



**14,906** Total confirmed cases

**8,754** Recoveries

**981** 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 at the beginning of March.

### HIGHLIGHTS

- As of 16 February, the Government of Syria Ministry of Health (MoH) has announced 14,906 COVID-19 cases in the GoS, including 8,754 recoveries and 981 deaths.
- In northeast Syria (NES), 8,537 cases of COVID-19 have been reported as of 16 February.
- In northwest Syria (NWS), 21,072 cases of COVID-19 have been reported as of 16 February.

### SITUATION OVERVIEW

In Government of Syria (GoS) controlled areas of Syria, 14,906 laboratory-confirmed cases have been reported by the MoH to date: 7 in Ar-Raqqa; 35 in Al-Hasakeh; 59 in Deir-Ez-Zor; 248 in Quneitra; 708 in Hama; 839 in As-Sweida; 937 in Dar'a; 1,128 in Tartous; 1,457 in Rural Damascus; 2,098 in Lattakia; 2,237 in Aleppo; 2,245 in Homs; and 2,908 in Damascus. The MoH also announced 981 fatalities and 8,754 recoveries.

Highlighting the particular risks faced by healthcare workers, the MoH has reported 459 healthcare workers have tested positive for COVID-19, almost double the number since our last report. This includes 22 healthcare workers who 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 and the ongoing high needs for preventative items.

Since reopening in September, sharp rises of cases in schools have also been recorded, with 2,124 cases reported up to 14 January; including at least 20 reported deaths; eight more since our last report. Of those affected, 1,263 were reported to be teachers/administrative staff, and deaths were reported to have included 11 teachers and three school doctors. These cases also highlight the challenges of preventing transmission in schools, particularly given the overall context of overcrowded classrooms, shortfalls in teachers, and poor/damaged infrastructure. Along with sector partners, WHO and UNICEF continue to strengthen further COVID-19 preventive actions in schools, including through teacher and school health worker training, PPE distributions, and promotion of infection prevention and control (IPC) measures.

Overall, while official numbers remain relatively low, it is clear that Syria's epidemiological situation has rapidly evolved, and community transmission is widespread. Epidemiological analysis indicates the emergence of the second COVID-19 wave in Syria from mid-December 2020. In December, the caseload was the highest reported to date in a single month (3,547). While daily reported cases have tapered off throughout January (2,564 as of 31 January), it still represents the second-highest month since the beginning of the pandemic. As earlier reported, humanitarian actors have received ongoing unverified reports concerning additional possible cases. Given the limited/insufficient testing across Syria, it is likely the actual number of cases far exceeds official figures, with significant numbers of asymptomatic and mild cases, in particular, going undetected.

In **NES**, as of 16 February, there have been 8,537 confirmed cases of COVID-19. Of these, 6,022 are currently recorded as active, 2,095 have recovered, and 419 deaths (264 among lab-confirmed cases). Although there has been a significant decline in the number of new cases recorded and the proportion of samples returning positive results, and despite a

reduction in transmission over the last two months, the case data does not provide an accurate reflection of infection prevalence. Challenges related to surveillance and detection capacity persist, while under-reporting due to social stigma and/or evolution of people's health-seeking behaviours further explains the low number of confirmed cases and tests conducted over recent months. There remain significant concerns among the humanitarian community around the possibility of a second wave of COVID-19 in NES, particularly against the backdrop of new more infectious virus variants combined with increased complacency among the population and local authorities the risks presented by COVID-19 in NES.

The downward trend in new cases of COVID-19 first witnessed in November has continued over the last two months with a month on month reduction of new cases and tests. The 7-day rolling average has also declined significantly from over 50 per cent at the peak of transmission, to just 12 per cent as of 31 January. However, although the reduction in new cases and the positivity rate does indicate a decline in transmission, the low levels of testing (with just 228) tests conducted over the 7-days to 31 January does hamper efforts to establish an accurate picture of infection prevalence in NES.

In **NWS**, as of 16 February, a total of 21,072 confirmed cases of COVID-19 have been reported. The total number of COVID-19 associated deaths is 407. Of confirmed cases, 2,210 living in camps (10.5 per cent of the total). Out of the total number of cases, 17,000 have recovered, and 3,416 are active cases. Just over eight per cent (1,548) of the total number of cases have been health care workers (including physicians, dentists, nurses, midwives and various medical technicians), and another four and a half per cent (965) are other staff working in healthcare facilities/community health workers were infected. Since the first case was confirmed on 9 July 2020, a total of 81,083 samples have been tested, with a test positivity rate of 25.9 per cent. In recent weeks the test positivity rate has declined significantly, along with new cases.

## 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 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.

## VACCINES

In coordination with UNICEF, WHO continues its engagement with the MoH concerning technical assistance for the documentation needed for the COVID-19 Vaccine application process under COVID-19 Vaccines Global Access Facility (COVAX). Part A of the application was signed by the MoH and submitted to GAVI on 15 December 2020. Part B (legal) of the COVAX application is still under consideration. As of January, all the necessary coordination committees (National Coordination Committee – NCC; COVID-19 Technical Advisory Group – cTAG; and the Inter-Agency Coordination Committee - ICC) and adjusted TORs have been approved, with ten technical sub-committees formed with WHO and UNICEF representation.

Ongoing essential work includes WHO's support for a National Readiness Assessment tool, endorsed by the MoH on 20 January. This 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 Assessment tool and prepare needed materials for the National Vaccine Deployment Plan, with WHO support, are ongoing.

Additionally, work is ongoing to support other planning necessary for vaccine rollout, including developing IPC and waste management protocols, national cold chain inventory, and planning to target hard-to-reach areas, including camps and settlements. At present, the national authorities collect and consolidate population data (including from the Ministry of Planning, Central Statistics Office, Syndicate of Doctors and Health Workers at national and governate levels). The

population data includes all 14 governorates of Syria, the northwest and north-east Syria. WHO is working with the MoH providing technical support in the preparation of a vaccine deployment plan.

**In NES**, per the COVAX Interim Distribution Forecast, Syria could receive up to 1.02 M vaccine doses in Q 1 and Q 2. Of these 100,000 (covering roughly 3.8 per cent of the NES population) have been preliminarily allocated to NES and, as per the prioritization criteria established under the Syria National Deployment and Vaccination Plan (NDVP). WHO will lead the initial vaccination rollout in NES, building on the network of public health facilities and mobile teams which have been utilized to support Expanded Programme on Immunization (EPI) drives in NES. The need for clarity exists in the planning process; however, efforts are underway to ensure effective coordination. Key components of the plan, including the cold chain mapping and vaccination distribution points, need to be clarified with stakeholders on the ground. All stakeholders are agreed that COVAX offers the best opportunity to secure vaccines doses in the short-to-medium term, however, given past cross-line access challenges (particularly for medical supplies), it is important that a contingency arrangement is identified in case the delivery and distribution of these initial doses is delayed or blocked.

**In NWS**, planning is underway for COVID-19 vaccinations, with preliminary discussions focused on vaccinating some 20 per cent of the northwest Syria population through COVAX. The WHO Gaziantep office, together with UNICEF, has submitted COVAX applications relying, for the implementation, on the currently existing immunization programme modalities in northwest Syria. The Vaccine Request Form (Part A) envisaged to cover up to 20 per cent of the Syrian population residing in northwest Syria. The target groups were prioritized based on a series of discussions among the parties involved. They include health care workers (3 per cent), the elderly aged 60 and above (7.5 per cent) and people in the age group 20-59 with special conditions such as immune-compromised persons and persons with chronic illnesses (9.5 per cent). The GAVI letter received on 3 February expresses the intent to allocate vaccines to cover the initial 3 per cent of the population with AstraZeneca SII vaccines. More information will be provided at a later stage.

## ACCESS RESTRICTIONS

As of 10 February, 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. 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.

Since early December, civilian crossings, in addition to commercial and humanitarian movements, have been allowed at Tabqa, Akeirshi and Abu Assi in Ar-Raqqa. Al-Taiha in Aleppo remains open, although reports indicate some individuals have been prevented from moving to GoS areas. Further reports indicate internal crossings in Tal-Abiad-Ras al-Ain remained closed. Restrictions are reported as ongoing at Um Jloud in Aleppo; the Awn Dadat crossing has been closed since October. Abu-Kamal-Al-Quaem crossing is reported to open for commercial and military movements; Ras al-Ain border crossing is partially open for humanitarian shipments and voluntary returns. Abu Zandin in Aleppo remains closed, although reports indicate in practice, crossings do occur, including medevacs. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement.

In NWS, the Bab Al-Hawa crossing between Turkey and Idlib remains open for humanitarian workers and emergency medical cases to cross to Turkey. Syrian citizens in Turkey can reportedly apply for voluntary return to Syria through the crossing. People crossing this border in either direction must show proof of a negative PCR test within 72 hours if they plan to be across the border for more than three days. Restrictions imposed from 12 November remain active at Bab Al Salam 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. All internal crossings between NWS and NES remain closed, however, not due to COVID-19 restrictions.

In NES, as of 4 February, the local authorities lifted all remaining partial and full curfew measures which had been in effect, highlighting the reduction in daily confirmed cases and overall positivity rates as the main factor informing this decision. Public health measures previously enforced and designed to limit mass gatherings, curtail unnecessary travel, contain social mixing, and ensure basic adherence to personal preventative measures (e.g. mask-wearing in public spaces) were also lifted. The Fishkabour/Semalka crossing point temporarily closed including to humanitarian crossing from the 4th to 7 February. On 8 February, NGO staff reportedly resumed crossing from Iraq into Northeast Syria. Although the data does indicate an improvement in the situation, case detection capacity in NES remains sub-optimal, underlining the reality that transmission is probably much higher than official case data indicated. Furthermore, there are also concerns that other pertinent factors have not been taken into account including the impact this directive may have on the population's

perception of risk (particularly as the directive announcing the lifting of restrictions did not even make cursory mention of the need to maintain adherence to personal preventative measures such as face mask-wearing and handwashing) and the global risk outlook, with the dominance of more virulent virus strains in other parts of the world an indicator of what may be to come in NES

## 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. The review of the 2020 plan and its revision for the 2021 response is underway. In November, the inter-sector coordination (ISC) agreed to extend the COVID-19 Operational Response Plan into 2021 to support implementation; the ISC is currently reviewing planning assumptions/scenarios, risk factors and priority activities to ensure vaccination planning and the rollout is reflected. With UN leadership in the country, the UN RC/HC and WHO Representative continue to engage senior officials, along with ICRC and SARC, on the COVID-19 response.

**In NES**, an interactive COVID-19 Dashboard has been brought online ([link](#)). The dashboard provides detailed epidemiological analysis on the spread of COVID-19 in NES, including case data disaggregated by sex and age and geographic area (sub-district, with camp level analysis) and population profile. Initially, this dashboard will be updated twice weekly. Over the coming month, data on COVID-19 hospitalizations and the COVID-19 response in NES (based on the indicators established under the monitoring framework of the NES COVID-19 Preparedness and Response Plan) will also be uploaded. As of February, extensive gaps continue to be reported in the COVID-19 response in many camps, including with regards to contact tracing, community engagement and the capacity of designated isolation areas. Although acknowledging these long-standing operational challenges, partners also agree on the need to conduct a strategic review of the COVID-19 response in camps. Despite the public health rationale, there remain questions whether the current camp strategy (underpinned by enhanced surveillance combined with a focus on test-trace-isolate) is deliverable. In February, the COVID-19 strategy in camps will be reviewed and clarified. This will subsequently form the basis of a common agreed-upon approach which partners can be mobilized around.

**In NWS**, there has been a renewed focus on strengthening standardized reporting through the district health information software (DHIS 2) system activated in December. To this effect, focused capacity building is underway on mortality registration, and refresher trainings are planned to be undertaken in the coming weeks. Funding gaps are a growing problem to the delivery of effective public health response in NWS. Eight COVID-19 Community-based Treatment Centres (CCTC) have been deactivated in recent weeks due to a lack of funding. Further imminent gaps risk disrupting services, including surveillance, laboratories, hospitals, and continuing provision of essential primary health care services across the northwest in the coming months. None the less, since the last update, health partners have been able to coordinate in supporting three more hospitals being operationalized to treat COVID-19, bringing the total number of referral hospitals in northwest Syria to 12 (with 234 intensive care unit (ICU) beds and 926 regular beds). ICUs have been experiencing increased occupancy rates than regular ward admissions; averaged across October to December 2020.

## 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 risk and event information concerning COVID-19. Ongoing activities have been highlighted in previous reports, including the development and dissemination of multi-component packages related to COVID-19, online training materials in Arabic, and training of several partners in NES and elsewhere, and the ongoing development, printing and distribution of information, education and communication (IEC) materials in addition to awareness-raising across multiple channels, including direct awareness-raising.

In light of the increased reported numbers of COVID-19 in recent weeks, 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. While cumulative RCCE efforts to date have reached an estimated 13 million people, in addition to over 4,500 community workers and volunteers trained on COVID-19 RCCE, survey information and anecdotal evidence suggest the risk perception across Syria remains low.

For the coming year, UNICEF and WHO will be supporting RCCE response plans, including engaging, relevant ministries and counterparts, with UNICEF mobilizing technical assistance to strengthen the RCCE strategy, implementation plans and knowledge management. In addition, the RCCE Group has commenced work to support the Demand Generation and Communication component of the COVAX facility and support plans on engaging the public, including generating public demand for, COVID-19 vaccines.

**In NES**, the COVID-19 RCCE partners reached 228,865 beneficiaries with RCCE messages during awareness sessions in 10 districts and 26 sub-districts. Two thousand seven hundred thirty-eight hygiene kits were provided to families alongside COVID-19 messaging, and more than 21,000 pieces of IEC materials were distributed. From November to January as part of the ongoing reusable cloth face mask campaign 80,390 face masks were distributed to beneficiaries by eight organizations and were distributed to visitors to health facilities and teachers and school staff in Al-Hasakeh, Manbij and Deir-Ez-Zor Governorates. Following the face mask campaign's successes, distributions will be expanded to additional facilities over the coming months to support new implementing partners. Partners continue to promote the utilization of the COVID-19 Hotline and inform community members of the risks of COVID-19, urging them to seek treatment and/or testing if they have symptoms of the disease or are in contact with an infected person.

With reports showing a high level of knowledge in some areas related to COVID-19, it has been recommended that partners transition their attention from providing RCCE messages focused on knowledge, towards a higher prioritization on attitudes and behaviours. Continued focus on precautionary advocacy to promote the urgency of COVID-19, particularly as partial lockdowns are being lifted, will be essential in modifying attitudes and promoting changes in behaviour. The focus on promoting positive practices through mask distribution, marking distancing spaces in markets and bakeries, coordinating with influential religious or political figures, and engaging in targeted RCCE messaging will promote positive behaviours that reduce transmission levels.

**In NWS**, RCCE is coordinated under the COVID-19 Task Force, jointly led by UNICEF and WHO. There is also an RCCE project funded by WHO ending on 31 December 2020. WHO launched a volunteer project for RCCE and CHW activities to preserve qualified previous CH workers, promote COVID 19 protective measures and continue supporting the communities confronting COVID 19. The initiative focuses on supporting communities in implementing the physical distancing, active screening, contact tracing, follow up with confirmed COVID 19 cases, and other community-based activities. Five IEC messages were created to support mental health and psychosocial support (MHPSS) and non-communicable disease (NCD) during COVID-19 in January. These messages reached 45,932 people with 34,070 status and video stream views. The COVID-19 Cartoon Video was created under the NWS Task Force. The MHPSS Thematic Working Group, titled "My Hero is You" for Children was approved by RCCE-Eastern Mediterranean Regional Office (EMRO) to be shared across the region and shared globally by the IASC-MHPSS on their website.



## Surveillance, Rapid Response Teams, and Case Investigation

Within Syria, relevant stakeholders agreed to collect samples through 112 RRTs for referral for testing (in line with similar established mechanisms). To date, 507 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral. During the reporting period, more than 8,985 suspected COVID-19 cases were investigated properly within 24 hours; in addition, WHO supported the transport of 4,146 specimens of suspected cases to the central laboratories.

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. WHO continues to provide support for capacity building and reporting tools for immediate notification and operational support for sample collection and transportation. In addition, in the reporting period, WHO supported workshops on COVID-19 surveillance, with 175 health workers out of the 400 planned trained to date on COVID-19 investigation and response for cases reported at schools.

**In NES**, as of 1 February, there have been at least 24,480 samples 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 8,909 samples (not including two samples collected and tested via the mechanism of local authorities in April) have so far been confirmed as positive.

As of 31 January, there are estimated to be 22 RRTs run by local authorities. This represents a reduction from previous reports, with 3 RRTs phased out in the last month. There are several challenges around RRTs which hamper effective case detection. These include lack of mobile RRTs; that mobile RRTs only swab cases for whom an alert has been generated (and not whole households); and burdensome data-entry requirements. The latter is a key challenge, with patient information being collected by the RRTs via paper forms, a photograph is sent to the laboratory with a list of positive/negative cases subsequently shared with the Operations Desk (OD). This data is then manually inputted into a database. As well as being burdensome, the use of paper forms contributes to reporting errors. To simplify and streamline the reporting process

efforts are underway to transition to an electronic data-collection system utilizing the KoBo platform. As of January, 30 NGO procured electronic tablets were received in NES. These tablets will be distributed to the RRTs as part of planned trainings on the new data collection tool to be conducted over the coming weeks.

The Hotline system and OD in NES is a key component of the COVID-19 surveillance mechanism in NES. Individuals with symptoms are encouraged to contact the helpline where they will be asked 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 case investigation. In total 80 per cent of all calls to the Hotline have been persons reporting symptoms, who subsequently undergo a telephone triage process and, if considered suspect, have a sample collected.

Since September and October, where 3,403 and 3,052 calls were received respectively, the number of calls registered through hotline A has declined significantly. In December 2020, only 244 calls were received, while in January this number fell to just 129. The reduction in calls raises significant concerns around the capacity to detect cases in a timely and efficient manner. A possible 'normalization' of COVID among the community may be one cause. Other possible explanations could be a lack of local buy-in and social stigma, preventing some people from reporting their symptoms. As with hotline A, hotline B (used for activation of RRTs directly by health facilities and subsequent referral, via ambulance, of cases facing more severe symptoms to one of the COVID Treatment Facilities) remains underutilized with between 110-170 calls per month between October and January.

Between the beginning of December to the end of January, the Operations Desk Follow-Up Unit, tasked with following-up via phone with all lab-confirmed cases after 7,14 and 21 days, has followed 1,147 laboratory-confirmed cases. Of these, 786 (68 per cent) were confirmed as recovered, with a handful of deaths verified. In almost 30 per cent of cases, patients either gave no number, were out of coverage, or did not answer. The relatively high proportion of instances where no follow up was possible suggests that there may be a broader lack of buy-in and trust in the system. This presents a significant challenge in ensuring effective surveillance and patient follow-up.

**In NWS**, the surveillance network is currently undertaking a field assessment to understand and assess the reasons behind the reduction in new case detections. The assessment will focus on the triaging system in health facilities and case detection approach to identify any possible gaps that may have contributed to under-reporting. In addition, the field team is also focusing on active search in low reporting areas and screening in the public places in the communities where new cases are low in addition to the field evaluation of the triage and case detection approach.

## Points of Entry

WHO continues to support strengthening capacity at points of entry (PoE). Among 15 GoS-designated PoEs, seven have now partially opened for international travellers. WHO has supported the assessment of 12 to date, and based on those findings, it is working to support the 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 also supporting an assessment of needed medical equipment. Other efforts to date include the provision of PPEs, infrared thermometers, barriers, and one thermal camera.

In addition, in the reporting period, WHO supported three training workshops on enhancing PoE capacity, focused on enhancing PoE preparedness and response capacity, specifically IPC measures and risk communication. A total of 75 people from 14 governorates participated. WHO further conducted a field visit to the Aleppo International Airport on 25 January and ensured IPC measures and case management, including a referral system, were in place.

WFP, as the Logistics Cluster lead, continues to monitor ports of entry including operational status, capacity, new developments and restrictions.

**In NES**, since mid-October, PoEs into NES have been operating largely as per normal, with the disruptions resulting from additional restrictions which have sometimes been put in place by the authorities on the other side of the border. During the last quarter of 2020, the PoE pillar was not considered a high priority. However, in light of the apparent reduction in transmission levels over recent weeks and months, and given the significant risks presented by more infectious multi-variant strains of COVID-19, there may be a need to reconsider controls and processes implemented at POEs. According to the latest HNAP Transit Point Mapping (as of 1 February), over the two weeks preceding 1 February approximately 31,000 people crossed into NES via crossline or cross-border PoEs. This represents an 85 per cent increase in the number of movements from the last two weeks of November and even exceeds the 15,000 movements recorded per week during the second half of October (there was a spike in movements immediately following the relaxation of cross-line movement restrictions as of mid-October).

With support from other stakeholders, a "NES Border Crossing / Points of Entry Guidance" document was developed in 2020. This is now supported by a "Technical Monitoring System", which acts as a monitoring checklist to ensure adherence

to the endorsed guidance. A monitoring team has been established to assess levels of compliance. As of January, it is also understood that upgrades, supported by an external stakeholder, began at four PoEs in NES: Semelka (cross-border with Iraq), Tabqa (cross-line, Raqqa), Tahya (cross-line Aleppo) and Awn Dadaat (cross-line Aleppo). The same stakeholder is also drawing up plans, to provide infrastructure upgrades at the As-Salahiyeh crossing point in Deir-Ez-Zor (which recently reopened). NES NGOs are exploring how to increase the capacity to provide training on screening processes/ protocols to border staff to maximize the added value of these interventions.

**In NWS**, between 1 – 25 January, 233,325 travellers were screened by the medical staff of WHO implementing partners with “Temperature Measurements”, of which, 193 travellers were suspected of having COVID-19 and were referred to the CCTCs. An additional 1,322 suspected cases were referred to the CCTCs and the referral hospitals from other health facilities inside NWS through the COVID-19 referral system. Almost 400 staff were trained for one day on basic IPC measures related to COVID-19. According to SoPs and recommendations drafted/ adopted for NWS, all the activities are coordinated through the WHO 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 molecular biology, SARS-CoV-2 diagnosis training for laboratory technicians in Aleppo, Lattakia, Homs and Rural Damascus.

WHO has provided testing kits to the MoH since 12 February 2020. 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, and WHO delivered another GeneXpert to the Qamishli National Hospital, which has been functional since the end of December.

**In NES**, as of 1 February, there were sufficient PCR testing kits and RNA extraction kits to process approximately 15,500 and 12,400 tests, respectively. At January’s level of testing, which was insufficient and far below WHO recommended levels, these supplies would last between 5 and 7 months. However, at October levels of testing, these supplies would be sufficient for less than two months. There continue to be insufficient supplies to scale-up testing and meet minimum standards in terms of testing coverage. Efforts to increase stocks of diagnostic supplies are critical to enhancing the detection of cases and taking early steps to reduce transmission levels. A further shipment of PCR testing kits and RNA extraction kits sufficient for approximately 20,000 tests is expected to be delivered in February. In addition to testing kits, there remain some critical shortages of certain diagnostic consumables, with the laboratory reporting a stock-out of filter tips for pipettes (1,000 µL), microcentrifuge tubes (1.5ml), medical alcohol (70 per cent) and sterile gauze pads.

In line with efforts to increase testing capacity, local authorities previously committed to conducting a minimum of 500 tests per day, screen health workers and test health workers in self-quarantine. Despite these commitments, supply challenges combined with the lack of an established pipeline to replenish depleted stocks has put a ceiling on the testing capacity. Other challenges include social stigma around getting tested (or being visited by RRTs), a divergence of approach in some areas and the limited compliance among many health facilities (particularly private health facilities) regarding the official procedures for reporting and referring suspects cases. In practice, this means that RRTs are often not activated in response to alerts, and subsequently, no test is administered. Recent efforts in Ar-Raqqa to expand testing by enhancing triage capacity at the main provincial hospital in Ar-Raqqa, and subsequently swabbing all suspect cases presenting, has had a positive impact and may provide a blueprint for expanding testing in other areas.

**In NWS**, as of 26 January, in total 83,143 samples have been tested by RT-PCR from NWS (Aleppo 44,600 & Idleb 38,543). In total, 81,083 samples have been tested since reporting the first case from NWS, with a cumulative test positivity rate of 25.9 per cent. The test positivity rate for December was 23 per cent, compared to 7.4 per cent in January, i.e. a 68 per cent decrease. WHO provided 81,500 (90.6 per cent) units of PCR and extraction kits to test samples of COVID-19; another 7,000 (7.8 per cent) units are currently in the pipeline. The current stock of PCR and extraction kits will be enough for about another 63,000 tests, and additionally, there are 20,300 swabs, and UTMs are in our stock 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 procured by the DDD for the new laboratories have reached inside Syria. However, the lab supplies for testing for COVID-19 are still in transition awaiting some clearance.



## Infection Prevention and Control (IPC)

WHO, UNICEF, Health, and WASH partners continue to work closely with relevant authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors have continued to support IPC measures in health facilities, as have Shelter partners in collective shelters. WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. To date, WHO has delivered more than six million PPE items, including medical masks, N95/FFP2 respirator masks, gloves, reusable heavy-duty aprons, gowns, headcovers, shoe covers, goggles, coveralls, face shields, alcohol hand-rubs and PPE kits, and has over five million in the pipeline. In addition, over a million PPEs have been delivered by health sector partners. Also, in the reporting period, WHO conducted a needs assessment at isolation hospitals in Tartous, focusing on IPC/PPE measures. Training in IPC and the use of PPE also continued. In the reporting period, WHO supported training for 125 health care workers in Hama, Rural Damascus, Lattakia, Quneitra and Dar'a on IPC/PPE.

**In NES**, under the joint leadership of the Health and WASH Working Groups, a second round of the IPC in Health Facilities assessment has been launched. As of the beginning of February, assessments were still ongoing. Based on assessments completed so far and planned assessments over the coming days and weeks, partners expect to reach approximately 90 per cent coverage (i.e. 90 per cent of identified health facilities in NES, NGO and non-NGO supported). This will support a comprehensive analysis of IPC capacity in health facilities across NES and help guide response priorities under the NES COVID-19 Response Plan.

As of 31 January, 774 of the 8,474 confirmed cases of COVID-19 (9 per cent of all cases) were recorded amongst health workers. Of these, 194 have been recorded in Al-Hasakeh sub-district (i.e. Al-Hasakeh city) alone, equivalent to 25 per cent of all recorded cases amongst health workers. Throughout January, reported levels of COVID-19 transmission in NES health facilities appear to have declined significantly (according to the number of NGO-supported health facilities that have had to close/ partially close and staff who have had to self-isolate/ self-quarantine). As of 31 January, according to updates provided by seven NES NGOs supporting 93 health facilities, no health facilities were closed, with only two health facilities (one in Deir-Ez-Zor and one in Al-Hasakeh) temporarily closed during the whole of January (for two days of disinfection following exposure). This is a reduction from 13 facilities which were fully or partially closed at some point in November. Over the same period, 19 staff have been in self-quarantine or self-isolation, six of whom were in self-quarantine or self-isolation as of 31 January. This is a significant reduction from November, where a total of 77 staff were self-quarantining or self-isolating as of the end of the month, with a total of 133 staff over the whole month.

The reduction in transmission at health facilities reflects a wider reduction in transmission across NES, combined with a change in people's health-seeking behaviours, and enhanced IPC procedures at health facilities. Health staff shortages, which result in staff working in multiple health facilities, remains an obstacle to ensuring effective IPC. However, significant progress appears to have been made in reducing multi-facility work and thereby, the risk of cross-contamination. As of 31 January, only 159 (6 per cent) of 2,679 health staff working in 93 health facilities reported working in another health facility.

**In NWS**, WHO continues supporting IPC programmes, through an implementing partner, by providing field visit technical supervision and on-job coaching and training. During this reporting period, IPC specialized training was delivered to 8 COVID-19 Community treatment centres (CCTC) covering 312 medical and non-medical staff. Currently, WHO is looking to 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 completed inter-sectoral mapping in coordination with health departments, WHO continues to meet daily to monitor, plan and assess incident management system functions. The priority remains to provide support to 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 1,131 beds, including 917 isolation beds, 214 ICU beds, and 180 ventilators. The 32 quarantine centres are reported to have 5,182 beds. As mentioned in previous reports, information indicates that patients experiencing mild symptoms have been requested by some isolation centres to quarantine at home.

WHO continues to deliver case management trainings. In the reporting period, WHO supported training for 125 health workers including immediate life support and ventilator management in Damascus and Homs and 60 health workers on the newly established emergency isolation centre in Damascus on case management. In the reporting period, WHO provided several isolation hospitals with lifesaving medicines, anaesthesia medicines and medical equipment, including two portable ventilators.

**In NES**, overall levels of hospitalization to designated COVID-19 facilities remains extremely low. Based on partial data provided by 9 of 17 operational COVID-19 facilities, only 4 per cent of available beds were occupied as of 31 January, down from 9 per cent as of the end of November. Despite evidence of reduced transmission levels 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. A significant number of people are only reporting symptoms or coming to hospitals when their illness is advanced. There continue to be concerns that many people may be dying of COVID-19 (or COVID-related complications) unreported, at home.

The lack of critical care capacity (in terms of the expertise among health workers to deliver critical care) remains a significant gap. Most obviously, almost all (95 per cent) patients who have received invasive ventilation have subsequently died. NES-based partners are working with external actors to provide specialized training on ICU care and, relatedly, the use of ventilators (this is also a broader COVID-19 secondary care training package), to enhance capacity to treat critical cases. This training will utilize remote and in-person modalities, to deliver eight dedicated training sessions to health workers providing critical care to COVID-19 patients. In addition to this training, on-the-job remote mentoring will also be provided.

There have been few changes to the operational status of supported COVID—19 facilities over the last two months. As of 4 February, of 23 COVID-19 Treatment Facilities (for moderate-severe and critical patients), 16 are currently operational (15 of which are fully operational, an increase from the previous report). Of approximately 876 beds planned for moderate-severe cases, an estimated 617 (70 per cent) are operational. Of at least 101 ICU beds planned, all are considered operational (although this does not infer capacity to deliver adequate critical care to COVID-19 patients). Due to a lack of funding, at least 3 NGO supported facilities are expected to be handed over to the local authorities over the next two months. It is unclear whether the local authorities will have the resources to maintain these facilities. With the continued low utilization of NGO-supported COVID-19 facilities, partners are considering options to consolidate capacity. This includes the possibility of putting some facilities on 'standby' and combining capacity in some areas to increase the overall quality of care. Despite the low number of admissions to NGO supported COVID facilities, partners are mindful of the need to strengthen referral pathways further to ensure that all cases requiring care are admitted. Similarly, given the risks present by more infectious new variants, partners are aware that demand for hospital care for COVID cases could increase significantly over the coming months

**In NWS**, compared to the previous reporting period, the number of deaths associated with COVID-19 increased by some nine per cent, from 348 to 380 COVID-19 associated deaths – 50 per cent of which were in just two districts: Harim and Idleb. The overall case fatality rate in northwest Syria is 1.82 per cent. Furthermore, 36 CCTCs reported in NWS, out of the 24 are full function, eight are inactive, and four are planned. The 24 active CCTCs have 1,118-bed capacity. During this reporting period, a total of 3,167 were admitted to CCTC. WHO is currently looking to extend its support to Al-Sham Dana COVID-19 designated hospital to the 25 July.

With the MHPSS Helplines, 265 PSS Counselling sessions were provided from 15 December until 18 January, to support COVID-19 patients and COVID-19 frontline workers. These MHPSS Helplines for NWS are planned to extend continuity as most of the COVID-19 patients with NCD comorbidities are getting serious complications, WHO, together with partners, is continuing the quality of NCD care communities.

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

**In NES**, overall, NGOs have not faced any additional challenges in importing medical equipment and PPE from Iraq/ KRI with recent cross-border shipments reportedly occurring without disruption according to regular tracking conducted by the NES Forum. Although medical equipment and consumables have largely entered into NES without challenge, there are more extensive challenges in importing pharmaceuticals. There are concerns that these supply challenges already impact

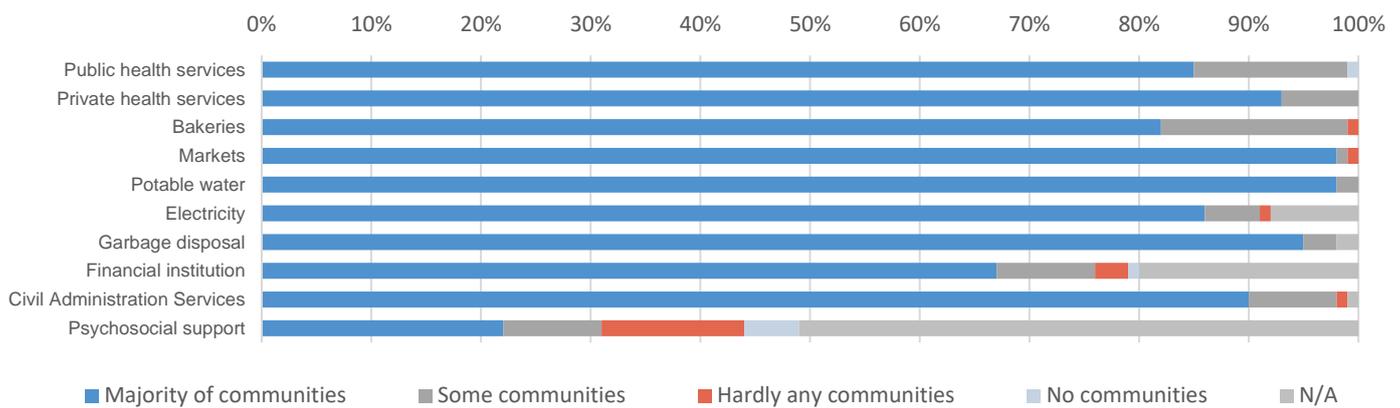
access to medicines for persons with comorbidities and chronic conditions, which may increase the risks present by COVID-19 to this subset of the population.

In NWS, WHO supported two health facilities with one-month supplies covering, ICU medicines, consumables, PPE and IPC materials. WHO has completed the process of procuring IPC materials to cover the needs of six months, with the first batch of supplies covering two months needs to be delivered in the coming weeks. The NWS COVID 19 Task Force is in the process of developing a distribution plan of PPE & IPC materials to cover the needs of two months of supplies based on the information collected via monthly COVID-19 supplies survey. The distribution plan will be finalized and circulated with the partners by the end of January.

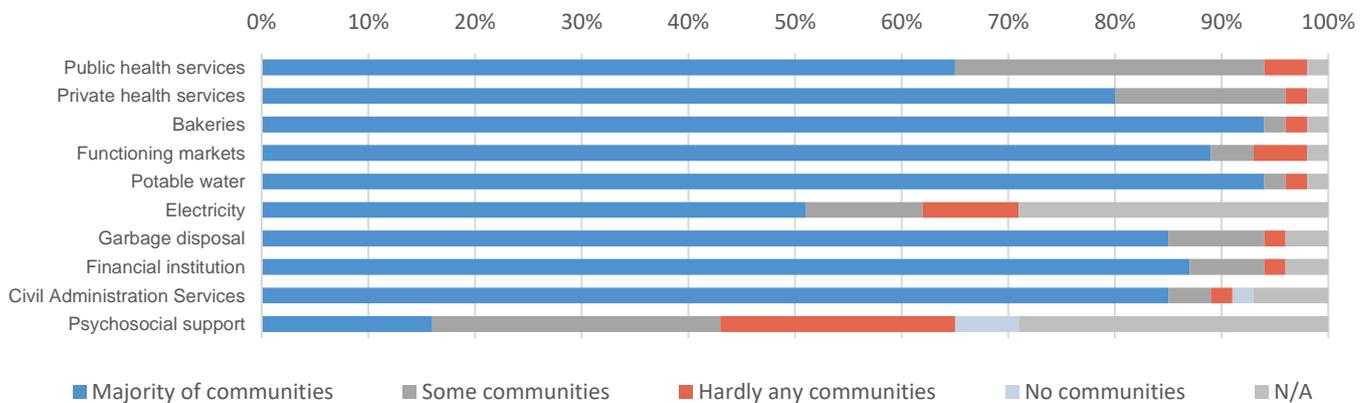
## Annexes

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

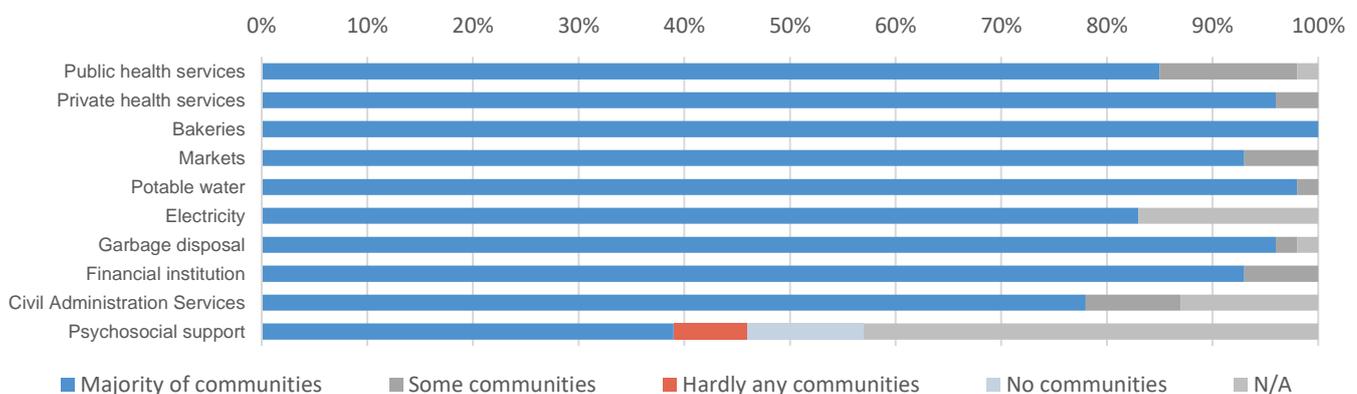
#### GOS



#### 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

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