of COVID (or COVID-related complications) unreported, at home. Discussions are ongoing with partners to ensure that CTFs may be able to be re-activated in the likely case that the COVID situation in NES deteriorates and the number of cases begins to rise.

**In NWS**, WHO continues supporting the Dana COVID-19 designated hospital. In the reporting period the intensive care unit provided treatment for 54 critical care patients including 15 confirmed COVID-19 cases and the 39 suspected cases with severe symptoms and underlying medical conditions. Eight COVID-19 Community-based Treatment Centres (CCTC) remain deactivated, which are critical for triage and case detection as they are the first contact points in the community. 24 active CCTCs (with 1,088 beds) remain in northwest Syria, while 12 hospitals that treat COVID-19 (with 234 intensive care unit (ICU) beds and 926 regular beds) remain. The case management pillar technical group, with support from WHO, has led the CCTC and COVID-19 designated hospitals prioritization exercises, based on setup criteria including coverage areas (camps and urban areas, population and vulnerability (host and IDPs), access (nearly accessible CCTCs), risk and exposure (COVID-19 caseload), and context and geographical consideration. Six out of 15 CCTCs were considered to be filling a critical gap as they were the only COVID-19 services available, located in camps with high-density populations. An implementing partner in cooperation with Trauma and Disability technical working group (T&D TWG) conducted an assessment for the 29-physical rehabilitation Centres in northwest Syria. A total of 602 key health staffs were trained through the two-day Suicide Prevention Roll-Out Training during COVID-19. There were a total of 242 PSS counselling sessions provided via MHPSS helplines, which are continuing voluntarily pending a new contract with WHO. Face-to-Face PSS Counselling by 15 PSWs at the CCTCs is temporarily suspended due to the non-functionality and closures of many CCTCs, owing to funding issues.

As most of the COVID-19 patients with non-communicable diseases (NCD) co-morbidities are the ones experiencing serious complications, WHO, together with partners, is continuing to prioritize quality of NCD care at the community level. Partners are supporting capacity building on difficult NCD cases, through an eLearning platform, for 48 doctors that are taking part in the online mentoring and recorded webinars. A master list is being developed of all NCD patients which will be included into the planned COVAX vaccination campaign when started.

## 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.

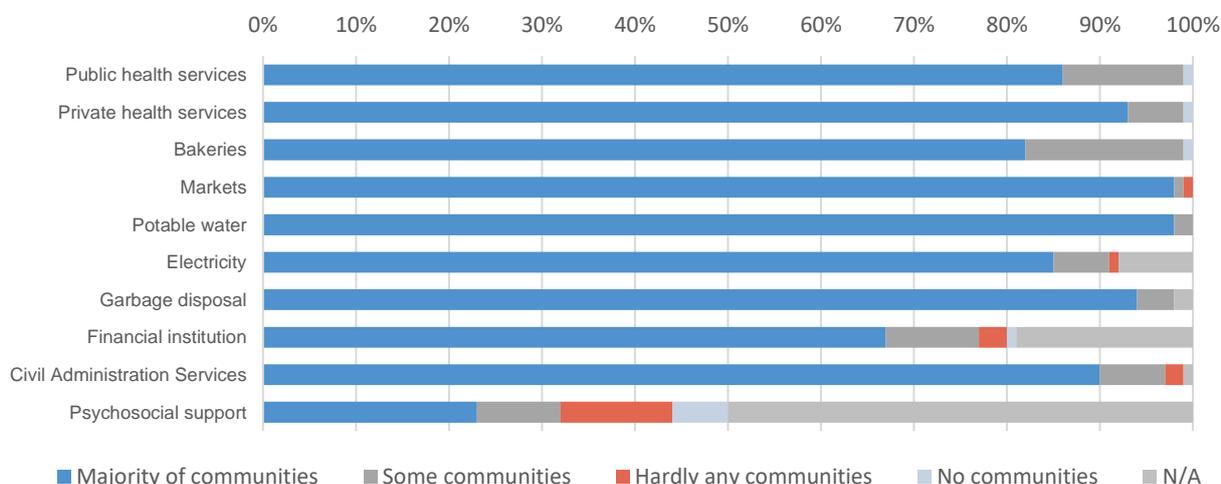
The COVID-19 supply needs are being compiled by WHO to inform all partners of the requirements and gaps. WHO, in coordination with the Health Sector, has developed an online COVID-19 Supplies Tracking System to monitor in real-time the items procured, distributed and in the pipeline by health sector 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.

During the reporting period, there have not been significant reported logistics constraints in relation to NES and NWS. The NES Forum has confirmed that medical equipment and PPE have been able to be brought into NES without significant disruption. One partner was able to import significant testing supplies, and a second partner brought in a large shipment of PPE materials recently without significant delay. Access discussions are ongoing related to the roll-out of the vaccine program under COVAX. The vaccines program is planned to be coordinated with crossline actors. If there are any logistical delays or issues in the vaccines coming across from GoS-controlled areas, and factoring the lack of a UN Security Council Resolution allowing access through the Yarubiyeh border crossing, this may make accessing the vaccine either through COVAX and the humanitarian buffer a concern. In NWS, the Logistics Cluster is continuing to work with its partners to identify the cold-chain warehousing and transportation capacity available in northwest Syria for the roll-out of the COVID-19 vaccination campaign.

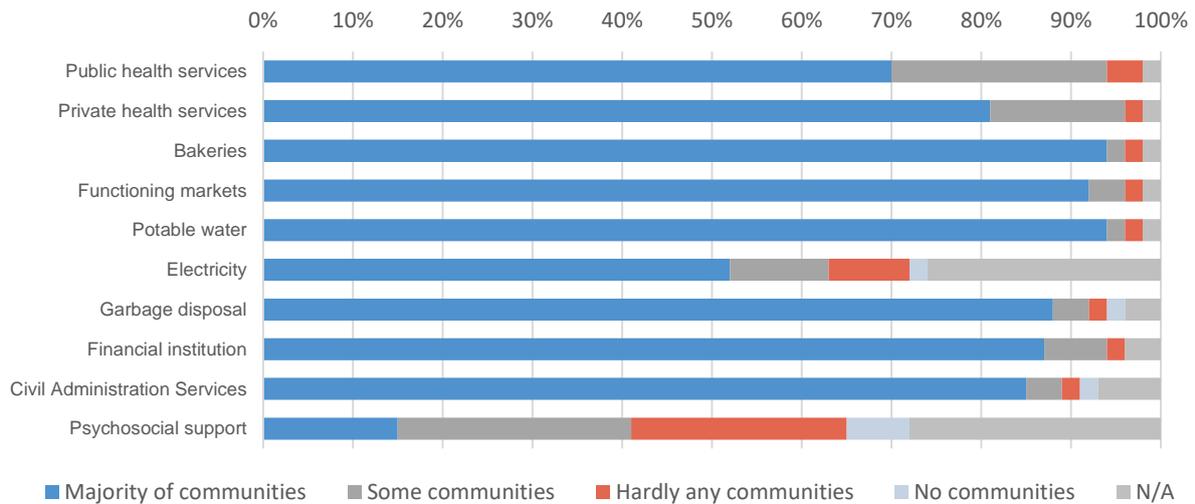
## Annexes

### STATUS OF BASIC SERVICES (Source: HNAP as of 16 March 2021 / Proportion of sub-districts with access to the below services: )

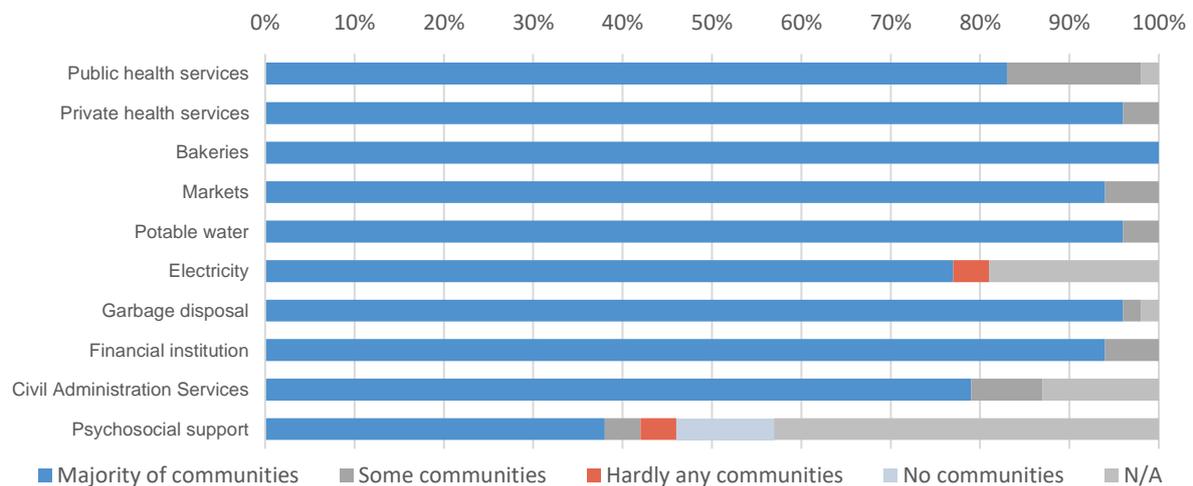
#### GOS



## 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](#)

**For further information, please contact:**

Inas Hamam, Communications Officer, WHO Regional Office for the Eastern Mediterranean, [hamami@who.int](mailto:hamami@who.int)  
 Torsten Lajoie Flyng, Strategic Communications Officer – OCHA ROSC, [torsten.flyng@un.org](mailto:torsten.flyng@un.org)