



**Vaccine Request Form (VRF)** - Part A of the COVID-19 Vaccine Application document was signed by the Minister of Health and sent to GAVI on 15 December 2020. Part B (the legal part) is still in the process of waiting for MoH approval (with WHO follow-up).

**1. Coordination Framework Established**

All the necessary coordination committees (NCC National Coordination Committee, cTAG COVID-19 Technical Advisory Group and ICC Inter-Agency Coordination Committee) along with their adjusted TORs have been approved by the Government of Syria.

**2. National Readiness Assessment**

VIRAT/VRAF version updated tool includes 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 – a set of 50 key operational activities:

- 1<sup>st</sup> update was submitted by end-November 2020.
- 2<sup>nd</sup> update was submitted on 14 January 2021.
- 3<sup>rd</sup> update was endorsed by the MoH on 20 January 2021.

**3. Establishment Of Taskforces**

To bridge capacity, planning and implementation gaps and to ensure preparedness regarding key areas of vaccine introduction, 10 sub-committees were formed as the technical part of the cTAG committee (WHO and UNICEF as focal points are included). Continuous meetings take place to update the VIRAT and to prepare the needed materials for the National Vaccine Deployment Plan (NVDP).

#### 4. Population Prioritization

The following high-risk groups were agreed upon as a target under COVAX (the denominator - all Syrian population):

- Health workforce (including front line social workers and teachers), 3% of the population;
- Older adults >55-year population, about 13% of the population;
- People with chronic diseases, 5% of the population.

At present, the national authorities collect and consolidate population data (including from the MoP, CSO, Syndicate of Doctors and Health Workers at national and governate levels). The population data includes all 14 governorates of Syria, including the north-west and north-east Syria. The MoH highly relies on the existing mechanisms and modalities related to the previous experience of the routine immunization activities across these governorates.

#### 5. Pre-Registration Mechanism

The MoH in Syria works over the adaptation of the pre-registration mechanism. This could be applied for the identification of the second priority target group after reviewing all the possibilities, benefits, and challenges.

#### 6. Service Delivery Mechanisms

At this stage, 75 service delivery points are planned to provide vaccination, including 62 fixed facilities (hospitals) all over the country and 13 mobile teams. This number of facilities and teams is preliminary and is subject to change based on the ongoing microplanning. Each hospital will have three or more teams assigned to the microplanning for each stage of the campaign. Services will be provided by the trained hospital teams and by routine immunization personnel as part of the mobile teams. The implementation across the NES will follow the current experience of EPI microplanning through fixed and mobile teams. Formal and informal settlements will be targeted as well through the same modalities. WHO may support the transport of the vaccine to the NES and coordinate the mobile activities on the ground with different stakeholders, based on the existing operations.

WHO Syria maintains a direct day-to-day dialogue with WHO Turkey. WHO Gaziantep office, together with UNICEF, has submitted COVAX applications relying for the implementation on the currently existing immunization programme modalities in north-west Syria (NWS). There are plans to support to cover about 20% of the Syrian population in NWS. The prioritization was made based on series of discussions among the parties involved and will include health care workers, the elderly and people in the age group 18-59 with special conditions such as immune-compromised persons and persons with chronic illnesses. More information will be provided at a later stage.

#### 7. Development of the National Deployment Vaccination Plan

- Deployment of 2 WHO consultants (international, national) is in progress.
- Training of 2 consultants on NDVP is finalized this week.
- The plan is proposed to be finalized by end-February 2021.

#### 8. Guidelines, forms, reporting materials

Work is ongoing to develop the following:

- Vaccination cards, vaccination registers, reporting forms;
- Monitoring and supervision checklist;
- AEFIs guideline, checklist and reporting forms;
- Updating COVID-19 reporting forms to include vaccination;
- IPC and waste management protocols;
- Communication materials.

#### 9. Cold Chain

- Nationwide cold chain inventory is ongoing. UNICEF contracted a consultant to review and enhance this component.

- A desk review was conducted.
- A specific tool is being used to identify gaps and needs.

#### 10. Vaccination of high-risk areas

- The MoH decided to use mobile teams in the 1st stage to vaccinate health workers in hard-to-reach areas.
- The micro plans will include the high-risk groups and high-risk areas and the possible mechanism to reach them (as per EPI experience).
- Population figures of camps and settlements are collected regardless of the areas of control (including NES) for the review and the necessary endorsement.

#### **NEXT STEPS AND KEY AREAS:**

1. cTAG meetings to approve what was agreed by sub-committees.
2. Finalize microplanning which includes:
  - Identify the targeted population and by which vaccination point they will be covered.
  - Identify high-risk groups, ways and the mechanisms of reaching them.
  - The number of vaccination days by each team.
  - The number of team members and staff included at each level.
3. Finalize the developments of guidelines, protocols, checklists, reporting forms for printing.
4. Complete the deployment of the consultants and start working on the NDVP to be finalized by end-February 2021.
5. More meetings to be conducted with all related committees in the next weeks.
6. Quick Analysis of Cold Chain Inventory (improvement for COVID and beyond for routine immunization program).
7. Planning for an electronic reporting system to report on vaccinations and AEFI cases (ongoing discussion between MOH and WHO to streamline support).
8. Estimate the needed operation cost, cost of vaccine supplies and the possible source of funds.
9. Finalize the cold chain inventory and identify the different scenarios of the needed additional capacity.
10. Set a timeline for all the planned activities till 1 April 2020, which is the proposed date for vaccine introduction.
11. High-level discussions to continue for proper planning and response across NWS and NES, including WHO Syria and WHO Turkey.

WHO and UNICEF continue to work closely with the Ministry of Health in Syria.

## UPDATE ON COVID-19 VACCINATION IN SYRIA 9 FEBRUARY 2021



### INTRODUCTION

**COVAX is the vaccines pillar of the ACT-Accelerator<sup>1</sup>**, convened by the Coalition for Epidemic Preparedness Innovations (CEPI), the Global Alliance for Vaccines and Immunization (GAVI) and WHO.

Syria is one of the 92 countries eligible for Advanced Market Distribution (AMD) of COVID-19 vaccines under the COVAX facility.

In coordination with GAVI, WHO and UNICEF continue providing detailed technical assistance to and sharing guidelines with the national health authority and established committees, such as NCC- high-level National Coordination Committee, CTAG-national COVID-19 Technical Advisory Group and ICC- Inter-agency Coordination Committee.

**Vaccine Request Form (VRF)** - Part A of the COVID-19 Vaccine Application document was signed by the Minister of Health and sent to GAVI on 15 December 2020. On 27 January 2021, the Syrian Prime Minister declared the Government's approval of the vaccine initiative through the COVAX facility. Part B was signed on 3 February and sent to GAVI.

GAVI, in return, has acknowledged and expressed the intent to provide initially one million twenty thousand doses of Astra Zenica SII (AZ SII) vaccines, to cover the first 3% of the population (targeted high-risk groups), including the population in the north-east, subject to the submission of the National Vaccine Deployment Plan (NDVP), which is to be submitted on 9 February 2021. As per GAVI, the first allocation of vaccines is

<sup>1</sup> ACT-Accelerator or The Access to COVID-19 Tools (ACT) Accelerator, is a groundbreaking global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines, more at <https://www.who.int/initiatives/act-accelerator/>

anticipated by the end Q1 or within Q2 2021, latest, once NDVP is endorsed after its technical review and signing of the indemnity document with the manufacturer.

Regular daily meetings are held in the past weeks since the beginning of 2021 by the 3 vaccine-related committees NCC, CTAG and ICC, the meetings of the latter being attended by WHO and UNICEF.

The Vaccine Introduction Readiness Assessment Tool (VIRAT tool) has been used to update the readiness status on a monthly basis, the next update is due on 21 February 2021.

### **1. Coordination Framework Established**

The following coordination committees are in existence, with clear TORs and fully operational since end of January 2021:

- (1) NCC - National Coordination Committee,
- (2) CTAG - COVID-19 Technical Advisory Group and
- (3) ICC - Inter-Agency Coordination Committee)

### **2. National Readiness Assessment**

VIRAT/VRAF version updated tool includes 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 – a set of 50 key operational activities:

- 1<sup>st</sup> update was submitted by end-November 2020.
- 2<sup>nd</sup> update was submitted on 14 January 2021.
- 3<sup>rd</sup> update was endorsed by the MoH on 20 January 2021.
- 4<sup>th</sup> update is due on 21 February 2021.

### **3. Establishment Of Taskforces**

To bridge capacity, planning and implementation gaps and to ensure preparedness regarding key areas of vaccine introduction, 10 sub-committees were formed as the technical part of the cTAG committee (WHO and UNICEF are included as technical focal points). Continuous meetings take place to update the VIRAT and to prepare the needed materials for the National Vaccine Deployment Plan (NVDP) and next steps of operational planning.

### **4. Population Prioritization**

The priority categories identified in Part A are based on the National Technical Advisory Group recommendation, SAGE values framework and the COVAX facility fair allocation (prioritization roadmap) and the following high-risk groups were agreed upon as a target under COVAX:

- Health workforce (including front line social workers), 3% of the population;
- Older adults >55-year population, about 12% of the population;
- People with chronic diseases, 5% of the population.

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 governorate levels). The population data includes all 14 governorates of Syria, including the north-west and north-east Syria. The Ministry of Health highly relies on the existing mechanisms and modalities related to the previous experience of the successful routine immunization activities across these governorates<sup>2</sup>.

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<sup>2</sup> For more on the North-west Syria, refer to Section 7, page 3 below

As per the meeting conducted on 7 February 2021, the vaccination of planned 20% will be carried out in 3 phases as follows, with the doses adjusted as per quantities made available by COVAX and adjusted population figures:

Phase	Groups	Estimated number of people vaccinated* <i>to be adjusted as per available vaccine allocation</i>
Phase One	All Health workers	190,000
	Older group (55 years or more)	485,450
Phase Two	Rest of the older group	1,540,900
	Person with comorbidities	1,125,750
	School Teachers	302,827
	Other essential workers	858,073
Phase Three		<i>To be determined</i>

## 5. Pre-Registration Mechanism

WHO is supporting the development and introduction of the pre-registration automated platform and reporting mechanism working together with the existing committees. The pre-registration will support in identifying target groups and vaccine distribution. However, this modality will not be the only way for the pre-registration and the exemptions are being factored in for some cases.

## 6. Service Delivery Mechanisms

At this stage, 76 hospitals used as service delivery points are planned to provide vaccination, on top of 101 Primary Health Care (PHC) facilities all over the country. This number of facilities and teams is preliminary and is subject to change based on the ongoing microplanning. Each hospital will have three or more teams assigned to the microplanning for each phase of the campaign. Services will be provided by the trained hospital teams and by routine immunization personnel as part of the mobile teams.

The implementation across the north-east (NES) will follow the current experience of the Expanded Programme for Immunization (EPI) microplanning through the 22 fixed facilities (hospitals and PHC centers) and 108 mobile teams. Formal and informal settlements will be targeted as well through the same modalities. The microplans will equally cover the population of camps across NES. The first batch of vaccines will target eligible high-risk health workforce and frontline humanitarian workers, regardless of the location. WHO will support the transport of the vaccine inside Syria including to the NES and coordinate the mobile activities on the ground with different stakeholders, based on the existing operations.

## 7. North West Syria

WHO Syria maintains a direct day-to-day dialogue with WHO Turkey. WHO Gaziantep office, together with UNICEF, has submitted COVAX applications relying, for the implementation, on the currently existing immunization programme modalities in north-west Syria (NWS). The Vaccine Request Form (Part A) envisaged to cover up to 20% of the Syrian population residing in NWS. The target groups were prioritized based on series of discussions among the parties involved and include health care workers (3%), the elderly aged 60 and above (7.5%) and people in the age group 20-59 with special conditions such as immune-compromised persons and persons with chronic illnesses (9.5%). The GAVI letter received on 3 February 2021 expresses the intent to allocate vaccines to cover the initial 3% of the population with AZ SII vaccines. More information will be provided at a later stage.

## 8. Development of the National Deployment Vaccination Plan (NDVP)

- Trained WHO and national staff and consultants on the tools and methodology.
- Deployed 2 trained WHO consultants (international, national), who are finalizing the NDVP together with ICC and the sub-committees.
- The final plan is to be submitted on 9 February and to be endorsed by end-February 2021.

Meanwhile, the team is engaged in refining the costs for NDVP and resource mobilization to meet the needs for vaccine implementation to cover an initial 3% of the population with 2 doses of AZ SII. As per preliminary estimates, the cost per person may exceed \$7 - \$10.

## **9. Guidelines, forms, reporting materials**

Work is ongoing to develop the following:

- Vaccination cards, vaccination registers, reporting forms;
- Monitoring and supervision checklists;
- AEFIs guideline, checklist and reporting forms;
- Updating COVID-19 reporting forms to include vaccination;
- IPC and waste management protocols;
- Communication materials.

## **10. Cold Chain**

- Nationwide cold chain inventory is being carried out. UNICEF contracted two international consultants to review and enhance this component.
- A desk review was being conducted, the report is pending.
- A specific tool is being used to identify gaps and needs.

## **11. Vaccination of high-risk areas**

- The national health authority decided to use a combination of fixed and mobile teams in the 1st phase to vaccinate all health workers, including those in hard-to-reach areas, private health facilities, humanitarian and UN frontline workforce.
- The micro plans will include the high-risk groups and high-risk areas and the possible mechanism to reach them (as per the national EPI programme experience).
- Population figures of camps and settlements are collected regardless of the areas of control (including NES) for the review and the necessary planning to include all high-risk groups.
- All the above population figures and risk groups are being identified and quantified.

## **NEXT STEPS AND KEY ISSUES:**

1. CTAG to review and approve recommendations from the sub-committees.
2. Finalize microplanning for the vaccine introduction, which includes:
  - Identifying the targeted population groups and by which vaccination point they will be covered.
  - Identify high-risk groups, ways and the mechanisms of reaching them.
  - The number of vaccination days by each team.
  - The number of team members and staff included at each level.
3. Finalize the developments of guidelines, protocols, checklists, reporting forms for printing.
4. Plan roll-out of training and distribution of forms, materials.
5. Report and follow-up recommendations of the Quick Analysis of Cold Chain Inventory with the aim to capacitate beyond routine immunization program to meet the COVID-19 vaccine roll-out requirements.
6. Finalizing pre-registration automated platform and reporting mechanism to report on vaccinations and AEFI cases.
7. Firm up the needed operation cost, cost of vaccine supplies and the sources of funds.
8. Set a timeline for all the planned activities for vaccine introduction.

9. High-level coordination to continue for proper planning and response across NWS and NES, including WHO Syria and WHO Turkey.

## CHALLENGES

The vaccine introduction efforts have to deal with many ‘unknowns’ and it is important to know that at present COVAX allocation is our best enabler to secure vaccines across Syria. There are discussions at the global level to avail humanitarian buffer which can remain contingent once made available.

The “unknowns” that may influence vaccine deployment include:

1. manufacturing and global vaccine availability – the arrival of the first batch of vaccine allocated to Syria is still not definite;
2. the security situation on the ground;
3. COVAX commitment beyond the initial 3% is not ensured;
4. options to secure the vaccines, in the long run, may be limited resulting in increased humanitarian needs;
5. the current mutations and variants of the COVID-19 virus circulating in Syria are not known, making it difficult to prove the efficacy of the introduced vaccines (*\*however WHO is working to send samples for sequencing at the Regional Reference Labs*).



## UPDATE ON COVID-19 VACCINATION IN SYRIA 16 FEBRUARY 2021



### INTRODUCTION

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GAVI, in return, on 3 Feb 2021 has acknowledged and expressed the intent to provide initially one million twenty thousand doses of Astra Zenica SII (AZ SII) vaccines<sup>2</sup>, to cover the first 3% of the population (targeted high-risk groups), including the population in the north-east.

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<sup>2</sup> AZ SII was approved by WHO and included in the Emergency Use Listing on 15 Feb 2021.

The National Vaccine Deployment Plan (NDVP) was submitted on 9 February 2021, to which comments were provided on 16 February for further review and re-submission. As per GAVI, the first allocation of vaccines is anticipated by the end Q1 or within Q2 2021, latest, once NDVP is endorsed after its technical review and signing of the indemnity document with the manufacturer.

Regular daily meetings are held in the past weeks since the beginning of 2021 by the 3 vaccine-related committees NCC, CTAG and ICC, the meetings of the latter being attended by WHO and UNICEF.

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WHO and UNICEF also instituted monthly coordination meetings with the first held on 14 February 2021.

### **4. Population Prioritization**

The priority categories identified in Part A are based on the National Technical Advisory Group recommendation, SAGE values framework and the COVAX facility fair allocation (prioritization roadmap) and the following high-risk groups were agreed upon as a target under COVAX:

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Syria. The Ministry of Health highly relies on the existing mechanisms and modalities related to the previous experience of the successful routine immunization activities across these governorates<sup>3</sup>.

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## 8. Development of the National Deployment Vaccination Plan (NDVP)

- Trained WHO and national staff and consultants on the tools and methodology.
- Deployed 2 trained WHO consultants (international, national), who are finalizing the NDVP together with ICC and the sub-committees.
- The final plan is to be submitted on 9 February and to be endorsed by end-February 2021.

Meanwhile, the team is engaged in refining the costs for NDVP and resource mobilization to meet the needs for vaccine implementation to cover an initial 3% of the population with 2 doses of AZ SII. As per preliminary estimates, the cost per person may exceed \$7 - \$10.

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## **NEXT STEPS AND KEY ISSUES:**

1. CTAG to review and approve recommendations from the sub-committees.
2. Finalize microplanning for the vaccine introduction, which includes:
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  - Identify high-risk groups, ways and the mechanisms of reaching them.
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7. Firm up the needed operation cost, cost of vaccine supplies and the sources of funds.
8. Set a timeline for all the planned activities for vaccine introduction.
9. High-level coordination to continue for proper planning and response across NWS and NES, including WHO Syria and WHO Turkey.

## CHALLENGES

The vaccine introduction efforts have to deal with many ‘unknowns’ and it is important to know that at present COVAX allocation is our best enabler to secure vaccines across Syria. There are discussions at the global level to avail humanitarian buffer which can remain contingent once made available.

The “unknowns” that may influence vaccine deployment include:

1. manufacturing and global vaccine availability – the arrival of the first batch of vaccine allocated to Syria is still not definite;
2. the security situation on the ground;
3. COVAX commitment beyond the initial 3% is not ensured;
4. options to secure the vaccines, in the long run, may be limited resulting in increased humanitarian needs;
5. the current mutations and variants of the COVID-19 virus circulating in Syria are not known, making it difficult to prove the efficacy of the introduced vaccines (*\*however WHO is working to send samples for sequencing at the Regional Reference Labs*).

## CRITICAL OPERATIONAL COSTS

According to WHO and UNICEF, the estimated required funding for the Phase I COVID-19 vaccine roll-out under COVAX are US\$4.5 million for areas under the control of Government of Syria and North-east Syria, and US\$2.5 million for North-west Syria (areas not under the control of Government of Syria), which targets 3 per cent of the population, including front-line health workers and social workers, during Q1 and Q2 (January – June 2021).

The phase II COVID-19 vaccine roll-out will take place in Q3 and Q4 (July – December 2021), targeting an additional 17 per cent of the population, including elders and persons with chronic diseases. The estimated required funding for Phase II are US\$24.3 million for areas under the control of Government of Syria and North-east Syria, and US\$7.5 million for North-west Syria.

The total gap for operational costs to vaccinate 20 per cent of the population in 2021 is therefore US\$38.8 million, \$8.91 per person (requiring two doses) for areas under the control of Government of Syria and North-east Syria, and US\$11.7 per person in North-west Syria (requiring two doses).

## UPDATE ON COVID-19 VACCINATION IN SYRIA 1 MARCH 2021



Photo credit: WHO/Syria

1 March 2021 - COVAX is the vaccines pillar of the [ACT-Accelerator \[1\]](#), convened by the Coalition for Epidemic Preparedness and Innovations ([CEPI](#)), GAVI - the Vaccine Alliance ([GAVI](#)) and [WHO](#). Syria is one of the 92 countries eligible for Advanced Market Distribution (AMD) of COVID-19 vaccines under the COVAX facility, a partnership between the World Health Organization (WHO), the Coalition for Epidemic Preparedness Innovations (CEPI), and the Global Alliance for Vaccines and Immunization (GAVI).

In coordination with GAVI, WHO and UNICEF continue providing detailed technical assistance to and sharing guidelines with the national health authority and established committees, such as the high level National Coordination Committee, CTAG-national COVID-19 Technical Advisory Group and Inter-agency Coordination Committee.

**Vaccine Request Form (VRF)** - Part A of the COVID-19 Vaccine Application document was signed by the Minister of Health and sent to GAVI on 15 December 2020. On 27 January 2021, the Syrian Prime Minister declared the Government's approval of the vaccine initiative through the COVAX facility. Part B was signed on 3 February and sent to GAVI.

GAVI, in return, on 3 February 2021 has acknowledged and expressed the intent to provide initially one million twenty thousand doses of Astra Zenica Serum Institute of India (AZ SII) vaccines, to cover the first 3% of the population (targeted high-risk groups), including the population in the north-east.

The National Deployment and Vaccination Plan (NDVP) was submitted on 9 February 2021, and re-submitted, after review, on 16 February, and approved on 19 February 2021. Cold chain application is submitted on 21 February 2021.

As per GAVI, the first allocation of vaccines is anticipated by the end of the first quarter or within the second quarter 2021 at the latest, after signing of the indemnity document with the manufacturer and confirming operational readiness.

Regular daily meetings are held in the past weeks since the beginning of 2021 by the 3 vaccine-related committees NCC, CTAG and ICC, the meetings of the latter being attended by WHO and UNICEF.

The Vaccine Introduction Readiness Assessment Tool (VIRAT tool) has been used to update the readiness status on a monthly basis, the final update submitted on 23 February 2021.

## **1. Coordination framework established**

The following coordination committees are in existence, with clear TORs (terms of reference) and fully operational since end of January 2021, along with 10 technical sub-committees:

- 1) NCC - National Coordination Committee,
- 2) CTAG - COVID-19 Technical Advisory Group and
- 3) ICC - Inter-Agency Coordination Committee

## **2. National readiness assessment**

VIRAT/VRAF version updated tool includes 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 – a set of 50 key operational activities:

- First update was submitted at the end of November 2020.
- Second update was submitted on 14 January 2021.
- Third update was endorsed by the Ministry of Health on 20 January 2021.
- Fourth and final update was submitted on 23 February 2021.

## **3. Establishment of taskforces**

To bridge capacity and planning and implementation gaps and to ensure preparedness regarding key areas of vaccine introduction, 10 sub-committees were formed as the technical part of the cTAG committee (WHO and UNICEF as focal points are included). Meetings take place regularly to update the VIRAT and to prepare the needed materials for the national vaccine deployment plan.

WHO and UNICEF also instituted monthly coordination meetings with the first meeting held on 14 February 2021.

## 4. Population prioritization

The priority categories identified in Part A are based on the National Technical Advisory Group recommendation, SAGE values framework and the COVAX facility fair allocation (prioritization roadmap). The following high-risk groups were agreed upon as a target under COVAX:

- Health workforce (including front line social workers and teachers) - 3% of population;
- Older adults >55-year population - about 13% of population;
- People with chronic diseases - 5% of population.

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 governorate levels). The population data includes all 14 governorates of Syria, the north-west and north-east Syria. The Ministry of Health highly relies on the existing mechanisms and modalities related to the previous experience of the successful routine immunization activities across these governorates (*see section 7 for more on north-west Syria*).

As per the meeting conducted on 7 February 2021, the vaccination of planned 20% of the population will be carried out in 3 phases as follows, with the doses adjusted as per quantities made available by COVAX and adjusted population figures:

Phase	Groups	Estimated number of people vaccinated* <i>to be adjusted as per available vaccine allocation</i>
Phase One	All health workers	190 000
	Older group (55 years or more)	485 450
Phase Two	Rest of the older group	1 540 900
	Persons with comorbidities	1 125 750
	School teachers	302 827
	Other essential workers	858 073
Phase Three		To be determined

## 5. Pre-registration mechanism

WHO is supporting the development and introduction of the pre-registration automated platform and reporting mechanism working together with the existing committees. The pre-registration will support in identifying target groups and vaccine distribution. However, this modality will not be the only way for the pre-registration and the exemptions are being factored in for some cases.

## 6. Service delivery mechanisms

At this stage, 76 hospitals used as service delivery points are planned to provide vaccination, on top of 101 primary health care facilities all over the country. This number of facilities and teams is preliminary and is subject to change based on the ongoing microplanning. Each hospital will have 3 or



more teams assigned to the microplanning for each phase of the campaign. Services will be provided by the trained hospital teams and by routine immunization personnel as part of the mobile teams.

The implementation across the north-east will follow the current experience of the Expanded Programme on Immunization (EPI) microplanning through the 17 fixed facilities (hospitals and PHC centres) and 105 mobile teams. Formal and informal settlements will be targeted as well through the same modalities. The microplans will equally cover the population of camps across north-east Syria. The first batch of vaccines will target eligible high-risk health workforce and frontline humanitarian workers, regardless of the location. WHO will support the transport of the vaccine inside Syria including to the north-east Syria and coordinate the mobile activities on the ground with different stakeholders, based on the existing operations.

## 7. North-west Syria

WHO Syria maintains a direct day-to-day dialogue with WHO Turkey. WHO Gaziantep office, together with UNICEF, has submitted COVAX application relying on the implementation based on the currently existing immunization programme modality in north-west Syria (NWS).

The target groups were prioritized based on series of discussions among the parties involved and include health care workers (3%), the elderly aged 60 and above (7.5%) and people in the age group 20-59 with special conditions such as immune-compromised persons and persons with chronic illnesses (9.5%). The GAVI letter received on 3 February 2021 expresses the intent to allocate vaccines to cover the initial 3% of the population with AZ SII vaccines (indicative, 336,000 doses).

The following activities were undertaken:

- The Technical assistance plan for COVAX was developed and submitted on 28 February 2021.
- The Vaccine Request Form (Plan A) was developed, submitted in 7 December 2020.
- WHO and partners have finalized the first draft of the COVAX vaccination campaign plan and budget.
- WHO and partners finalized the development of the National Deployment and Vaccination Plan (NDVP) for north-west Syria; the plan was submitted in time and approved on 17 February 2021.
- WHO and partners developed a cold chain equipment (CCE) application package submitted on 15 February 2021.
- Partners are developing SOPs, formats and channels of the vaccination campaign, reviewing training materials for the context of north-west Syria.
- Health cluster and partners support estimation of the priority health workers working in the field aiming to get better estimated numbers.

## 8. Development of the National Deployment and Vaccination plan (NDVP)

- NDVP (submitted on 9 February and re-submitted, after comments, on 19 February) was approved on 22 February.
- 2 trained WHO consultants (international, national) are currently supporting the work of the sub-committees at the Ministry of Health on microplanning.

## 9. Guidelines, forms, reporting materials

Work is ongoing to develop the following:

- Vaccination cards, vaccination registers, reporting forms;

- Monitoring and supervision checklist;
- AEFIs guidelines, checklist and reporting forms;
- Updating COVID-19 reporting forms to include vaccination;
- IPC and waste management protocols;
- Communication materials.

## 10. Cold chain

- Nationwide cold chain inventory was finalized and gaps for different scenarios were identified.
- UNICEF contracted two consultants to review and enhance this component. The cold chain application is submitted on 21 February 2021.
- WHO Gaziantep and partners developed the cold chain equipment (CCE) application for north-west Syria, which was submitted on 15 February 2021.

## 11. Vaccination in high-risk areas

- The Ministry of Health decided to use a combination of fixed facilities and mobile teams to vaccinate health workers in hard-to-reach areas.
- The micro plans will include the high-risk groups and high-risk areas and the possible mechanism to reach them (as per EPI experience).
- Population figures of camps and settlements are collected regardless of the areas of control (including in north-east Syria) for the review and the necessary endorsement.

### NEXT STEPS AND KEY AREAS:

- cTAG meetings to approve what was agreed by sub-committees.
- Finalize microplanning which includes:
  - Identifying the targeted population and by which vaccination point they will be covered.
  - Identifying high-risk groups, ways and the mechanisms of reaching them.
  - Agreeing on the number of vaccination days by each team.
  - Agreeing on the number of team members and staff included at each level.
- Finalize the developments of guidelines, protocols, checklists, reporting forms for printing.
- Plan for an electronic reporting system to report on vaccinations and AEFI cases (ongoing discussion between MOH and WHO to streamline support).
- Develop the needed operational cost, cost of vaccine supplies and the possible source of funds using costing tool.
- Set a timeline for all the planned activities before the vaccine introduction.
- Coordinate at the high-level coordination and have a dialogue to continue planning and vaccine roll out using Whole of Syria approach.
- Get the Indemnity and Liability agreements signed between the government and the manufacturer.

WHO and UNICEF continue to work closely with the Ministry of Health in Syria.

## 12. Challenges

While we are committed and put our efforts to combat COVID-19 and make vaccines available to the Syrian people, there are many 'unknowns' as we move forward. It is important to know that at present COVAX allocation is our best enabler to secure vaccines across Syria. There are discussions at the

global level to avail ‘humanitarian buffer’ of vaccines, which can remain contingent once made available.

The “unknowns” that may influence vaccine deployment include:

1. Manufacturing and global vaccine availability – the arrival of the first batch of vaccine allocated to Syria is still not defined;
2. The security situation on the ground;
3. COVAX commitment beyond the initial 3% is not ensured;
4. Options to secure the vaccines, in the long run, may be limited resulting in increased humanitarian needs;
5. The current mutations and variants of the COVID-19 virus circulating in Syria are not known, making it difficult to prove the efficacy of the introduced vaccines (*\*however, WHO has sent samples for sequencing at the WHO Regional Reference Labs*);
6. Availability of funding for COVAX Vaccine to support the roll out of COVID-19 vaccination;
7. Continuity of the cross-border operations in north-west Syria heavily depends on the UN Security Council Resolution (scheduled July 2021) and contingency planning to ensure continuity of care for Q3 and Q4 of 2021 with COVAX vaccination.

### **13. Vaccine Introduction Costs**

Estimates for the operational costs for the first phase of the vaccine roll-out under COVAX, targeting 3% of the population (front-line health workers and social workers), during the first and second quarter: US\$7 000 000 (US\$4.5 million for the areas under the control of Government of Syria and the north-east Syria, and US\$2.5 million for north-west Syria areas).

The second phase of the vaccine roll-out will target the next 17% of the population and include the elderly and those with chronic diseases; it will take place in the third and fourth quarter. Estimated gaps in operational costs: US\$ 32 000 000 (US\$24.3 million for areas under the control of Government of Syria and north-east Syria, and US\$7.5 million for the north-west Syria).

## UPDATE ON COVID-19 VACCINATION IN SYRIA

17 MARCH 2021



**COVAX** is the vaccines pillar of the [ACT-Accelerator](#), an instrument jointly convened by the Coalition for Epidemic Preparedness and Innovations ([CEPI](#)), [WHO](#) and the Vaccine Alliance ([GAVI](#)) to speed up the search for an effective vaccine for all countries; support the building of manufacturing capabilities; buy supply ahead of time so that 2 billion doses can be fairly distributed globally by the end of 2021.

Under the COVAX facility, Syria is one of the 92 countries eligible for advanced market distribution (AMD) of COVID-19 vaccines.

In coordination with GAVI, WHO and UNICEF are providing detailed technical assistance to the national health authority in Syria and established committees such as the high-level National Coordination Committee (NCC), the National COVID-19 Technical Advisory Group (CTAG) and the Inter-Agency Coordination Committee (ICC).

### VACCINE REQUEST FORM (VRF)

Part A of the COVAX COVID-19 vaccine application document was signed by the Syrian Minister of Health and sent to GAVI on 15 December 2020. On 27 January 2021, the Syrian Prime Minister declared the Syrian

government's approval of the COVAX vaccine initiative. Part B of the vaccine application was signed and sent to GAVI on 3 February.

On 3 February 2021 GAVI acknowledged and expressed the intent to provide initially 1,020,000 doses of AstraZeneca Serum Institute of India (AZ SII) vaccines, to cover the first 3% of the population (targeted high-risk groups), including the population in northeast Syria. Additional 336,000 doses were intended for northwest Syria.

On 15 February 2021 WHO granted Emergency Use Listing (EUL) for the AstraZeneca AZD1222 vaccine produced by the Serum Institute of India vaccine (SII-AZ).

Later, the allocation of the AZ SII vaccine was confirmed by GAVI through May 2021 as 912,000 doses for Phase 1 in addition to 224,000 doses of the same vaccine to the Phase 1 vaccine administration in the northwest. The month of June is not included in these allocations, which is the main reason that the quantities are less than the intended indicative allocation previously communicated.

This amount may only cover around 4% of the total population. Indicative distribution is based on current communication of estimated vaccine availability from manufacturers. The distribution will likely need to be adjusted in light of circumstances that are difficult to anticipate and variables that are constantly evolving.

The Indemnity and Liability agreement with the manufacturer was signed by the Ministry of Health and the corresponding manufacturer.

Regular daily meetings have been held since the beginning of 2021 by three vaccine-related committees (the NCC, the CTAG and the ICC), with WHO and UNICEF present at the ICC meetings. The WHO COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT/VRAF 2.0) has been used to update national readiness status monthly, with the most recent update submitted on 23 February 2021.

## **COORDINATION FRAMEWORK**

The NCC, the CTAG, the ICC and 10 technical sub-committees have been fully operational, with clear terms of reference, since the end of January 2021.

### **1. NATIONAL READINESS ASSESSMENT**

The updated VIRAT/VRAF 2.0 includes an assessment of planning and coordination, budgeting, regulatory measures, prioritization, targeting and surveillance, service delivery, training and supervision, monitoring and evaluation, vaccine cold chain, logistics, safety surveillance, and demand generation and communication. It covers a set of 50 key operational activities. Syria has been using this tool according to the following timetable:

- The first update was submitted at end of November 2020;
- The second update was submitted on 14 January 2021;
- The third update was endorsed by the Ministry of Health on 20 January 2021;
- The fourth and final update was submitted on 23 February 2021.

### **2. ESTABLISHMENT OF TASKFORCES**

To bridge gaps in capacity and planning and implementation, and to ensure preparedness for key areas of vaccine introduction, 10 sub-committees have been formed as the technical part of the CTAG committee. These sub-committees include WHO and UNICEF focal points and meet regularly to update the VIRAT/VRAF 2.0 work and prepare necessary materials for the NDVP.

WHO and UNICEF are holding monthly coordination meetings, the first of which took place on 14 February 2021.

### 3. POPULATION PRIORITIZATION

The priority categories identified in Part A of the COVID-19 vaccine application document are based on the CTAG’s recommendations, the SAGE values framework and the COVAX facility fair allocation prioritization roadmap. For Syria, the following high-risk groups were agreed upon as targets under COVAX:

- The health workforce (including frontline social workers and teachers): 3% of the population
- Older adults (>55-years): approximately 13% of the population
- People with chronic diseases: 5% of the population.

At present, national authorities collect and consolidate population data at national and governate levels (including from the Ministry of Planning, the Central Statistics Office and the Syndicate of Doctors and Health Workers). This data includes all 14 governorates of Syria, including northwest and northeast Syria. The Ministry of Health relies greatly on existing mechanisms and modalities related to previous experiences of successful routine immunization activities across these governorates.

As decided in a meeting on 7 February 2021, the vaccination of the first 20% of the population will be carried out in three phases as outlined below, with doses adjusted according to quantities made available by COVAX and updates to population figures.

	Groups	Estimated number of people vaccinated* <i>to be adjusted as per available vaccine allocation</i>
Phase One	All health workers	190,000
	Older group (> 55 years)	485,450
Phase Two	Rest of the older group	1,540,900
	Persons with comorbidities	1,125,750
	School teachers	302,827
	Other essential workers	858,073
Phase Three		To be determined

### 4. PRE-REGISTRATION MECHANISM

In collaboration with the committees, WHO is supporting the development and introduction of an automated pre-registration platform and reporting mechanism. Pre-registration will help identify target groups and aid vaccine distribution. This approach will not, however, be the only method for pre-registration, and exemptions are being factored in for some cases.

### 5. SERVICE DELIVERY MECHANISMS

Under current plans, 76 hospitals will be used as service delivery points to provide vaccinations, along with 101 primary health care facilities all over the country. Services will be provided by trained hospital teams and routine immunization personnel in mobile teams. This number of facilities and associated teams is preliminary and subject to change based on ongoing microplanning. Each hospital will have three or more teams assigned to microplanning for each phase of the campaign.

Implementation across northeast Syria will follow the current experiences of the Expanded Programme on Immunization (EPI) microplanning through 17 fixed facilities (hospitals and PHC centres) and 105 mobile teams. Formal and informal settlements will be targeted in the same way. Microplanning will also cover the populations of camps across northeast Syria. The first batch of vaccines will target eligible high-risk members of the health workforce and frontline humanitarian workers regardless of location. WHO will support the transport of the vaccine inside Syria, including northeast Syria, and coordinate mobile activities with different stakeholders based on existing operations.

## 6. MONITORING AND EVALUATION

Currently, for the national immunization programme, the Ministry of Health is using an aggregate reporting system where administered doses are recorded by age and gender, tallied along key dimensions, and reported up the health system, often using a mix of digital and paper tools. A similar approach is being used also by the Syria Immunization Group in northwest Syria.

After the immunization campaign concludes, independent monitors from universities, health colleagues and national NGO partners will be deployed to ensure the vaccination campaign coverage. This approach will be used for the COVID-19 vaccination. Furthermore, a more active form of monitoring and evaluation that covers the pre-, intra- and post-implementation of the vaccination activity at the field level, including assigning a third party for independent M&E is planned by WHO, UNICEF and MOH.

Paper-based records will be updated to reflect COVID-19 vaccination status to:

- provide proof of vaccination for individual's travel, educational or occupational purposes;
- establish vaccination status in coverage surveys;
- provide vaccination information in case of an AEFI or in case of a positive COVID-19 test; and
- provide a useful vaccination card for adults and older adults to which COVID-19 vaccines and other recommended vaccines can be added and guidance on any doses required to complete the vaccination course can be found.

During the vaccination campaigns, monitoring activities are conducted through different strata of supervision from the central, governorate, district team supervisors.

For the COVID-19 vaccination, a team consisting of representatives from MOH, WHO and UNICEF is formed and working on a monitoring and evaluation plan for government-controlled areas and northeast Syria. The WHO monitoring guide for COVID-19 vaccination has highlighted the potential sources for COVID-19 vaccination data through Health Information System, facility reports, electronic immunization registers and surveillance data for AEFI/AESI.

In northwest Syria, WHO in partnership with UNICEF and COVID-19 taskforce is updating Monitoring and Evaluation tools and strategies for the COVID-19 vaccination campaigns. In northwest Syria, the evaluation process will be implemented through third-party independent monitors who will be deployed to ensure the vaccination campaign process in 3 phases - pre, intra- and post-campaign monitoring.

## 7. RISK COMMUNICATION AND DEMAND GENERATION

WHO and UNICEF are working in close cooperation with the Ministry of Health to develop the COVID-19 vaccination media campaign, which includes capacity building workshops for journalists, health educators and community influencers. It also entails the development of a full media package (TV and radio spots, social media messages, billboards, posters, flyers, etc.) to be implemented nationally.

Based on learnings from previous COVID-19 prevention and response interventions, five strategies will guide the introduction of COVID-19 vaccines at the national and state level. These are as follows:

- **advocacy to gain commitment and garner support** for the rollout of the new COVID-19 vaccine;

- **capacity building** to enhance communication and community mobilization skills of target workers (including health care providers, health education officers, NGOs, etc.);
- **media engagement and social media campaigns** to promote balanced, evidence-based discourse on COVID-19 vaccines and the vaccination process (these campaigns will set out to **manage demand and vaccine hesitancy**, build trust and manage misinformation and rumours);
- **community engagement**; providing prompt, simple, focused communication to communities to manage expectations and hesitancy concerns; and
- **crisis communication**, including around adverse events following immunization (AEFI). Rapid responses will be prepared to manage crises arising from demand and vaccine hesitancy.

## 8. NORTHWEST SYRIA

WHO Syria maintains a direct day-to-day dialogue with the WHO hub in Gaziantep, Turkey. Together with UNICEF, the hub has submitted a COVAX application for the implementation of COVID-19 vaccinations based on the existing immunization programme in northwest Syria.

As previously mentioned, northwest Syria has been allocated 224 000 doses of the AstraZeneca AZD1222 vaccine through May 2021.

Target groups were prioritized based on a series of discussions between involved parties, and include health care workers (3%); elderly people aged 60 and above (7.5%); and people aged 20-59 with special conditions, such as immune-compromised people and those with chronic illnesses (9.5%). The GAVI letter received on 3 February 2021 expresses the intent to allocate sufficient vaccines to cover an initial 3% of the population with AZ SII vaccines (an indicative amount of 336 000 doses).

The following activities have been undertaken in northwest Syria:

- WHO and partners have finalized the first draft of an estimated budget for the COVAX vaccination campaign that covers different possible scenarios.
- WHO and partners have finalized the development of the National Deployment and Vaccination Plan for northwest Syria. This was submitted to the WHO Regional Office for the Eastern Mediterranean and presented to, and approved by, the Regional Review Committee (RRC) on 16 February 2021.

Partners are developing standard operating procedures (SOPs), formats and channels for the vaccination campaign and reviewing training materials for the context of northwest Syria.

The Health Cluster and partners are supporting estimations of the number of priority health workers in the field, with the aim of improving the accuracy of estimated numbers.

## 9. DEVELOPMENT OF THE NATIONAL DEPLOYMENT AND VACCINATION PLAN (NDVP)

The NDVP was submitted on 9 February, resubmitted after comments on 19 February, and approved on 22 February. Two trained WHO consultants (international, national) are currently supporting sub-committees at the Ministry of Health that are working on micro planning.

## 10. GUIDELINES, FORMS, REPORTING MATERIALS

Work is ongoing to develop the following resources:

- vaccination cards, vaccination registers and reporting forms;
- a monitoring and supervision checklist;
- guidelines, checklists and reporting forms for AEFI;
- updated COVID-19 reporting forms that include vaccination;
- infection prevention and control (IPC) and waste management protocols; and
- communication materials.



## 11. COLD CHAIN

A nationwide cold chain inventory has been finalized and gaps for different scenarios have been identified. Training-of-trainers for cold chain and logistics officers has been conducted at the central level. UNICEF has contracted two consultants to review and enhance this component, and the cold chain application was submitted on 21 February 2021.

WHO's Gaziantep hub and partners have developed the cold chain equipment (CCE) application for northwest Syria, which was submitted on 15 February 2021.

## 12. VACCINATION IN HIGH-RISK AREAS

The Ministry of Health has decided to use a combination of fixed facilities and mobile teams to vaccinate health workers in hard-to-reach areas. Microplanning will include high-risk groups and high-risk areas and possible mechanisms through which to reach them, based on experience and learning from the EPI. Population figures for camps and settlements are being collected for review and the necessary endorsement regardless of the areas of control (including in northeast Syria).

## NEXT STEPS AND KEY AREAS

CTAG meetings will be held to approve the decisions of the technical sub-committees and finalize microplanning. This will include identifying the targeted populations and which vaccination point will cover them; identifying high-risk groups and ways and mechanisms to reach them; and agreeing on the number of vaccination days for each team and the number of team members and staff included at each level.

The development of guidelines, protocols, checklists, and reporting forms will then be finalized, and planning will be done for an electronic reporting system to report vaccinations and AEFI cases (discussions on streamlining support for this system are ongoing between the Ministry of Health and WHO). A timeline for all planned activities will be set and ongoing high-level coordination will begin, with the goal of vaccine rollout using a whole-of-Syria approach.

Training-of trainers, cascaded training and orientation meetings have started on 17 March 2021 and will continue at a provincial level.

Throughout this process WHO and UNICEF will continue to work closely with the Ministry of Health in Syria.

## CHALLENGES

WHO is committed to making every effort to combat COVID-19 in Syria and make vaccines available to the Syrian people. There are and will be, many "unknowns" as we move forward. It is important to know that while at present COVAX allocation is the best means of securing vaccines across Syria, there are also discussions at the global level to avail a "humanitarian buffer" of vaccines, which can remain contingent once made available.

Among the many unknowns that could influence vaccine deployment are the following issues:

- unpredictable manufacturing and global vaccine availability: the exact arrival date of the first batch of vaccine allocated to Syria is still not defined;
- the instability of the security situation on the ground;
- the fact that COVAX commitment is not currently ensured beyond the initial 3%;
- the fact that options to secure vaccines may be limited in the long run, resulting in increased humanitarian needs;

- the fact that current mutations and variants of the COVID-19 virus circulating in Syria are not known, making it difficult to predict or prove the efficacy of the introduced vaccines (WHO has sent samples for sequencing at the WHO Regional Reference Labs, so this may improve);
- uncertain and unpredictable availability of funding to support the rollout of COVID-19 vaccination;
- the fact that continuity of cross-border operations in northwest Syria depends heavily on a UN Security Council Resolution that currently only lasts until July 2021; and
- the need for contingency planning to ensure continuity of care for Q3 and Q4 of 2021 with COVAX vaccination.

## VACCINE INTRODUCTION COSTS

The estimated operating cost of the first phase of vaccine rollout under COVAX, targeting 3% of the population (front-line health workers and social workers) during the first and second quarter of 2021, is US\$7 million. This includes US\$4.5 million for areas under the control of the Government of Syria and northeast Syria and US\$2.5 million for northwest Syria.

The second phase of vaccine rollout will target the next 17% of the population and will include the elderly and those with chronic diseases. This will take place in the third and fourth quarter of 2021. The estimated gap in operational costs is US\$32 million, including US\$24.3 million for areas under the control of the Government of Syria and northeast Syria, and US\$7.5 million for northwest Syria.

The table below outlines the estimated budget breakdown for vaccine introduction costs to cover 20% of the population by end of December 2021:

BUDGET SUMMARY FOR 2 ROUNDS	DAMASCUS		GAZIANTEP (cross-border)		TOTAL
	<i>Costs to be covered by:</i>		<i>Costs to be covered by:</i>		
	WHO CO	UNICEF	WHO	UNICEF	
Human Resources and Incentives	\$8,773,424.00	\$1,066,317.00	\$5,298,979.20	\$0.00	\$15,138,720.20
Training	\$707,323.00	\$99,523.00	\$358,137.60	\$0.00	\$1,164,983.60
Meetings	\$444,299.00	\$0.00	\$528,379.92	\$0.00	\$972,678.92
Cold Chain, Supplies and Logistics	\$2,677,852.00	\$2,903,453.00	\$752,077.92	\$0.00	\$6,333,382.92
Transportation	\$4,023,314.00		\$1,526,804.40	\$0.00	\$5,550,118.40
Evaluation & Monitoring	\$1,878,748.00	\$0.00	\$662,833.00	\$0.00	\$2,541,581.00
Social Mobilization	\$952,068.00	\$5,317,619.00		\$500,000.00	\$6,769,687.00
Supporting Management Cost for contracted NGOs	\$0.00	\$0.00	\$372,787.68	\$0.00	\$0.00
<b>Grand Total</b>	<b>\$19,457,028</b>	<b>\$9,386,912</b>	<b>\$9,499,999.72</b>	<b>\$500,000</b>	<b>\$38,843,941</b>

## UPDATE ON COVID-19 VACCINATION IN SYRIA

29 MARCH 2021



***On 25 March 2021, the COVAX Facility informed that deliveries of doses from the Serum Institute of India (SII) to Syria, including Northwest Syria, will be delayed in March and April, and that the closest delivery date may be in May 2021. Delays in securing supplies of SII-produced COVID-19 vaccine doses to Syria as well as to several other countries are due to the increased demand for COVID-19 vaccines in India.***

COVAX is the vaccines pillar of the [ACT-Accelerator](#), an instrument jointly convened by the Coalition for Epidemic Preparedness and Innovations ([CEPI](#)), [WHO](#) and the Vaccine Alliance ([GAVI](#)) to speed up the search for an effective vaccine for all countries; support the building of manufacturing capabilities; buy supply ahead of time so that two billion doses can be fairly distributed globally by the end of 2021.

Under the COVAX facility, Syria is one of the 92 countries eligible for advanced market distribution (AMD) of COVID-19 vaccines.

In coordination with GAVI; WHO and UNICEF are providing detailed technical assistance to the national health authority in Syria as well as the established committees such as the high-level National Coordination Committee (NCC), the National COVID-19 Technical Advisory Group (CTAG) and the Inter-Agency Coordination Committee (ICC).

## VACCINE REQUEST FORM (VRF)

Part A of the COVAX COVID-19 vaccine application document was signed by the Syrian Minister of Health and sent to GAVI on 15 December 2020. On 27 January 2021, the Syrian Prime Minister declared the Syrian government's approval of the COVAX vaccine initiative. Consequently, Part B of the vaccine application was signed and sent to GAVI on 3 February.

On 3 February 2021, GAVI acknowledged and expressed its intent to provide an initial 1 020 000 doses of AstraZeneca Serum Institute of India (AZ SII) vaccines to cover the first 3% of the population (targeted high-risk groups), including the population in Northeast Syria. An additional 336 000 doses are intended for northwest Syria.

On 15 February 2021, WHO granted Emergency Use Listing (EUL) for the AstraZeneca AZD1222 vaccine produced by the Serum Institute of India (AZ SII).

Later, the allocation of the AZ SII vaccine was confirmed by GAVI through May 2021 as 912 000 doses for Phase 1, in addition to 224 000 doses of the same vaccine to the Phase 1 vaccine administration in Northwest Syria (NWS). The month of June is not included in those allocations, which is the main reason that the quantities are less than the intended indicative allocation previously communicated.

This amount may only cover around 4% of the total population; indicative distribution is based on current communication of estimated vaccine availability from manufacturers. The distribution will likely need to be adjusted considering the unpredictable circumstances and constantly evolving variables.

The Indemnity and Liability agreement with the manufacturer was signed by the Ministry of Health and the corresponding manufacturer.

Since the beginning of 2021, regular daily meetings have been held by three vaccine-related committees: the NCC, the CTAG and the ICC (with WHO and UNICEF present at the ICC meetings). The WHO COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT/VRAF 2.0) has been used to conduct monthly updates on the national readiness status; the most recent update was submitted on 23 February 2021.

## COORDINATION FRAMEWORK

Since the end of January 2021; The NCC, the CTAG, the ICC as well as 10 technical sub-committees have been fully operational, with clear terms of reference.

### 1. NATIONAL READINESS ASSESSMENT

The updated VIRAT/VRAF 2.0 includes an assessment of planning and coordination, budgeting, regulatory measures, prioritization, targeting and surveillance, service delivery, training and supervision, monitoring and evaluation, vaccine cold chain, logistics, safety surveillance, and demand generation and communication. It covers a set of 50 key operational activities. Syria has been using this tool according to the following timetable:

- The first update was submitted End-November 2020.
- The second update was submitted on 14 January 2021.
- The third update was endorsed by the Ministry of Health on 20 January 2021.
- The fourth and final update was submitted on 23 February 2021.

## 2. ESTABLISHMENT OF TASKFORCES

To bridge the gaps in planning and implementation, and to ensure preparedness for key areas of vaccine introduction; 10 sub-committees have been formed as the technical part of the CTAG committee. These sub-committees, which include focal point from WHO and UNICEF, meet regularly to update the VIRAT/VRAF 2.0 work and prepare the necessary materials for the National Deployment and Vaccination Plan (NDVP). WHO and UNICEF are holding monthly coordination meetings, the first of which took place on 14 February 2021.

## 3. POPULATION PRIORITIZATION

The priority categories identified in Part A of the COVID-19 vaccine application document are based on the CTAG's recommendations, the Strategic Advisory Group of Experts on Immunization (SAGE) values framework as well as the COVAX facility fair allocation prioritization roadmap. For Syria, the following high-risk groups were agreed upon as targets under COVAX:

- The health workforce (including frontline social workers and teachers); 3% of the population.
- Older adults (>55 years); approximately 13% of the population.
- People with chronic diseases; 5% of the population.

Presently, the national authorities collect and consolidate population data at the national and governmental levels (including from the Ministry of Planning, the Central Statistics Office and the Syndicate of Doctors and Health Workers). This data involves all 14 Syrian governorates, including Northwest and Northeast Syria. The Ministry of Health greatly relies on existing mechanisms and modalities related to previous experiences of successful routine immunization activities across these governorates.

As decided in a meeting on 7 February 2021, the vaccination of the first 20% of the population will be carried out at three phases as outlined in the table below. The doses could be adjusted according to quantities made available by COVAX and updates to population figures.

	Groups	Estimated number of vaccinated people (to be adjusted as per available vaccine allocation)
Phase One	All health workers	190 000
	The older group (> 55 years)	485 450
Phase Two	The rest of the older group	1 540 900
	Persons with comorbidities	1 125 750
	School teachers	302 827
	Other essential workers	858 073
Phase Three		To be determined

## 4. PRE-REGISTRATION MECHANISM

In collaboration with the committees, WHO is supporting the development and introduction of an automated pre-registration platform and reporting mechanism. Pre-registration will help identify target groups and aid vaccine distribution. This approach will not, however, be the only method for pre-registration, and exemptions are being factored in for some cases.

## 5. SERVICE DELIVERY MECHANISMS

Under the current plans, 76 hospitals will be used as service delivery points to provide vaccinations, along with 101 primary health care facilities all over the country. Services will be provided by trained hospital teams and routine immunization personnel in mobile teams. This number of facilities and associated

teams is preliminary and subject to change based on ongoing microplanning. Each hospital will have three or more teams assigned to microplanning for each phase of the campaign.

Implementation across Northeast Syria will follow the current experiences of the Expanded Programme on Immunization (EPI) microplanning through 17 fixed facilities (hospitals and primary healthcare centres) and 105 mobile teams. Formal and informal settlements will be targeted in the same way. Microplanning will also cover camps across Northeast Syria. The first batch of vaccines will target eligible high-risk members of the health workforce and frontline humanitarian workers regardless of location.

WHO will support the transport of the vaccine inside Syria, including Northeast Syria, and coordinate mobile activities with different stakeholders based on existing operations.

## **6. MONITORING AND EVALUATION**

Currently, for the national immunization programme, the Ministry of Health is using an aggregate reporting system where administered doses are recorded by age and gender, tallied along key dimensions, and reported up the health system, often using a mix of digital and paper tools. A similar approach is being used also by the Syria Immunization Group in Northwest Syria.

After the immunization campaign concludes, independent monitors from universities, health colleagues and national NGO partners will be deployed to ensure the vaccination campaign coverage. This approach will be used for the COVID-19 vaccination. Furthermore, a more active form of monitoring and evaluation is planned by WHO, UNICEF and MOH. This form would cover the pre-, intra-, and post-implementation of the vaccination activity at the field level, including assigning a third party for independent M&E.

Paper-based records will be updated to reflect COVID-19 vaccination status to:

- provide proof of vaccination for individuals' travel, educational or occupational purposes;
- establish vaccination status in coverage surveys;
- provide vaccination information in case of an Adverse Event Following Immunization (AEFI) or a positive COVID-19 test; and
- provide a useful vaccination card to which COVID-19 vaccines and other recommended vaccines can be added, as well as guidance on any doses required to complete the vaccination course.

During the vaccination campaigns, monitoring activities are conducted at different strata by central, governorate, district team supervisors.

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In Northwest Syria, WHO, in partnership with UNICEF and COVID-19 taskforce, is updating monitoring and evaluation tools and strategies for the COVID-19 vaccination campaigns. In Northwest Syria, the evaluation process will be implemented through third-party independent monitors who will be deployed to ensure the vaccination campaign process in 3 phases - pre, intra- and post-campaign monitoring.

## **7. RISK COMMUNICATION AND DEMAND GENERATION**

WHO and UNICEF are working in close cooperation with the Ministry of Health to develop the COVID-19 vaccination media campaign, which includes capacity building workshops for journalists, health educators and community influencers. It also entails the development of a full media package (TV and radio spots, social media messages, billboards, posters, flyers, etc.) to be implemented nationally.

Based on learnings from previous COVID-19 prevention and response interventions, five strategies will guide the introduction of COVID-19 vaccines at the national and governmental level:

- **Advocacy to gain commitment and garner support** for the rollout of the new COVID-19 vaccines.
- **Capacity building** to enhance communication and community mobilization skills of target workers (including health care providers, health education officers, NGOs, etc.).
- **Media engagement and social media campaigns** to promote balanced, evidence-based discourse on COVID-19 vaccines and the vaccination process (these campaigns will set out to **manage demand and vaccine hesitancy**, build trust and manage misinformation and rumours).
- **Community engagement** by providing prompt, simple, and focused communication to communities to manage expectations and hesitancy concerns.
- **Crises communication** related to adverse events following immunization (AEFI); rapid responses will be prepared to manage crises arising from demand and vaccine hesitancy.

## 8. NORTHWEST SYRIA

WHO Syria maintains a direct day-to-day dialogue with the WHO hub in Gaziantep, Turkey. Together with UNICEF, the hub has submitted a COVAX application for the implementation of COVID-19 vaccinations based on the existing immunization programme in Northwest Syria.

As previously mentioned, Northwest Syria has been allocated 224 000 doses of the AstraZeneca AZD1222 vaccine through May 2021. With the current changes in the delivery dates, Northwest Syria will also experience delays in vaccine deployment.

Target groups were prioritized based on a series of discussions between involved parties. These groups include health care workers (3%); elderly people aged 60 and above (7.5%); and people aged 20-59 with special conditions, such as immune-compromised people and chronic illnesses (9.5%). The GAVI letter, received on 3 February 2021, expresses the intent to allocate sufficient vaccines to cover an initial 3% of the population with AZ SII vaccines (an indicative amount of 336 000 doses).

### The following activities have been undertaken in Northwest Syria:

- WHO and partners have finalized the first draft of an estimated budget for the COVAX vaccination campaign that covers different possible scenarios.
- WHO and partners have finalized the development of the National Deployment and Vaccination Plan for Northwest Syria. This was submitted to the WHO Regional Office for the Eastern Mediterranean and presented to, and approved by, the Regional Review Committee (RRC) on 16 February 2021.
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Partners are developing standard operating procedures (SOPs), formats and channels for the vaccination campaign and reviewing training materials for the context of Northwest Syria.

The Health Cluster and partners are supporting estimations of the number of priority health workers in the field, to improve the accuracy of estimated numbers.

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The NDVP was submitted on 9 February 2021, resubmitted after comments on 19 February, and approved on 22 February. Two trained international and national WHO consultants are currently supporting the sub-committees involved with microplanning at the Ministry of Health.

## 10. GUIDELINES, FORMS, REPORTING MATERIALS

Work is ongoing to develop the following resources:

- Vaccination cards, vaccination registers and reporting forms.
- A monitoring and supervising checklist.
- Guidelines, checklists and reporting forms for AEFI.
- Updated COVID-19 reporting forms that include vaccination.
- Infection prevention and control (IPC) and waste management protocols.

- Communication materials.

## 11. COLD CHAIN

A nationwide cold chain inventory has been finalized and gaps for different scenarios have been identified. Training-of-trainers for cold chain and logistics officers has been conducted at the central level. UNICEF has contracted two consultants to review and enhance this component, and the cold chain application was submitted on 21 February 2021.

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## 12. VACCINATION IN HIGH-RISK AREAS

The Ministry of Health has decided to use a combination of fixed facilities and mobile teams to vaccinate health workers in hard-to-reach areas. Microplanning will include high-risk groups and high-risk areas as well as possible mechanisms through which to reach them, based on experiences and learnings from the Extended Program on Immunization (EPI). Population figures for camps and settlements are being collected for review and the necessary endorsement regardless of the areas of control (including in Northeast Syria).

## NEXT STEPS AND KEY AREAS

CTAG meetings will be held to approve the decisions of the technical sub-committees and finalize microplanning. This will include identifying targeted populations and vaccination points that will cover them; identifying high-risk groups including ways and mechanisms to reach them; agreeing on the number of vaccination days per team, the number of members per team and the staff included at each level.

The development of guidelines, protocols, checklists, and reporting forms will then be finalized, and planning will be accomplished for an electronic reporting system to report vaccinations and AEFI cases (discussions on streamlining support for this system are ongoing between the Ministry of Health and WHO).

A timeline for all planned activities will be set and ongoing high-level coordination will commence, with the goal of rollout the vaccines using a whole-of-Syria approach.

Training-of trainers, cascaded training and orientation meetings have started on 17 March 2021 and will continue at the governmental level. The following activities have been rolled out:

1. Training of Trainers (TOT) for microplanning for all governorates took place (in 2 groups) on 17-20 March 2021.
2. TOT for service delivery professionals for all governorates took place on 23-24 March 2021.
3. TOT on vaccination communication for all governorates was organized on 23-24 March 2021.
4. An orientation meeting was organized at the Ministry of Health for media professionals on 25 March 2021.
5. Field training in all governorates will begin on the week of 28 March 2021.

Throughout this process WHO and UNICEF will continue to work closely with the Ministry of Health in Syria.

## CHALLENGES

WHO is committed to making every effort to combat COVID-19 in Syria and make vaccines available to the Syrian people. There are and will be, many "unknowns" as we move forward. It is important to know that while at present COVAX allocation is the best means of securing vaccines across Syria, there are also discussions at the global level to avail a "humanitarian buffer" of vaccines, which can remain contingent once made available.

The following issues are among the many unknowns that could influence vaccine deployment:

- **Unpredictable manufacturing and global vaccine availability:** the exact arrival date of the first batch of vaccine allocated to Syria is still not defined; it became known that the manufacturer – Serum Institute of



India – will redirect its vaccine production to domestic Indian needs, thus delaying the delivery to vaccines to Syria until May 2021.

- The **instability of the security situation** on the ground.
- The fact that **COVAX commitment is not currently ensured** beyond the initial 3%.
- The fact that options to **secure vaccines may be limited in the long run**, resulting in increased humanitarian needs.
- The fact that **current mutations and variants of the COVID-19 virus circulating in Syria are not known**, making it difficult to predict or prove the efficacy of the introduced vaccines (However, WHO has sent samples for sequencing at the WHO Regional Reference Labs; so this point may improve).
- **Uncertain and unpredictable availability of funding** to support the rollout of COVID-19 vaccination.
- The fact that **continuity of cross-border operations** in Northwest Syria depends heavily on a UN Security Council Resolutions that currently only lasts until July 2021.
- The need for **contingency planning to ensure continuity** of COVAX vaccination for the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2021.

## VACCINE INTRODUCTION COSTS

The estimated operating cost of the first phase of vaccine rollout under COVAX, targeting 3% of the population (front-line health workers and social workers) during the first and second quarter of 2021, is US\$7 million. This includes US\$4.5 million for areas under the control of the Government of Syria and Northeast Syria and US\$2.5 million for Northwest Syria.

The second phase of vaccine rollout will target the next 17% of the population and will include the elderly and those with chronic diseases. This will take place in the third and fourth quarter of 2021. The estimated gap in operational costs is US\$32 million, including US\$24.3 million for areas under the control of the Government of Syria and Northeast Syria, and US\$7.5 million for Northwest Syria.

The table below outlines the estimated budget breakdown for vaccine introduction costs to cover 20% of the population by end of December 2021:

BUDGET SUMMARY FOR 2 ROUNDS	DAMASCUS		GAZIANTEP (cross-border)		TOTAL
	<i>Costs to be covered by:</i>		<i>Costs to be covered by:</i>		
	WHO CO	UNICEF	WHO	UNICEF	
Human Resources and Incentives	\$8,773,424.00	\$1,066,317.00	\$5,298,979.20	\$0.00	\$15,138,720.20
Training	\$707,323.00	\$99,523.00	\$358,137.60	\$0.00	\$1,164,983.60
Meetings	\$444,299.00	\$0.00	\$528,379.92	\$0.00	\$972,678.92
Cold Chain, Supplies and Logistics	\$2,677,852.00	\$2,903,453.00	\$752,077.92	\$0.00	\$6,333,382.92
Transportation	\$4,023,314.00		\$1,526,804.40	\$0.00	\$5,550,118.40
Evaluation & Monitoring	\$1,878,748.00	\$0.00	\$662,833.00	\$0.00	\$2,541,581.00
Social Mobilization	\$952,068.00	\$5,317,619.00		\$500,000.00	\$6,769,687.00
Supporting Management Cost for contracted NGOs	\$0.00	\$0.00	\$372,787.68	\$0.00	\$0.00
<b>Grand Total</b>	<b>\$19,457,028</b>	<b>\$9,386,912</b>	<b>\$9,499,999.72</b>	<b>\$500,000</b>	<b>\$38,843,941</b>

## UPDATE ON COVID-19 VACCINATION IN SYRIA

28 APRIL 2021



On 22 April 2021, Syria received the first batch of 256,800 doses of COVID-19 vaccines facilitated through COVAX. This vaccine delivery (AstraZeneca vaccines from the Serum Institute of India, AZ SII) will be distributed to frontline health workers across Syria, including the northeast and northwest. The COVID-19 vaccines were delivered through two shipments: 203,000 doses arrived in Damascus for all governorates and additional 53,800 doses were delivered through Gaziantep for the crossborder shipment to the northwest. Vaccine distribution and administration will start in early May 2021. *(for more information, read [WHO Press Release on Vaccine Delivery](#))*

COVAX is the vaccines pillar of the [ACT-Accelerator](#), an instrument jointly convened by the Coalition for Epidemic Preparedness and Innovations ([CEPI](#)), [WHO](#) and the Vaccine Alliance ([GAVI](#)) to speed up the search for an effective vaccine for all countries; support the building of manufacturing capabilities; buy supply ahead of time so that two billion doses can be fairly distributed globally by the end of 2021.

Under the COVAX facility, Syria is one of the 92 countries eligible for advanced market distribution (AMD) of COVID-19 vaccines.

In coordination with GAVI; WHO and UNICEF are providing detailed technical assistance to the national health authority in Syria as well as the established committees such as the high-level National Coordination Committee (NCC), the National COVID-19 Technical Advisory Group (CTAG) and the Inter-Agency Coordination Committee (ICC).

## VACCINE REQUEST FORM (VRF)

Part A of the COVAX COVID-19 vaccine application document was signed by the Syrian Minister of Health and sent to GAVI on 15 December 2020. On 27 January 2021, the Syrian Prime Minister declared the Syrian government's approval of the COVAX vaccine initiative. Consequently, Part B of the vaccine application was signed and sent to GAVI on 3 February.

On 3 February 2021, GAVI acknowledged and expressed its intent to provide an initial 1 020 000 doses of AstraZeneca Serum Institute of India (AZ SII) vaccines to cover the first 3% of the population (targeted high-risk groups), including the population in Northeast Syria. An additional 336 000 doses are intended for northwest Syria.

On 15 February 2021, WHO granted Emergency Use Listing (EUL) for the AstraZeneca AZD1222 vaccine produced by the Serum Institute of India (AZ SII).

Later, the allocation of the AZ SII vaccine was confirmed by GAVI through May 2021 as 912 000 doses for Phase 1, in addition to 224 000 doses of the same vaccine to the Phase 1 vaccine administration in Northwest Syria (NWS). The month of June is not included in those allocations, which is the main reason that the quantities are less than the intended indicative allocation previously communicated.

This amount may only cover around 4% of the total population; indicative distribution is based on current communication of estimated vaccine availability from manufacturers. The distribution will likely need to be adjusted considering the unpredictable circumstances and constantly evolving variables.

The Indemnity and Liability agreement with the manufacturer was signed by the Ministry of Health and the corresponding manufacturer.

Since the beginning of 2021, regular daily meetings have been held by three vaccine-related committees: the NCC, the CTAG and the ICC (with WHO and UNICEF present at the ICC meetings). The WHO COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT/VRAF 2.0) has been used to conduct monthly updates on the national readiness status; the most recent update was submitted on 23 February 2021.

## COORDINATION FRAMEWORK

Since the end of January 2021, the NCC, the CTAG, the ICC as well as 10 technical sub-committees have been fully operational, with clear terms of reference.

### 1. NATIONAL READINESS ASSESSMENT

The updated VIRAT/VRAF 2.0 includes an assessment of planning and coordination, budgeting, regulatory measures, prioritization, targeting and surveillance, service delivery, training and supervision, monitoring and evaluation, vaccine cold chain, logistics, safety surveillance, and demand generation and communication. It covers a set of 50 key operational activities. Syria has been using this tool according to the following timetable:

- The first update was submitted End-November 2020.
- The second update was submitted on 14 January 2021.
- The third update was endorsed by the Ministry of Health on 20 January 2021.
- The fourth and final update was submitted on 23 February 2021.

## 2. ESTABLISHMENT OF TASKFORCES

To bridge the gaps in planning and implementation, and to ensure preparedness for key areas of vaccine introduction; 10 sub-committees have been formed as the technical part of the CTAG committee. These sub-committees, which include focal point from WHO and UNICEF, meet regularly to update the VIRAT/VRAF 2.0 work and prepare the necessary materials for the National Deployment and Vaccination Plan (NDVP). WHO and UNICEF are holding monthly coordination meetings.

## 3. POPULATION PRIORITIZATION

The priority categories identified in Part A of the COVID-19 vaccine application document are based on the CTAG’s recommendations, the Strategic Advisory Group of Experts on Immunization (SAGE) values framework as well as the COVAX facility fair allocation prioritization roadmap. For Syria, the following high-risk groups were agreed upon as targets under COVAX:

- The health workforce (including frontline social workers and teachers); 3% of the population.
- Older adults (>55 years); approximately 13% of the population.
- People with chronic diseases; 5% of the population.

The national authorities have collected and consolidated population data at the national and governmental levels (including from the Ministry of Planning, the Central Statistics Office and the Syndicate of Doctors and Health Workers). This data involves all 14 Syrian governorates, including Northwest and Northeast Syria. The Ministry of Health greatly relies on existing mechanisms and modalities related to previous experiences of successful routine immunization activities across these governorates.

As decided in a meeting on 7 February 2021, the vaccination of the first 20% of the population will be carried out at three phases as outlined in the table below. The doses could be adjusted according to quantities made available by COVAX and updates to population figures.

	Groups	Estimated number of vaccinated people <i>(to be adjusted as per available vaccine allocation)</i>
<b>Phase One</b>	All health workers	190 000
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<b>Phase Three</b>		To be determined

#### 4. PRE-REGISTRATION MECHANISM

In collaboration with the committees, WHO has supported the development and introduction of an automated pre-registration platform and reporting mechanism. Pre-registration will help identify target groups and aid vaccine distribution. This approach will not, however, be the only method for pre-registration, and exemptions are being factored in for some cases.

#### 5. SERVICE DELIVERY MECHANISMS

Under the current plans, 76 hospitals will be used as service delivery points to provide vaccinations, along with 101 primary health care facilities all over the country. Services will be provided by trained hospital teams and routine immunization personnel in mobile teams. This number of facilities and associated teams is preliminary and subject to change based on ongoing microplanning. Each hospital will have three or more teams assigned to microplanning for each phase of the campaign.

Implementation across Northeast Syria will follow the current experiences of the Expanded Programme on Immunization (EPI) microplanning through 17 fixed facilities (hospitals and primary healthcare centres) and 105 mobile teams. Formal and informal settlements will be targeted in the same way. Microplanning will also cover camps across Northeast Syria. The first batch of vaccines will target eligible high-risk members of the health workforce and frontline humanitarian workers regardless of location. WHO will support the transport of the vaccine inside Syria, including Northeast Syria, and coordinate mobile activities with different stakeholders based on existing operations.

Following the COVID-19 vaccine arrival on 22 April through COVAX, the Ministry of Health is preparing to launch the vaccination campaign in early May 2021. WHO has supported the Ministry by printing and deploying vaccination cards, vaccination certificates, consent forms and other materials to all designated vaccination centres in Syria.

Based on the arrival of the limited doses of vaccines, 118 611 health workers will be vaccinated in the first cohort in 72 hospitals, 90 primary healthcare facilities, and 100 mobile teams.

In Northeast Syria, there are an estimated 14 000 health workers who will be eligible for the first cohort vaccination, which will be executed in 5 hospitals and 12 primary healthcare centres and 30 mobile teams.

In Northwest Syria, 93 vaccination teams were newly assigned with four members in a team. More than 495 health facilities will administer the vaccination (285 in Idleb and 210 in Aleppo). Each team will vaccinate the health staff of defined health facilities and community workers in non-health NGOs. More than one visit to each health facility will be conducted to vaccinate the staff.

#### 6. MONITORING AND EVALUATION

Currently, for the national immunization programme, the Ministry of Health is using an aggregate reporting system where administered doses are recorded by age and gender, tallied along key dimensions, and reported up the health system, often using a mix of digital and paper tools. A similar approach is being used also by the Syria Immunization Group in Northwest Syria.

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WHO and UNICEF has worked in close cooperation with the Ministry of Health to develop the COVID-19 vaccination media campaign, which includes capacity building workshops for journalists, health educators and community influencers. It also includes a full media package (TV and radio spots, social media messages, billboards, posters, flyers, etc.) to be implemented nationally.

- The first batch of the social media key messages was developed and finalised to be launched on the different national media channels and platforms. It targets different aged groups including health workers, the elderly, parents, university students school children. Video and radio spots have been developed too.
- In close cooperation with the Ministry of Health, in March 2021 WHO supported the first media workshop on the introduction of COVID-19 vaccination in Syria with the participation of more than 35 media professional representing different national media channels.

Based on learnings from previous COVID-19 prevention and response interventions, five strategies will guide the introduction of COVID-19 vaccines at the national and governmental level:

- **Advocacy to gain commitment and garner support** for the rollout of the new COVID-19 vaccines.
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- An orientation meeting was organized at the Ministry of Health for media professionals on 25 March 2021.
- Field training on service delivery in all governorates were held from 28 March until 17 April 2021.
- Vaccine deployment microplanning workshops took place in Damascus and governorates at the end of March 2021.

## CHALLENGES

WHO is committed to making every effort to combat COVID-19 in Syria and make vaccines available to the Syrian people. There are and will be, many “unknowns” as we move forward. It is important to know that while at present COVAX allocation is the best means of securing vaccines across Syria, there are also discussions at the global level to avail a “humanitarian buffer” of vaccines, which can remain contingent once made available.

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- The fact that **COVAX commitment is not currently ensured** beyond the initial 3%.
- The fact that options to **secure vaccines may be limited in the long run**, resulting in increased humanitarian needs.
- The fact that **current mutations and variants of the COVID-19 virus circulating in Syria are not known**, making it difficult to predict or prove the efficacy of the introduced vaccines (However, WHO has sent samples for sequencing at the WHO Regional Reference Labs; so this point may improve).



- **Uncertain and unpredictable availability of funding** to support the rollout of COVID-19 vaccination. While the first batch of vaccines arrived and are about to be administered, the operational costs will be covered by WHO and UNICEF. Special allocation of funding to support these costs is sought.
- The fact that **continuity of cross-border operations** in Northwest Syria depends heavily on a UN Security Council Resolutions that currently only lasts until July 2021.
- The need for **contingency planning to ensure continuity** of COVAX vaccination for the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2021.

## VACCINE INTRODUCTION COSTS

The estimated operating cost of the first phase of vaccine rollout under COVAX, targeting 3% of the population (front-line health workers and social workers) during the first and second quarter of 2021, is US\$7 million. This includes US\$4.5 million for areas under the control of the Government of Syria and Northeast Syria and US\$2.5 million for Northwest Syria.

The second phase of vaccine rollout will target the next 17% of the population and will include the elderly and those with chronic diseases. This will take place in the third and fourth quarter of 2021. The estimated gap in operational costs is US\$32 million, including US\$24.3 million for areas under the control of the Government of Syria and Northeast Syria, and US\$7.5 million for Northwest Syria.

The table below outlines the estimated budget breakdown for vaccine introduction costs to cover 20% of the population by end of December 2021:

BUDGET SUMMARY FOR 2 ROUNDS	DAMASCUS		GAZIANTEP (cross-border)		TOTAL
	<i>Costs to be covered by:</i>		<i>Costs to be covered by:</i>		
	WHO CO	UNICEF	WHO	UNICEF	
Human Resources and Incentives	\$8,773,424.00	\$1,066,317.00	\$5,298,979.20	\$0.00	\$15,138,720.20
Training	\$707,323.00	\$99,523.00	\$358,137.60	\$0.00	\$1,164,983.60
Meetings	\$444,299.00	\$0.00	\$528,379.92	\$0.00	\$972,678.92
Cold Chain, Supplies and Logistics	\$2,677,852.00	\$2,903,453.00	\$752,077.92	\$0.00	\$6,333,382.92
Transportation	\$4,023,314.00		\$1,526,804.40	\$0.00	\$5,550,118.40
Evaluation & Monitoring	\$1,878,748.00	\$0.00	\$662,833.00	\$0.00	\$2,541,581.00
Social Mobilization	\$952,068.00	\$5,317,619.00		\$500,000.00	\$6,769,687.00
Supporting Management Cost for contracted NGOs	\$0.00	\$0.00	\$372,787.68	\$0.00	\$0.00
<b>Grand Total</b>	<b>\$19,457,028</b>	<b>\$9,386,912</b>	<b>\$9,499,999.72</b>	<b>\$500,000</b>	<b>\$38,843,941</b>

# UPDATE ON COVID-19 VACCINATION IN SYRIA

14 June 2021



## 1. VACCINATION ROLLOUT IN SYRIA

Syria received the first batch of COVID-19 vaccines (256,800 doses of AstraZeneca SII COVIDSHILD) on 21 April 2021, which were delivered as part of COVAX mechanism. 203,000 doses were allocated for Syrian governorates, including northeast (NES) Syria and 53,800 were allocated through Gaziantep to target populations in northwest Syria (NWS). In the first phase, the vaccines were allocated for frontline health workers as a priority group.

The online pre-registration platform in Government of Syria controlled (GOS) areas was launched on 5 May 2021 with support of WHO. The platform is not considered mandatory, and anyone who belongs to priority groups can get the vaccine without pre-registration.

The Ministry of Health (MOH) started vaccination with AstraZeneca on 17 May 2021. The first governorate to start the vaccination was Aleppo followed by other governorates. As of 2 June, **46,397** individuals in GOS-controlled areas received their first dose of vaccination. Overall, the aim is to vaccinate over 100,000 of people in the priority groups. 203,000 doses are divided into two phases with the first dose administered in May-June and the second administered within two months after the first dose as vaccines will expire in late August. There are currently no clear details as to when the second batch of AZ vaccines will arrive.

## 2. NORTHEAST SYRIA

- COVID-19 vaccination in NES is implemented as part of the national immunization programme of Syria, which serves as an overall vaccination framework in all of Syria regardless of areas of control.
- The first batch of AstraZeneca vaccines provided to Syria through the COVAX mechanism has been airlifted to Qamishli (Al-Hassakeh governorate) on 3 May 2021. In total, **17,500 doses** arrived in Qamishli airport. Out of these 17,500 doses, around **13,320 doses** were allocated for Al-Hassakeh governorate, and **4,180** doses were allocated for Self-Administration controlled areas of Der-Ez-Zor governorate. Additionally, **6,200 doses** have been delivered by road to Ar-Raqqa governorate.
- Allocated doses for northeast Syria are sufficient to cover 100% of the health workers (**approximately 8,900**) with two doses, which is more than what other governorates received (around 80%). The target vaccination groups are all healthcare workers in public and private health facilities, including those affiliated with the Government of Syria's (GOS) Department of Health (DOH), Self-Administration's Local Health Authority, Kurdish Red Crescent, cross-border INGOs, and health workers based in camps.
- Prioritizing health care workers is an essential component of COVID-19 vaccination activities in NES. Healthcare workers are the frontline service providers who serve local populations as the first point of care in health facilities around Northeast Syria. They play a crucial role in fighting the pandemic; hence their vaccination is of utmost importance.
- Health authorities in Northeast Syria approved the vaccination for all health workers in Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor governorates as well as parts of Aleppo governorate (Manbij and Ain Al-Arab).
- Coordination challenges between health authorities in NES have been faced since the vaccination campaign was launched. WHO intervened and mediated with health authorities in NES to agree on operational and technical elements of the vaccination campaign. After a full day of negotiations, WHO was able to bring both sides for the vaccination in Al-Hassakeh Hospital on 25 May 2021, where several health care workers from the Self-Administration were vaccinated by the DOH. This has been a trust building exercise and WHO hopes to gradually build upon this first step and expand vaccination to greater number of individuals representing target vaccination groups.
- In **Al-Hassakeh governorate** the vaccination rollout started on 18 May 2021 in limited fixed vaccination sites in areas controlled by the Government of Syria and Self-Administration targeting mostly health workers from the Department of Health. A wide-scale COVID-19 vaccination campaign was launched in Al-Hassakeh governorate on 23 May 2021. A mix of fixed and mobile vaccination teams have been deployed. The vaccination teams are targeting all health workers in the governorate irrespective of their affiliation (GOS and Self-Administration). While the DOH has mentioned that they would target elderly, people with comorbidities and health workforce as part of the first phase of the vaccination, WHO advocated for prioritization of healthcare workers, before the vaccination was offered to the next priority group (elderly people aged 55+).
- As of 9 June, more than 1,600 people were vaccinated with AstraZeneca in Al-Hassakeh governorate. Vaccination was administered through seven vaccination points including those based in Al-Hassakeh, Qamishli, Darbasiyah and Amouda.

- In **Ar-Raqqa governorate**, the vaccination in eastern part of the governorate has started on 7 June. DOH has vaccinated approximately 1,000 people with AZ. Around eight fixed vaccination teams in areas controlled by the Self-Administration have been deployed and WHO is following up with the health authorities to get the most up-to-date information.
- In the eastern part of **Deir-ez-Zoir governorate** the vaccination started on 1 June 2021. About 12 fixed vaccination teams are deployed in various areas controlled by Self-Administration to vaccinate the healthcare workers. Several mobile vaccination teams are also deployed. WHO is in contact with health authorities to expand the vaccination efforts. As of 7 June, 809 people have been vaccinated in eastern part of Deir-Ez-Zor.
- In **Aleppo governorate**, two vaccination teams are on stand-by to access Ain Al-Arab and Manbij, pending the approval from the Self-Administration.

#### Vaccination priority groups in NES

GOVERNORATE	POPULATION			
	Total Population	Over 55	Healthcare workers	Quantity of vaccine (2 doses/prs + wastage)
Al-Hasakeh	988,139	15,472	2,951	6,492
Deir-ez-Zor	766,453	50,733	2,289	5,036
Ar-Raqqa	684,196	35,057	2,043	4,495
Aleppo (Menbij and Ain Al-Arab)	561,364	50,711	1,677	3,688
<b>Total</b>	<b>3,000,152</b>	<b>241,972</b>	<b>8,960</b>	<b>19,712</b>

### 3. VACCINATION PROCESS IN THE CAMPS

#### AL-HASSAKEH GOVERNORATE

##### **Al-Hol Camp:**

- The vaccination campaign started as planned on Sunday, 6 June 2021. Two vaccination points were deployed: one in phase 1 and the second one in phase 3.
- The total number of the population over 60 years old is 1,168.
- There are more than 1,600 patients with comorbidities.

##### **Al-Areesha Camp:**

- The vaccination campaign started on Sunday, 6 June 2021 in the tents (7 tents for 7 phases).
- The total number of the population is 14,200, including 301 above 60 years old.
- There are 300 patients with comorbidities.

## DEIR-EZ-ZOR GOVERNORATE

### Abu Khashab camp:

- The vaccination campaign started on Saturday, 5 June 2021.
- The total number of the camp residents is 11,296, including 340 over 50 years old.

#### 4. CHALLENGES AND MITIGATION MEASURES IN GOS-CONTROLLED AREAS AND IN NES

Challenges	Mitigation Measures
Reaching NES (especially areas not under GoS control)	Active engagement with GoS and explore alternate delivery mechanism moderated by WHO Hub in NES. Vaccination activities started targeting health care workers initially; camps as well as older age group might be allowed based on the population turnout.
Insufficient funds to maintain operational costs as Syria is not supported by the World Bank (COVAX does not fund operational cost)	Engaged potential donors, some funding has been secured.
Misinformation, vaccine hesitancy and refusal of vaccination (reach beyond traditional age groups) especially areas out of GoS control.	WHO and UNICEF teams are working on robust demand, risk communication and community engagement strategies. RCCE messages especially in NES under the Self Administration have been intensified.
Clarity on the future vaccine allocations and type of vaccine that will be shipped to Syria.	The COVAX facility is communicated for upcoming commitments. WHO approached MOH to expedite the regulatory processes for potential COVAX vaccines. WHO is in close contact with MOH who is providing timely data on the stock dispatches and expiry dates.

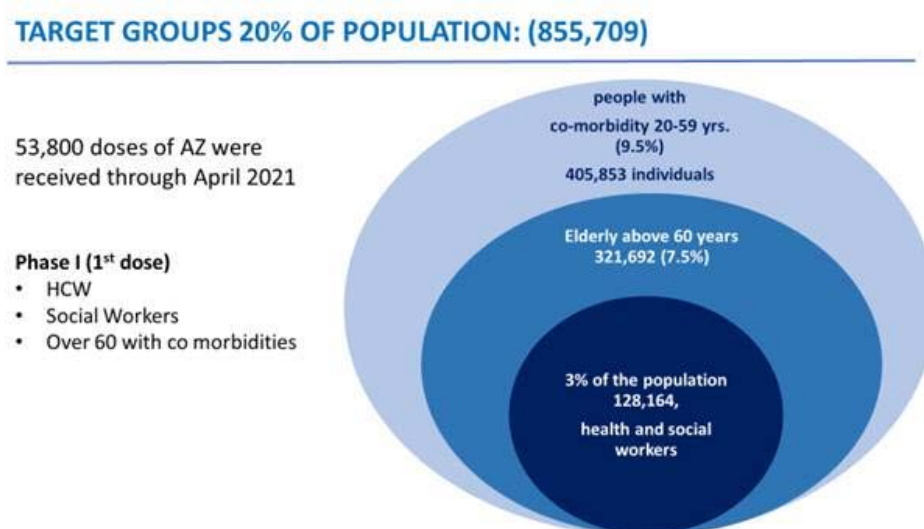
#### 5. NORTHWEST SYRIA

- 53 800 doses (AstraZeneca SII) are allocated to NWS.
- Targeted groups are 21,313 health workers and 25 000 community workers.
- Micro-plans for the first targeted group (Health Care Workers) are finalized.
- 93 newly assigned vaccination teams with 4 members / team were deployed.
- Training of service providers took place.
- More than 495 health facilities are covered (285 in Idlib and 210 in Aleppo).
- Each team vaccinates the health staff of defined health facilities and community workers in non-health NGOs.
- More than one visit to each HF will be conducted to vaccinate the staff.
- On Adverse Effects Following Immunization (AEFI) pre-vaccination checklist was developed to be signed by each vaccinated person. Post vaccination monitoring for 20-30 minutes by a designated team member is ensured. Each team has anaphylactic shock kit. 93 AEFI doctors were selected and assigned (one for each team). The AEFI advisory committee of three doctors in each governorate, in

addition to a central committee (ERC) was established. Training for Idleb & Aleppo AEFI doctors was conducted.

- Supporting supervision will be offered by 9 central supervisors, 2 governorate supervisors, 12 district supervisors, and 23 field supervisors.
- The campaign started on 1st of May as planned with two teams (one in Idleb and one in Aleppo).
- As of 5 June, a total of 17,593 health and social workers were vaccinated.
- In Afrin 11 teams were identified after being granted the needed approvals and trained. The campaign started in Afrin on 29 May 2021.
- The next target group to vaccinate will be NCD patients.

### Vaccination priority groups in NWS



## 6. CHALLENGES IN NORTHWEST SYRIA

- There was some hesitancy among the health staff due to the negative effect of rumors in the social media, there is gradual increase in the numbers of vaccinated beneficiaries.
- There were some difficulties in coordination with non-health NGOs.
- UN Resolution renewal.
- Unclear future of vaccine shipments (dates and quantities).
- Vaccinating beyond the 20% of population supported by GAVI.
- Fund availability.