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HIGHLIGHTS

- COVID-19 cases reported by the Ministry of Health (MoH): 24,723 (1,801 fatalities, 21,654 recovered).
- Healthcare workers affected reported by the MoH: 969 cases, including 31 deaths.
- As of 26 May, the MoH reported approximately 130,722 tests have been performed in laboratories in Damascus, Aleppo, Homs, Hama, Lattakia and Rural Damascus governorates.
- As of 24 May, the MoH reported that of the first shipment of COVID-19 AstraZenica vaccines obtained under the COVAX Facility, approximately 24,780 doses had been administered, with healthcare workers prioritized. WHO, UNICEF and other partners continue ongoing technical support to national vaccination plans.
- The socio-economic impacts of the pandemic continue to be one of several factors contributing to increased humanitarian needs across the country, with an estimated 13.4 million people requiring assistance in 2021.

SITUATION OVERVIEW

At the time of writing, 173,674,509 laboratory-confirmed cases of COVID-19, including 3,744,408 deaths had been reported globally. In the Eastern Mediterranean Region, 10,353,366 COVID-19 cases have been reported, including 206,573 deaths.

In Syria, the MoH has reported 24,639 laboratory-confirmed cases to date: 23 in Ar-Raqqa; 106 in Al-Hasakeh; 231 in Deir-Ez-Zor; 484 in Quneitra; 1,090 in Hama; 1,284 in As-Sweida; 1,310 in Dar'a; 1,841 in Tartous; 2,549 in Rural Damascus; 2,955 in Homs; 3,583 in Aleppo; 3,814 in Lattakia; and 5,453 in Damascus. Since the last report on 5 April, 5,319 new cases have been announced. The MoH also announced 1,801 fatalities, an increase of 488, in addition to 21,654 recoveries.

The MoH has also reported 969 healthcare workers have tested positive for COVID-19, an increase of 278 cases since our last report, including 31 who have sadly died (an increase of one). This underscores not only the particular and ongoing risks to healthcare workers, including in the context of reports that healthcare workers in some areas do not have sufficient PPE. It also highlights – given Syria's existing fragile healthcare system with already insufficient personnel working under very challenging circumstances – the potential for its overstretched capacity to be further compromised. WHO, alongside UNICEF and other partners, are working to support efforts to rollout national vaccination plans, with healthcare workers prioritized to receive vaccines including those obtained under the COVAX Facility, in addition to supply PPE where needed.

With at least 21 reported deaths among teachers/administrative staff since schools reopened in September 2020, considerable challenges remain in preventing transmission in schools, particularly given the overall country context of overcrowded classrooms, teacher shortfalls, and poor/damaged infrastructure. Between 30 May to 22 June, approximately 560,000 students will sit national 9th and 12th grade exams, including up to 16,000 students (in addition to guardians) who may travel cross-border from Lebanon or cross-line within Syria. At the time of writing, approximately 5,750 students had arrived cross-line to sit exams, the majority in Aleppo. Education Sector partners, including WHO and UNICEF, are supporting preventive actions during exams, including through PPE and hygiene kit distributions, deployment of mobile health clinics, promotion of infection prevention and control (IPC) measures, and light rehabilitation of WASH facilities in exam centers and accommodation centers for visiting students, including in Rural Damascus, Aleppo, Hama, and Ar-Raqqa.

Overall, while official numbers remain relatively low, it is clear community transmission in Syria is widespread. Epidemiological analysis indicates a second wave in mid-December, when the caseload was the highest reported so far in a single month (3,547). After a relative tapering off of reported cases in February, in the reporting period numbers again surged throughout late March to early April, possibly indicating a third wave. In past weeks, reported numbers have once again tapered, but still remain relatively high with significant positivity rates against limited testing. In three governorates – Homs, As-Sweida and Tartous – current positivity rates exceed 50 per cent. As earlier reported, humanitarian actors have received ongoing, unverified reports concerning additional possible cases. It remains highly likely the actual number of cases far exceeds official figures, with significant numbers of asymptomatic and mild cases in particular going undetected.

Contact tracing also remains a challenge, including in more remote governorates and camps. In addition, for reasons including community stigma and individual reluctance to go to hospitals, it is further likely significant numbers of people with symptoms are not seeking tests or treatment. In addition to making actual numbers of cases difficult to ascertain, this may increase the risk of late referral of severe/complicated cases for treatment, negatively impacting the long-term health prospects and survival of patients.

As of 7 June, authorities in Northeast Syria (NES) have reported 18,036 cases, including 732 fatalities and 1,829 recoveries. Healthcare workers have also been affected, with 996 reported cases to date, approximately 10 per cent of the current workforce. In some cases, the high numbers of healthcare workers affected has necessitated temporary shut-down of several healthcare facilities for periods of up to 14 days, limiting services available to the local populations. While transmission remains significant in NES, the number of new daily cases in the region has reduced significantly from the peak in April, after significant lockdown measures were instated by the local authorities.

Points of Entry

Border crossings remain impacted as Syria and neighboring countries continue implementation of precautionary measures. Most land borders into Syria remain closed, with some limited exemptions. International commercial passenger and cargo flights are ongoing, and Tartous and Lattakia ports remain operational, with precautionary measures. The GoS requires individuals arriving from official border crossing points with Lebanon to present a negative PCR certificate obtained within the past 96 hours at accredited laboratories. Those unable to present such a document are quarantined.

Local authorities continue to provide exemptions for humanitarian goods (daily except Fridays) and personnel (three times per week) at the Fishkabour/Semalka informal border crossing, and in other limited cases, including urgent medical cases to cross to Iraq. Commercial movements are being increasingly facilitated in both directions. All border crossing points remain closed, with humanitarian personnel and medical cases reportedly exempt.

After local authorities announced a temporary closure on 24 May of Tabqa, Akeirshi (Shannan) and Abu Assi crossings in Ar-Raqqa (likely related to the presidential elections), with exemptions for humanitarian shipments and students, reports indicate as of 27 May, all three crossings have been reopened. Al Taiha crossing in Aleppo has been closed for civilian and commercial movement since 21 March, however authorities on both sides have indicated student crossings for national exams will be allowed. Further reports indicate internal crossings in Tal-Abiad-Ras al-Ain remained closed. Restrictions are ongoing at Um Jloud in Aleppo, although reports have been received of ongoing commercial movements; the Awn Dadat crossing has been closed since October.

Abu-Kamal-Al-Quaem crossing is reported open for commercial and military movements; Ras al-Ain border crossing is partially open for humanitarian shipments and voluntary returns. Abu Zandin in Aleppo remains closed, although reports indicate in practice, crossings do occur, including medevacs.

Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement. Bab al-Hawa in Idleb remains partially re-opened for humanitarian workers and emergency medical cases to cross to Turkey. Syrian citizens in Turkey can reportedly apply for voluntary return to Syria through the crossing. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement.

Preventive Measures

Since late May, the GoS has maintained a widespread easing of initial preventive measures, albeit with some ad-hoc changes, including localized lockdowns and restrictions on some gatherings. Otherwise, most public facilities, including shops, leisure facilities, places of worship and general services are open, with mandated precautionary measures.

In NES, there are currently no mandated public health measures since restrictions were eased on 16 May. Shops, groceries, schools, educational facilities are open, as are churches and mosques. Mass social gatherings are no longer prohibited. Discussions are ongoing with the NES DoH to instate objective markers for instatement of partial and full lockdowns based on the number of new cases per day in the seven-day rolling average.

Humanitarian Impact

Over the past 18 months, Syria's economy has experienced an unprecedented downturn that has had profound impacts on the welfare of a significant proportion of the population and driven up overall humanitarian needs. While the current economic hardships were not primarily driven by COVID-19, the pre-existing and underlying fragility of the Syrian economy – in addition to multiple shocks over the past year – meant that COVID-19 related factors exacted a disproportionate negative socio-economic effect. In practical terms, families across Syria have faced heavily eroded employment opportunities, skyrocketing prices and shortages of goods and services, and widespread deterioration of household coping mechanisms.

Among these shocks has been sharp devaluation and volatility of the informal SYP/USD exchange rate. For most of 2019, the informal exchange rate was around \$US/SYP 694; but with the onset of the Lebanon liquidity/banking crisis, the SYP has seriously overall deteriorated, and at times partially rallied with extreme volatility. A record low was reported on 18 March 2021, at approximately US \$1/SYP 4,775. Since then, the informal rate has somewhat improved and of late had remained relatively steady, trading at approximately US \$1/SYP3,200 at the time of writing. On 14 April, the Central Bank of Syria again officially devalued the SYP – approximately halving its value – to US\$ 1/SYP2,512, in step with the preferential exchange rate for UN agencies and humanitarian INGOs introduced in March.

As a result of the exchange rate volatility, regional banking/liquidity crisis and other factors, including the knock-on effects of COVID-19, food prices have persistently and at times dramatically increased nearly every month in the past 18 months. According to WFP's latest VAM data, the national average price of a standard reference food basket (a group of basic goods providing 1,930kcal per day for a family of five for a month) increased by 33 percent between February and March 2021, to SYP 180,792; 313 per cent higher compared to March 2020.

Food prices, in addition to other factors such as periodic shortages of staples, has led to a record 12.4 million people in Syria now estimated to be food insecure, an increase of 4.5 million in just one year. In April, WFP reported that 43 per cent of surveyed households reported poor food consumption, more than double the level recorded in April 2020. Food security indicators, and other exacerbating factors, including severe drought, persistent service interruption, regular reports of fires destroying productive land across the country and shortages of diesel limiting agricultural field operations which combined are likely to result in a significantly reduced wheat harvest, indicate a worsening food security situation ahead.

Overall, for many currently living in Syria, the current socio-economic situation represents some of the most challenging humanitarian conditions experienced in the past ten years. This year, an estimated 13.4 million people in Syria need humanitarian assistance and nearly 90 per cent of the population now live below the poverty line. With already limited livelihoods opportunities further diminished, in addition to the ramifications of insufficient, damaged, and destroyed infrastructure and basic services, it is likely many families will be pushed toward destitution in 2021.

In recognition of the far-reaching socio-economic impacts of COVID-19, the UN Country Team (UNCT) has from an early stage worked with UN agencies and humanitarian partners to ensure ongoing life-saving assistance, quickly adapted with adjusted modalities, while supporting social and economic resilience initiatives. In October, the *UN Framework for the Immediate Socio-Economic Response to COVID-19* was launched, to supplement the health and humanitarian response.

PREPAREDNESS AND RESPONSE

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

The current key priorities in Syria are:

- Enhancing surveillance capacity including active surveillance, with a critical need to expand national and sub-national laboratory capacity to test for timely detection;
- Protecting health care workers by training and providing additional PPE;
- Ensuring proper case management, isolation and contact tracing;
- Raising awareness and risk communication; and
- Engaging with the Ministry of Health and relevant stakeholders, including humanitarian partners, on the rollout of COVAX.

In particular, WHO, acting on the ten pillars of the updated Syria Strategic Preparedness and Response Plan, continues engaging the MoH and partners to enhance technical capacity and awareness; and is focused on surveillance and response activities, enhancing testing capabilities, procuring and delivering medical supplies and reagents, including medicines for case management in healthcare facilities, and overall technical advice.

Country-Level Coordination

At the national level, the UN has established a COVID-19 Crisis Coordination Committee (CCC), led by the UN Resident Coordinator and Humanitarian Coordinator (RC/HC) with the WHO Representative for Syria serving as the Incident Manager, to closely engage with the GoS and other stakeholders in the implementation of the multi-sectoral response.

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

Bi-weekly operational calls on NES are also ongoing, including on assessing coverage and gaps in camps, as well as COVAX rollout and to address the COVID-19 response in camps. Sectors also continue national and sub-national meetings to support coordinated response planning, and coordination with authorities. The UN RC/HC and WHO Representative, along with other UN leadership in country, continue to engage senior officials on the COVID-19 response at both the national and local level, as well as ICRC and SARC.

Vaccines

WHO, in coordination with UNICEF, is providing a range of support to facilitate national vaccination plans. To date, this has included technical assistance to the MoH for documentation needed for the COVAX COVID-19 vaccine application process.

On 3 February GAVI expressed intent to provide an initial 1,020,000 doses of Astra Zenica SII (AZ SII) vaccines, to cover the first three per cent of the population (targeted high-risk groups), including in NES. On 25 March, the COVAX Facility informed participating Member States that vaccine deliveries from the Serum Institute of India would be delayed due to increased demand for COVID-19 vaccines in India, affecting 37 low and middle-income countries, including Syria. Following advocacy, on 21 April, the first COVAX delivery of 203,000 doses arrived in Damascus; 17,500 doses were subsequently airlifted to Qamishli with WHO support on 3 May.

In addition to support provided for the initial COVAX vaccine delivery, WHO and UNICEF remain engaged in ongoing efforts to obtain further supplies when available. To assist the current rollout, WHO supported developing, printing and distribution vaccination registration and reporting materials including vaccination cards, vaccination certificates, registers and reporting forms to all governorates. Up to 24 May, according to the MoH, around 24,700 vaccine doses from the COVAX Facility had been administered across Syria, with healthcare workers prioritized in the first instance. Of note, additional reports indicate other vaccines procured through bilateral donations (including Sputnik V and Sinopharm) have also been utilized in some areas. On 5 May, the MoH launched a [platform](#) where members of the public can register for vaccination (noting that prior registration is not conditional for vaccination), specifying that vaccination is not compulsory, and health workers, the elderly, and those with chronic illnesses will be prioritized.

In NES, of the 17,500 doses of COVAX vaccines airlifted to Qamishli, according to MoH planning, 13,320 doses have been allocated for Al-Hasakeh Governorate, and 4,180 doses for areas of Deir-Ez-Zor under local authority control. An additional 6,000 doses are planned to be sent by road for areas of Ar-Raqqa, with 1,000 reported as delivered at the time of writing. The MoH have indicated that the 17,500 COVAX vaccines doses delivered to NES will cover 100 per cent of all healthcare workers in that area (approximately 8,900 people), including healthcare workers with the Department of Health, local health authorities, cross-border INGOs, and those based in camps. Early reports indicate however that a significant number of healthcare workers in NES have not taken up the opportunity for vaccination. In response, humanitarian actors where relevant are supporting steps for both confidence-building measures and to develop a specific communication plan emphasising the availability and importance of vaccines. In GoS areas, current projections indicate COVAX vaccine stocks will cover approximately 80 per cent of healthcare workers. WHO, UNICEF and humanitarian partners continue to follow up on rollout, including to identify and advocate for resolution to any issues that may arise where feasible.

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

To date, WHO has also provided support for the Vaccine Introduction Readiness Assessment 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. In addition, other work to date and ongoing where relevant includes support other planning necessary for vaccine roll-out, including developing IPC and waste management protocols, national cold chain inventory, planning to target hard-to-reach areas and awareness raising and community engagement efforts (detailed below).

Estimated operational costs for the first phase of the COVAX roll-out are US \$7 million (\$4.5 million for GoS areas and NES, and \$2.5 million for north-west Syria).¹ Additional funds of \$101 million are required to cover operational costs for the remaining 50 per cent of the population required to reach 70 per cent coverage to achieve herd immunity. COVAX has only currently committed to supply the vaccine for the priority 20 per cent.

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. Extensive and ongoing activities have been highlighted in previous reports. While cumulative RCCE efforts to date have reached more than 13 million people, in addition to over 4,500 people trained on COVID-19 RCCE, survey information and anecdotal evidence suggests the risk perception across Syria remains low. As the situation has evolved, the RCCE Group has adapted efforts and currently remains focused on public engagement on the ongoing risks of COVID-19, emphasizing preventive measures and health-seeking behaviors and supporting linkages between community and health systems.

UNICEF and WHO are working closely with the MoH to develop the 2021 COVID-19 RCCE Strategic Plan engaging ministries and counterparts, in line with findings and recommendations from the Intra-Action Review, including plans for a large-scale media campaign to promote vaccine uptake within target groups. At present, plans are being reviewed in light of limited vaccines currently available globally for low- and middle-income countries, including Syria. WHO has further deployed an RCCE expert to scale up the RCCE response at the national level, with a specific focus on vaccinations and demand generation. In addition, the RCCE Group continues work to support Demand Generation and Communication components of the COVAX facility, as well as support public engagement on, including generating demand for, COVID-19 vaccines, with a comprehensive meeting involving stakeholders held on 14 April.

The RCCE Group has further worked to support a training of trainers, including cascade training at the governorate level for 550 health workers, COVID-19 demand generation communication. In NES, 55 healthcare workers were trained in Al-Hasakeh, 30 in Ar-Raqqa and 45 in Deir-Ez-Zor, with further workshops planned for community workers, including in camps and informal settlements. Also in NES, a specific RCCE Strategy Framework has been prepared to ensure the inclusive, participatory and non-discriminatory implementation to reach vulnerable populations.

As also detailed in prior reports, UN agencies, sectors and partners continue awareness-raising activities during programmes (such as distributions) and/or as separate initiatives, including through social media. During the reporting period, WHO supported a capacity building workshops for journalists on the role of media in awareness raising, with engagement on vaccine hesitancy, misinformation and rumours. WHO also continued technical support for the MoH COVID-19 Dynamic Infographic Dashboard for Syria, in [Arabic](#) and [English](#).

UNICEF reported ongoing awareness raising through both dedicated mass communication and also community-based activities, reaching approximately 49,245 people in the reporting period. UNICEF further reported ongoing regional outreach, including training 20 adolescent volunteers on RCCE messaging and communication skills in Al-Hasakeh, and distribution of a range of IEC materials in Al-Hasakeh and Ar-Raqqa governorates. In addition, 65 volunteers conducted community engagement activities with COVID-19 messages in Al-Hasakeh and Ar-Raqqa, including in camps, while in Deir-Ez-Zor, awareness raising continued in partner health and nutrition clinics reaching approximately 4,995 people. In Rural Damascus, UNICEF further supported a COVID-19 related qualitative assessment, while in Aleppo, through local partners, 6,413 people including children were reached with COVID-19 preventive awareness raising messages.

In addition, Action contre la Faim (ACF) supported COVID-19 community-level awareness sessions for 682 people from Hama. ACF further supported healthcare worker led awareness sessions at primary health clinics for 7,964 people in Dar'a and 35,713 people in Rural Damascus. Utilizing the results of Community Perception Tracking on COVID-19 carried out in March and April, OXFAM tailored outreach and dissemination of COVID-19 prevention key messages and hygiene awareness, including information on vaccines, with 9,957 people participating from six communities in Rural Damascus, Deir-Ez-Zor and Aleppo, and from 15 April to 10 May, disseminated SMS messages to two million people on COVID-19 prevention. In addition, messages were broadcast on three national and one regional radio stations, covering an estimated 450,000 listeners. OXFAM also continued support of 174 women with cash-for-work promoting and demonstrating preventive measures in shops, markets, and public spaces.

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

Surveillance, Rapid Response Teams and Case Investigation

Currently 1,360 sentinel sites report cases through the EWARS system. With WHO support, MoH is conducting active surveillance utilizing a network of officers across 13 governorates, who are in regular contact with and actively visit health facilities to monitor admissions, in addition to active case finding in schools.

Within Syria, relevant stakeholders agreed to collect samples through 112 RRTs for referral for testing (in line with similar established mechanisms). To date, 507 RRT personnel in 13 governorates have been trained on COVID-19 case investigation, sample collection and referral. In NES, five RRTs are active in Al-Hasakeh, five in Ar-Raqqa and four in Deir-Ez-Zor (all DoH supported), while Menbij/Kobane is covered from Aleppo. Local health authorities in NES have also deployed seven RRTs and one RRT in Al-Hol camp in cooperation with KRC; however the majority of samples are collected by 20 RRTs operating under a parallel sample collection system supported by local authorities and humanitarian partners.

Of note, within the reporting period, WHO supported more than 2,000 suspected COVID-19 cases investigated within 24 hours, including transport of specimens of suspected cases to the central laboratories in four governorates. WHO further supported testing of 20 COVID-19 positive samples for genetic sequencing at a referral laboratory in Abu Dhabi. The results found 11 samples were lineage B.1.1.7 (UK variant), three samples lineage B.1.351 (South African Variant), and two samples lineage B.1.525 (Tanzania Variant).

WHO continues to provide support for capacity building and reporting tools for immediate notification and operational support for sample collection and transportation. In the reporting period, WHO supported an EWARS workshop in As-Sweida, with training focused on COVID-19 reporting, case definition, and investigation measures. In addition, UNICEF supported three training-of-trainers sessions for 90 health workers on COVID-19 surveillance and epidemiological investigation, after which the trainees conducted three additional trainings for 90 health workers in Damascus, Rural Damascus and Quneitra.

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 29 May, approximately 80,000 samples had been collected from thirteen governorates since mid-March, including 543 samples from Al-Hasakeh, 478 from Deir-Ez-Zor and 15 from Ar-Raqqa. More than 48,300 PCR tests have also been conducted in NES by local health authorities.

Points of Entry

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

In NES, PoE upgrades have been supported at five of ten PoEs in Menbij, Tabqa and Al Jazeera, including support for rehabilitation, provision of medical prefabs and isolation units, medical equipment, PPEs, and other items. Discussions are ongoing with partners to plan training of NES PoE health staff to identify and refer suspected cases for testing.

National Laboratories

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus, following rehabilitation to establish a designated laboratory for COVID-19 completed in 2020 and on-site training for 82 laboratory technicians and 49 laboratory assistants, including to support expansion of testing in the seven regional laboratories, including in NES. In the reporting period, WHO supported further training for technicians from Dar'a and As-Sweida on molecular biology technology, COVID-19 PCR testing, GeneXpert, in addition to biosafety and biosecurity procedures.

WHO has provided testing kits to the MoH since February 2020, and to date, has provided a wide range of reagents and supplies needed for conducting approximately 310,000 tests, in addition to 11 polymerase chain reaction (PCR) machines and two extraction machines, and PPE for staff. In the reporting period, WHO further delivered one new PCR machine to the laboratory in Rural Damascus, ten biosafety cabinets to the COVID-19 laboratories, and one new biosafety cabinet class III for the emerging disease laboratory at the CPHL. In addition, UNHCR has procured one GeneXpert machine, and

WHO delivered another GeneXpert to the Qamishli National Hospital, which has been functional since the end of December. A public health laboratory in Hama has been equipped with support from the Aga Khan Development Network.

Further, during the reporting period, to prepare for a COVID-19 Serosurvey, WHO delivered 96 Elisa kits for total human antibodies testing, in addition to supporting relevant training for laboratory technicians in Damascus, Aleppo, Tartous and Hama.

Following WHO support for training of laboratory technicians and essential supplies, COVID-19 testing also continues at the Tishreen University Hospital in Lattakia, Zahi Azraq Hospital in Aleppo, Jdeidet-Artouz Center in Rural Damascus, Qamishli National Hospital and the public health laboratory in Homs. A laboratory in Hama, equipped with the support of the Aga Khan Development Network, has also commenced testing. As of 24 May the MoH reported the laboratories had conducted approximately 130,722 tests. The UN continues to advocate for the enhancement of laboratory and case investigation capacity across Syria, including in NES, and the timely communication of all relevant public health information.

Infection Prevention and Control

WHO, UNICEF, Health and WASH partners 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 healthcare workers. To date, WHO has delivered more than six million PPE and IPC 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 seven million PPE and IPC items have been delivered by Health sector partners. In the reporting period, WHO, as a support for the national exams provided to MoE 40,000 gloves, 200,000 surgical masks, 1,050 alcohol-hand rubs and 127 Infrared thermometer devices to partners in Aleppo, Homs, Qamishli, Aleppo and Lattakia. WHO further supported four capacity building workshops for 100 healthcare workers at primary health clinics in Al-Hasakeh, Ar-Raqqa, Deir-Ez-Zor and Idleb, on IPC measures in the context of COVID-19, case definitions and referral pathway.

UNICEF, including in its capacity as the WASH cluster lead, continues to engage with partners to strengthen IPC in healthcare facilities, schools and learning spaces, youth centres and communities, in addition to regular WASH services. During the reporting period, in addition to water trucking (see below), UNICEF continued operation and maintenance of WASH infrastructure, including completion of rehabilitation of WASH facilities at Dweir Center sufficient for 70 people (for other rehabilitation projects completed, including in healthcare centers, see earlier reports). UNICEF further delivered awareness sessions and 120 baby hygiene kits in eastern rural Aleppo.

As reported previously, UNDP has completed rehabilitation at a hospital isolation center in Damascus, at Dummar Hospital, and additional healthcare facilities in Lattakia and Dar'a, with works at the Al-Hamidiah health center in Deir-Ez-Zor completed in mid-May. UNDP also continues work on rehabilitation of two health centers and one hospital in Aleppo, including supporting solar systems for certain critical equipment including vaccine refrigerators. Other light rehabilitation, including WASH, by Première Urgence Internationale and Medair, in Deir-Ez-Zor, Dar'a, Quneitra, Idleb and Aleppo has been completed, as per earlier reports.

Ongoing support to schools by partners, including increased distributions of soap, hygiene products, water trucking, and maintenance and repair of WASH facilities has been detailed in previous reports. In the reporting period, Gruppo di Volontariato Civile (GVC) completed light rehabilitation of WASH facilities in 37 schools in rural and urban areas of Deir-Ez-Zor (including hands-free handwashing facilities, and accessible, inclusive, and gender-oriented toilets) and of 11 schools in Aleppo. GVC also conducted hygiene promotion campaigns in 64 schools in rural Deir-Ez-Zor, Deir-Ez-Zor city, rural Aleppo and Aleppo city and provided school cleaning kits. OXFAM provided 9,587 personal hygiene kits to primary school students in 22 schools and completed rehabilitation of WASH facilities in three schools in southern rural of Aleppo, with another 12 schools under process.

Specifically for the upcoming national exams, partners are providing support to 480 exam centers and 146 school health centers across the country, in addition to four accommodation centers, including provision of hygiene kits, PPE, awareness raising on IPC measures, sterilization of centers, and light rehabilitation of WASH facilities where required. Among other sector partners, WHO provided 200,000 surgical masks, 2,388 gowns, 10 thermometer infrared devices, 1,050 alcohol-based hand rub solution bottles and 40,000 gloves.

Also as previously detailed, WASH sector partners continue to deliver increased quantities of soap and water to particularly vulnerable communities, including to areas in Idlib governorate. In the reporting period, in Deir-Ez-Zor, Action Against Hunger (AAH) distributed 2,000 hygiene kits, 14,414 soap bars, 25 jerry cans and 4,325 sanitary pads packets; in Hama, AAH further distributed 19,500 soap bars, and 2,908 hygiene kits in rural Aleppo. OXFAM distributed 5,623 soap kits in Aleppo and Deir-Ez-Zor, and 6,600 family COVID-19 hygiene kits in Rural Damascus. The Aga Khan Agency for Habitat (AKAH) distributed 1,800 hygiene kits in 35 villages and Tartous city.

UNICEF also continued to support water trucking to targeted beneficiaries in Al-Hol camp, and collective shelters in Al-Hasakeh city (covering 50,000 people), in addition to water trucking for 31 host communities in Eastern Ghouta and Rural Damascus, in addition to daily water trucking to five settlements in northern rural Aleppo. AKAH also supported water trucking to 41 communities in Hama, including to nine health centers and eight schools, and continued maintenance support to the Salamiyeh water pumping station, including water quality analysis. In addition, AKAH supported collection and transfer of municipal waste in Salamiyeh, in addition to implementing awareness campaigns.

UNRWA continued to support essential WASH services to Palestine refugees in ten accessible camps (nine official) and provided additional disinfection services for Palestinian gatherings not supported by the local municipalities. Distribution of PPE to sanitation laborers was also supported where needed.

Case Management

Working closely with MoH technical teams, Health and WASH partners, following on from completed inter-sectoral mapping in coordination with departments of health, WHO continues to meet on a daily basis to monitor, plan and assess incident management system functions. According to the MoH, currently 151 treatment (isolation) centres are currently operational, with a cumulative capacity of 2,660 beds, including 1,832 isolation beds, 828 ICU beds, and 620 ventilators. In addition, seven quarantine centres are reported to have 520 beds.

In the reporting period, in addition to 22,585 treatments of life-saving medicines, WHO delivered 40 equipped ambulances, to enhance timely referrals, particularly for people living in hard-to-reach areas or those unable to afford transportation. A distribution plan has been agreed upon for the ambulances to be delivered to various governorates across Syria.

WHO continues to deliver case management trainings. In the reporting period, WHO supported training for 50 health workers including those working in isolation centers and ICU and emergency departments in Damascus and Rural Damascus.

In March, six of the 20 dedicated COVID-19 Treatment Facilities (CTFs) established in NES lost NGO funding, with a further six losing funding in April. While this was not entirely unexpected – many of these CTFs had experienced low occupancy rates throughout much of the fourth quarter of 2020 – this loss in funding coincided with a surge in COVID-19 cases across the area. Currently, Tabqa, Kobane, and Malikeyeh have no CTFs operating with the support of NGOs, while funding for the Deir-Ez-Zor CTF will run out in June. To date, numerous requests have been received for support from unfunded hospitals treating COVID-19 patients for basic but indispensable items such as oxygen, antibiotics and PPE.

Operational Support and Logistics

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

Globally, WHO has established the Supply Chain Coordination Cell to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring. WHO has also established three buyers consortia – a PPE Consortium, a Diagnostics Consortium, and a Clinical Care Consortium – to ensure that some critical supplies are reserved to meet the requests of countries most in need. The COVID-19 supply needs have been compiled by WHO to inform all partners of the requirements and gaps. WHO, in coordination with the Health Sector, has developed an online COVID-19 Supplies Tracking System to monitor in real time the items procured, distributed and in the pipeline by health sector partners against the needs. The dashboard is updated weekly. The RC/HC has also designated a dedicated Supply Chain Task Force Coordinator for within Syria, assigned by WHO and alternate Coordinator, assigned by WFP, who will oversee and validate related requests for Damascus-based partners uploaded onto the system.

The Logistics Cluster is monitoring UN agency supply routes into Syria and working with the Global Logistics Cluster to identify bottlenecks, in addition to facilitating access to free-to-user warehousing around Syria and monthly consultations

with partners through cluster coordination meetings. Ad-hoc Supply Chain working group meetings and close collaboration with the PWG ensures the Logistics Cluster can keep an overview of any potential downstream supply needs. Finally, WFP Headquarters will notify the Logistics Cluster when COVID-19 related items from any humanitarian organization are in the pipeline through WFP's Global Service Provision. This, in addition to close liaison with the Whole of Syria Health Cluster, will provide full visibility on the pipeline for COVID-19 related supplies.

WFP, as lead agency of the Logistics Cluster, is providing access to an air cargo transport service from Damascus to Qamishli. During the reporting period, the Logistics Cluster continued facilitated the transportation of Health Sector cargo by air from Damascus to Qamishli. This is in addition to an UNHAS service for air passengers between Damascus and Qamishli. During the reporting period, the UNHAS service expanded to include twice-weekly flights to Aleppo.

CAMPS AND COLLECTIVE SHELTERS

As of 2 June, an estimated 11,196 IDPs are residing in Al Talae/Serikanye site established by local authorities in September 2020. This is in addition to approximately 32,342 IDPs living in four informal sites across NES (Tweina/Washokani, Tel Samen, Abu Khasab and Tweina), with reports that waiting lists for formal and informal sites now total around 3,000 households. A further estimated 27,625 people live in 58 collective shelters throughout other governorates.

To date in NES, 350 confirmed cases have been reported in camps and IDP sites, including 102 at Al Hol, 68 at Areesha, one case at Tweina, 24 at Mahmoudli, six at Talae, eight at Abu Khasab, 131 at Roj, and 10 at Newroz. In total, 18 deaths have also been reported.

The camp coordination meeting for all formal and informal camps in NES (excluding Al Hol, which has weekly meetings) is now combined into one monthly meeting to enhance coordination. In all formal camps, health committees are active. In general only critical activities are ongoing to reduce transmission risks, gatherings are not allowed, and ongoing distributions have been adapted to avoid overcrowding.

Sectors continue to coordinate on isolation areas at camps and informal sites. In most camps areas are completed or nearing completion. At Mahmoudli and Washokani, isolation centers are operational, and at Areesha, the center is ready with capacity for 70 people. At Abu Khashab, two sub-halls and four family tents, with 31 beds, were installed. At Roj, works have been largely completed, however the treatment facility is currently not functioning. In Newroz, suspected cases are isolated in a sub-hall. In addition, external referral of all moderate/severe suspected cases has been agreed (except Al Hol).

To date, 7,572 people have been reached with COVID-19-related rehabilitation and light maintenance at 36 collective shelters in five governorates. Shelter and NFI partners are continuing to conduct their activities while applying the precautionary measures and update guidance and provide support where requested.

In the reporting period, UNICEF also continued outreach to camps, informal settlements and collective shelters, including at Roj, Newroz and Mahmoudli camps and Tweina settlement and Al-Jawadiya sub-district. Activities included IPC awareness and PPE proper use, including through mother-to-mother sessions, community leaders' meetings and recreational activities. WHO also donated almost 21,000 IPC/PPE supplies to the Areesha Camp Management, as well as to humanitarian partners at Al Roj, including 7,450 surgical masks, 220 coveralls, 170 goggles, 220 protective gowns, 11,700 gloves, 400 bottles of alcohol hand rub, 800 head cover, and six infrared thermometer devices).

Al Hol Camp

Given the parallel sample collection system in NES, in the event of suspected cases, focal points notify both the DoH RRT and local authorities for sample collection. At the time of writing, 102 cases of COVID-19 among residents has been confirmed, in addition to five healthcare workers and several staff. Sadly, 11 residents have died and 57 have recovered. Approximately 35 active cases are currently receiving care at the COVID-19 Treatment Facility/isolation center (CTF).

Following advocacy, potential acute COVID-19 cases are referred to Al-Hasakeh National Hospital or the Washokani COVID-19 hospital. Partners have agreed ambulances will support internal referrals during day shifts, with transfer of COVID-19 cases arranged through dedicated ambulances and teams trained on IPC measures. As reported previously, construction and equipping of the CTF, with capacity for 80 individuals was completed in 2020. Humanitarian partners are currently working on plans to transform the CTF into a fully-fledged treatment center capable of treating severe cases, for which additional funding may be required.

To date, WHO has delivered four shipments of PPEs (104,556 items) and 29 thermal screening devices to Al Hol. UNICEF has continued support of IPC measures with partners at the camp including disinfection of all communal kitchens and WASH

facilities. Other WASH interventions also continue, including delivery of 30 liters of water per person/per day in all phases, while the WASH sector is ensuring availability of sufficient soap and hygiene products across the camp.

CHALLENGES

As is the case globally, the impacts of COVID-19 are all encompassing, and present challenges across multiple fronts – ranging from operational (movement restrictions, lengthy quarantines) to personal (concerns over physical wellbeing / family separation), and logistical (market disruptions, remote working modalities). In Syria, as is the case elsewhere, the operating environment is in flux, with factors subject to change at any time. Some areas are difficult to access to support a response.

Due to the prolonged crisis in Syria, the public health system is fragile and requires considerable support to reinforce its capacity to support a potential outbreak of COVID-19, with just over 50 per cent of public hospitals fully functioning. There is also a considerable shortage of trained staff and a high turnover rate, all of which reduce its capacity to manage cases, and of medical equipment essential for case management.

The crisis has also disrupted national routine surveillance with currently EWARS the only timely surveillance system for communicable diseases. Technical and operational support is urgently needed to enhance further laboratory capacity across Syria to collect and ship samples as well as recruit and train surge technicians. In line with global WHO guidance, the UN in Syria continues to emphasize the urgent need for increased testing.

Border closures, the volatility of the exchange rate (and banking challenges in Lebanon), and other factors that impact the import of certain medical supplies critical to an effective COVID-19 response are also a concern. Other materials are in short supply in the local market, including due to wholesalers withdrawing supplies due to current exchange rate volatility.

As the pandemic has evolved, widespread vaccine inequity has also emerged as a global challenge. According to WHO, of the more than 1,500,000,000 vaccine doses administered globally, approximately 82 per cent have gone to high or upper middle-income countries, with only 0.2 per cent have been sent to their low-income countries. At the time of writing, COVAX had shipped approximately 72 million vaccine doses to some 125 developing nations, only covering around one per cent of their combined populations. The UN, led by WHO, continue to advocate for global action on vaccine access.

Humanitarian staff are also impacted, with restrictions on movement and lengthy quarantine limiting the ability to deploy staff and contractors where needed, including international staff unable to cross borders. Evolving preventive measures also disrupt humanitarian programming, as do unforeseen events.

FUNDING

Due to the pandemic, a COVID-19 Global HRP (GHRP) to address direct and indirect public health consequences on the population was developed, with revised requirements of \$9.5 billion to meet COVID-19 related needs across 63 countries through 2020. To date, \$3.79 billion or 39.9 per cent of overall requirements has been received. The GHRP is aligned with the WHO Global Strategic Preparedness and Response and complementary to, and in support of, existing government response plans and national coordination mechanisms.

Within Syria, the financial requirements for the revised COVID-19 operational response plan under the 2021 Humanitarian Response Plan are currently estimated at \$186 million. Funding remains a major concern with only \$7.79 million raised to date, leaving a wide funding gap of \$179 million.

The Syria Humanitarian Fund has disbursed \$23 million for 32 projects across Health, WASH, Protection, Food and Logistics sectors, including four multi-sectoral projects. SARC also prepared a four-month plan to respond to COVID-19, totaling \$10.4 million. In September, UNRWA launched an updated \$94.6 million appeal to mitigate the worst impacts of the pandemic on 5.6 million registered Palestine refugees until the end of December 2020.

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

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