

## Monthly COVID-19 Bulletin

### March 2022

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### Epidemiological Overview

Data as of 26 March 2022

<b>Total cases</b> <b>196 446</b>	<b>Total deaths</b> <b>7 121</b>	<b>Total recovered</b> <b>150 540</b>
<b>Case Fatality Ratio</b> <b>3.6%</b>	<b>Total Tests</b> <b>625 983</b>	<b>Total Vaccine Doses</b> <b>3 360 462</b>

#### *Descriptive analysis of epidemiological data for the Whole of Syria (26 March 2022)*

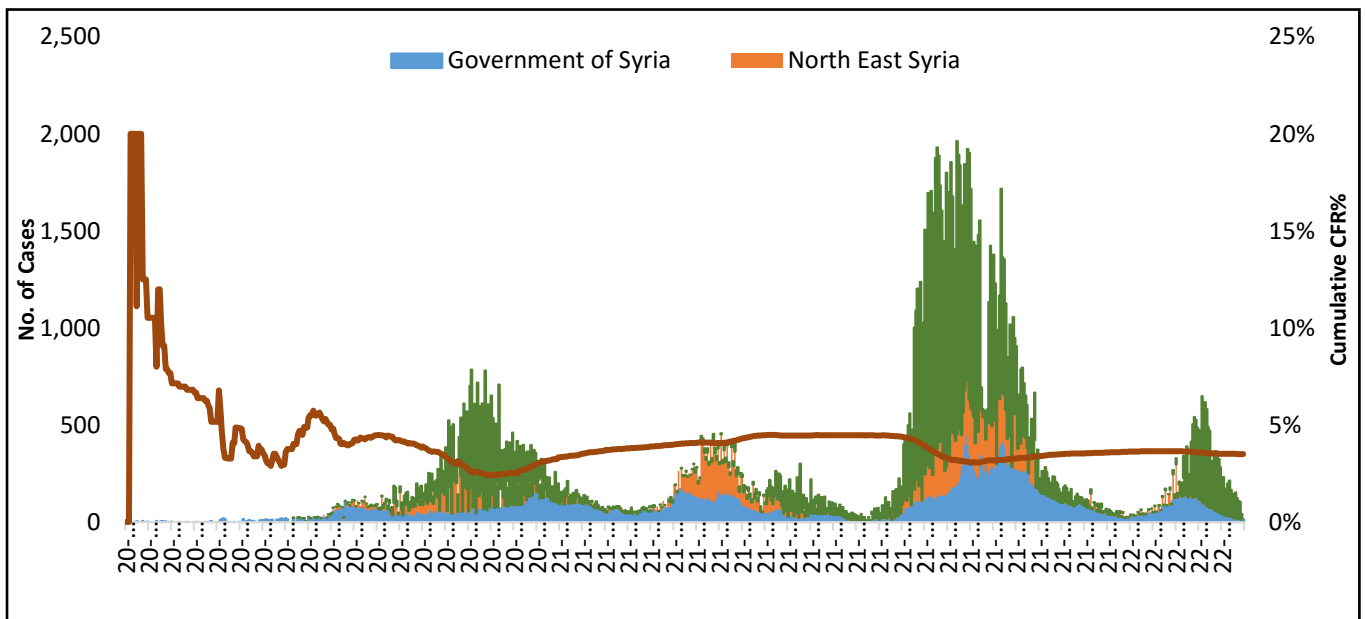
A total of 196 446 confirmed cases of COVID-19 were reported in Syria between 22 March 2020 and 26 March 2022; of which, 102 237 (52.04%) were reported from north-west Syria (NWS), 55 650 (28.33%) from areas of Syria controlled by the government (GoS), and the remaining 38 559 (19.63%) from north-east Syria (NES). During the same period, a total of 7 121 related deaths were reported of which 3 131 (43.97%) from GoS, 2 420 (33.98%) from NWS, and 1 570 (22.05%) from NES. The overall Case Fatality Rate (CFR) is 3.6%. The CFR was highest in GoS (5.6%), NES (4.1%) and in NWS the CFR was 2.4%. The high CFR rates in GoS is attributed to the testing strategy for only severe and critical cases admitted to hospital for treatment.

The number of confirmed COVID-19 cases reported in March across the Whole of Syria decreased by 24% (n=6,250) compared with previous month (n=8,241). An increase was noticed in NWS by 21% (n= 5,016) compared to February (n= 4,146). Cases reported in GoS decreased by 66.1% (n=1,075) compared to February (n=3,173). Moreover, NES reported a decrease of new cases by 82% with 159 new cases compared with 922 cases in previous month.

The decline of COVID-19 new cases was observed in all governorates of Syria except in Hama, Idleb and Aleppo. The number of reported cases of COVID-19 and its percentage from the national total across all 14 governorates of Syria during the month of March is as follows: Aleppo 41.7% (n= 2606), Idleb 40.16% (n= 2510), Damascus 6.16% (n= 385), Tartous 2.67% (n= 167), Homs 2.37% (n= 148), Al-Hasakeh 1.95% (n= 122), Lattakia 1.78% (n= 111), Hama 1.23% (n= 77), As-Sweida 0.62% (n= 39), Rural Damascus 0.45% (n= 28), Ar-Raqqa 0.42% (n= 26), Deir-ez-Zor 0.32% (n= 20), Dar'a 0.1% (n= 6), Quneitra 0.08% (n= 5).

Since the start of COVID-19 outbreak in the whole of Syria, four waves of COVID-19 were identified; the first wave peaked in November 2020; the second wave peaked in April 2021 and was mostly linked with Alfa and Beta variant. The third wave peaked in September 2021 with Delta variant confirmed. The fourth wave, in February 2022 coincides with Omicron variant confirmed in Northwest of Syria.

Figure 1. Whole of Syria weekly reported COVID-19 cases up to 26 March 2022

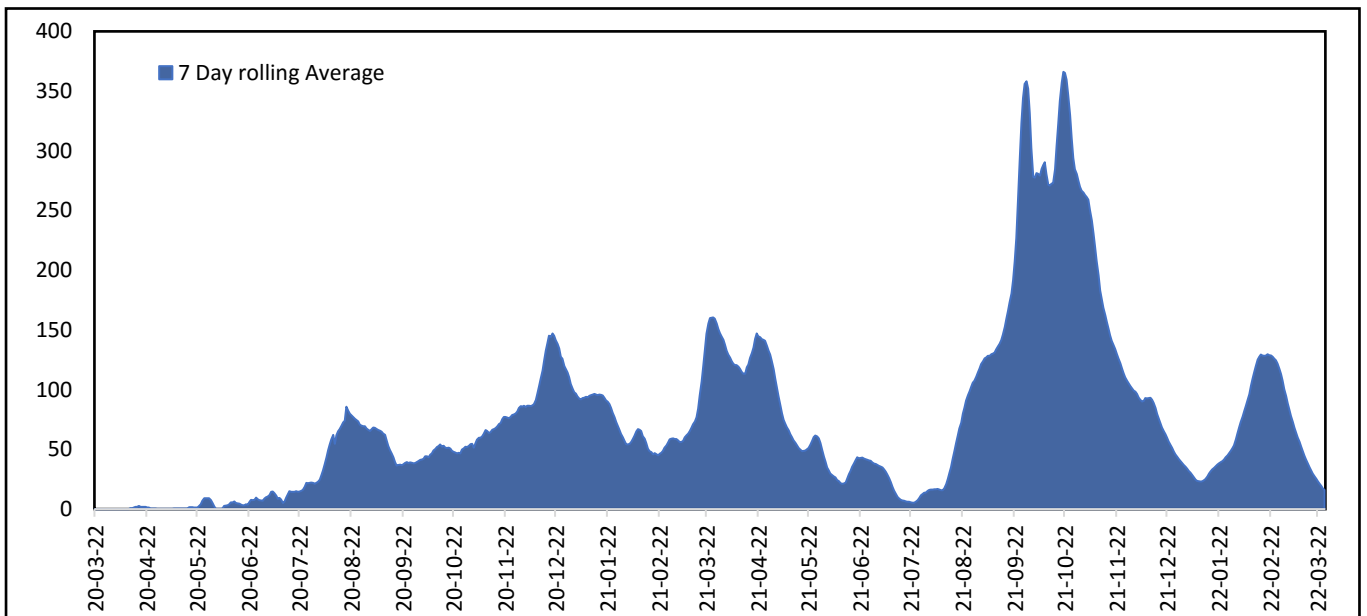


Descriptive analysis per region

**Government of Syria**

COVID-19 cases in GoS areas showed a decrease during March 2022, the 7-day moving average of new cases was 16 compared with 95 average cases in February 2022.

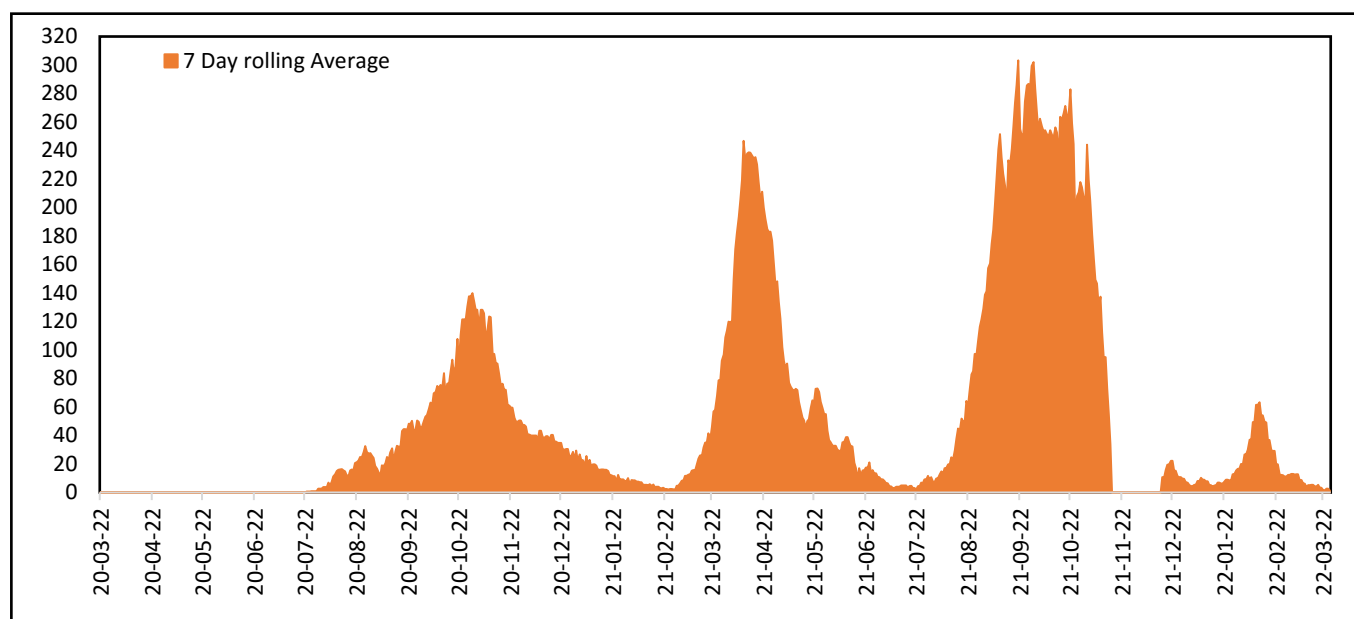
Figure, 2 The 7-days rolling average of COVID-19 cases in GoS



**North-east Syria**

There has been a decrease of COVID-19 in NES since February of 2022, the cases peaked on 12 February with 7-days moving average of 63 cases. the trend in number of cases in NES is proportional to the trend of lab tests due to irregular lab supplies limited capacity. The current 7-days moving average dropped to 1 case by the end of March 2022.

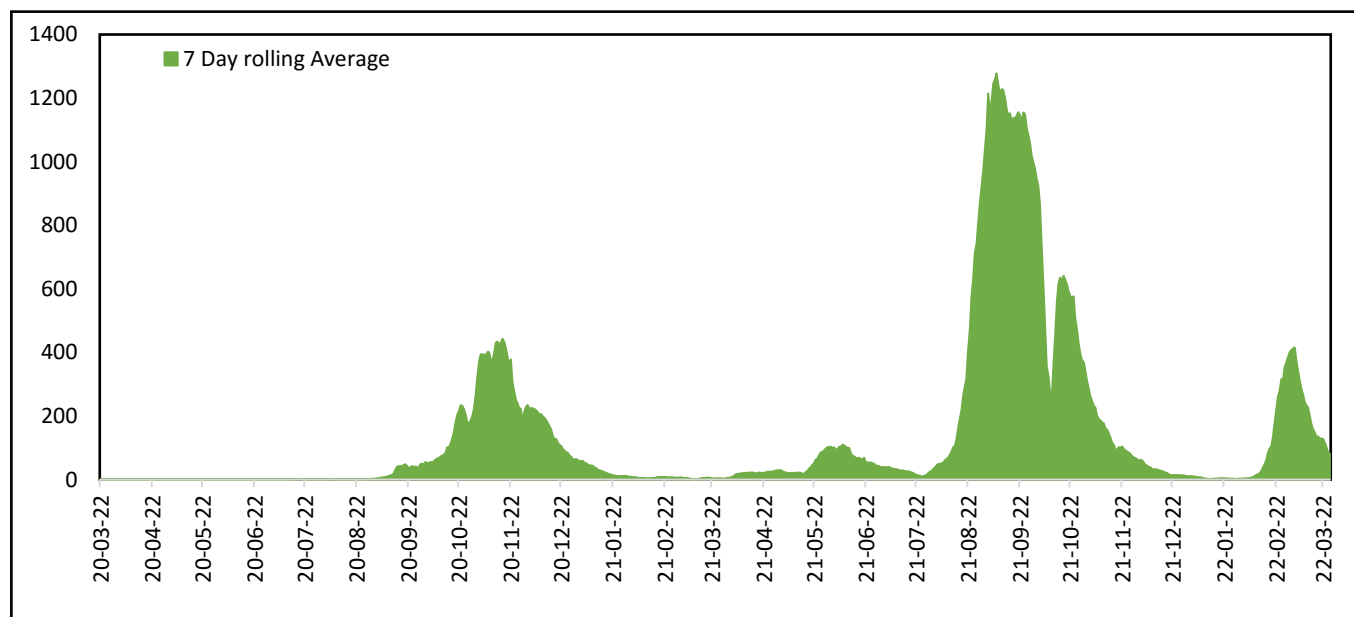
**Figure 3 The 7-days rolling average of COVID-19 cases in NES**



**North-west Syria**

The number of confirmed cases in NWS increased in March 2022, the 7-day moving average of new cases by the 26 of March is 86 cases. The sharp surge of COVID-19 in NWS is attributed to Omicron, as Omicron variant was confirmed in NWS by referral laboratory.

**Figure 4: The 7-day rolling average of COVID-19 cases in NWS**



**Deaths**

In March, the number of newly reported deaths associated with COVID-19 (n=93) is down by 38.4% compared to February 2022 (n= 151). The cumulative mortality rate has increased to 32.9 deaths per 100 000 cases. The highest number of COVID-19 associated deaths reported in March was in GoS (n=56) where deaths accounted for 60.22% of the total deaths in WoS. A total of 25 deaths (26.8%) was reported in NWS, and 12 deaths (12.9%) in NES. the cumulative case fatality rate is 3.6%. CFR remained highest in Deir Ez-Zor 8.8%, Damascus 8.5%, and As-Swieda 8.5%. The high CFR is attributed to the current testing strategy, basically testing severe COVID-19 cases admitted to hospitals; mild and moderate cases are not tested as per the current strategy; it is expected that this will change once the use of the Ag-RDTs expands in Syria for mild and moderate symptomatic cases and the digitization of the data.

Figure 4: The 7-day rolling average of COVID-19 cases in NWS

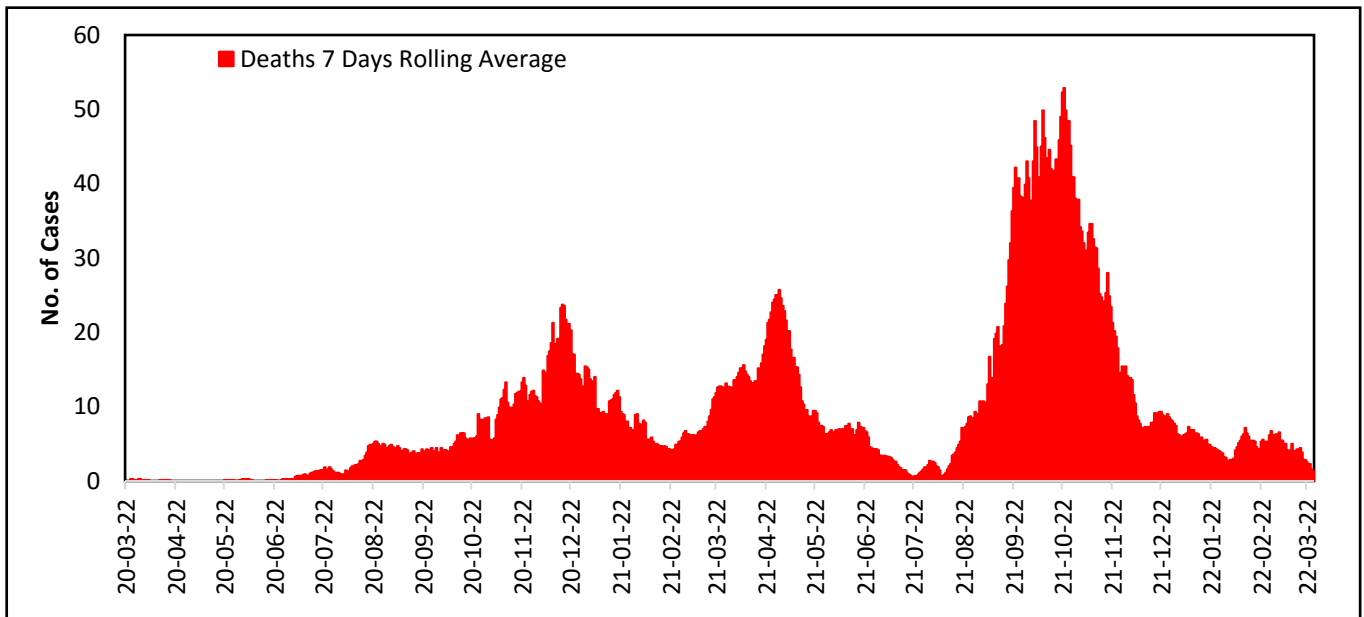


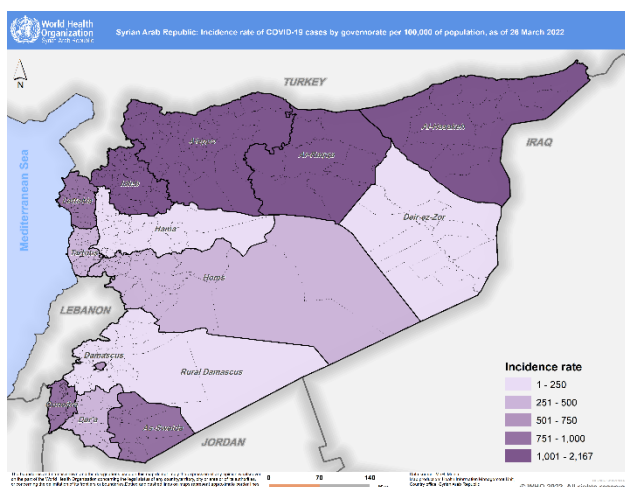
Table 1. Number of deaths increase/decrease since last month

<b>7 121</b> Total COVID-19 related deaths reported to date	<b>4</b> 26-day average number of deaths (during reported month)
<b>5</b> 28-day average number of deaths (during previous month)	<b>20%</b> Change in 30-day average since last month

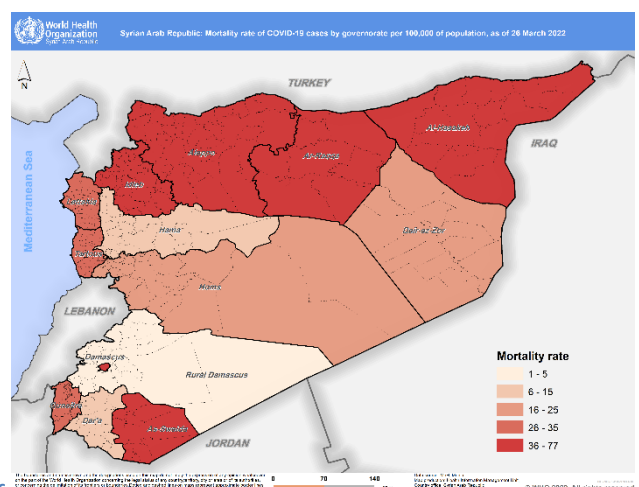
Table 2. Newly reported and cumulative cases of COVID-19 and associated deaths, by region, up to 26 March 2022

Area	New cases in March 2022(%)	Change in new cases Last month*	Cumulative cases (%)	New deaths in March	Change in new deaths with last Month*	Cumulative deaths (%)
Government of Syria	1,075 (17.2%)	-66.1%	55,650 (28.33%)	56 (60.22%)	-34.9%	3,131 (43.97%)
North-east Syria	159 (2.54%)	-82.8%	38,559 (19.63%)	12 (12.9%)	-63.6%	1,570 (22.05%)
North-west Syria	5,016 (80.26%)	21.0%	102,237 (52.04%)	25 (26.88%)	-21.9%	2,420 (33.98%)
Whole of Syria	6,250	-24.2%	196,446 (100.0%)	93	-38.4%	7,121 (100.0%)

Map 1: Total number of COVID-19 cases per 100 000 of the population reported in each governorate, as of 26 March 2022

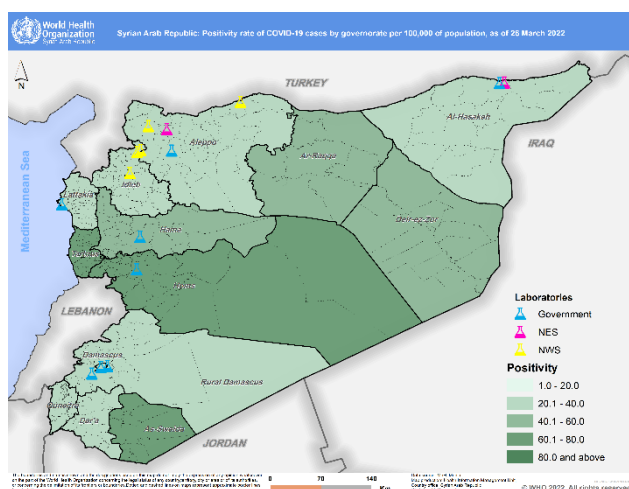


Map 2: COVID-19 related deaths per 100 000 of the population reported in each governorate, as of 26 March. 2022



### Map 3: COVID-19 Laboratory Positivity Rate by governorate, as of 26 March. 2022

At the WoS level, Syria had a low incidence levels of community transmission with 28.9 cases/100,000 population/month during March. However, the incidence rates are underestimated due to low tested numbers. The cumulative incidence rate since the start of the outbreak in WoS is 907/100 000 (as of 26 March 2022).



### Testing

The testing strategy is still focusing on hospitalized patients at GoS and NES due to interruption in PCR laboratory supplies. Compared with February 2022, there was an improve in testing capacity due to the introducing of Ag-RDTs for testing mild and moderate cases. However, the use of Ag-RDTs is available in only 88 health centers.

Omicron has not yet been confirmed in GoS due to the lack of sequencing capacity and obstacles in shipping the samples to WHO collaborating laboratories. To improve the early detection of cases, MoH is currently testing mild and moderate cases in 88 centers with Ag-RDTs. During March 2022, a total of 2 206 Ag-RDTs were performed at MoH/PHCs, MoE/school

health directorate centers and NGOs medical points.

The percentage of samples testing positive for COVID-19 has increased by 7.6% in March 2022 compared to February, the number of PCR tests conducted in March 2022 was 20 080 compared to 18 669 in February 2022; 625 983 is the total number of PCR tests conducted in WoS up to 26 March 2022.

The laboratory sequencing results of the 59 positive samples detected between June and November 2021 in GOS were confirmed recently to be Delta Variant. The collected samples were identified to represent different communities, gender, and age group (<18 and >18+ years of age). This coincides with the results from NWS and the rise of the delta variant in neighboring countries during the same period.

**Table 3. Positivity Rate increase/decrease since last month**

<b>20 080</b>	<b>31.1%</b>
Number of tests conducted during reporting month	
<b>35.2%</b>	Testing positivity rate in reporting month
Previous average positivity rate	

### COVID-19 Vaccinations

Vaccination activities continue across Syria at both fixed health facilities and through mobile medical teams in the rural areas.

176 686 new doses were administered across Syria during March 2022, and 118 220 individuals took their first dose during the same period.

The Vaccination campaigns are ongoing with all currently available vaccines provided through COVAX and bilateral donations. Accordingly, the available amount is sufficient to cover up to 42.8% of the population while the expected allocations will cover additional 2.4%. Hopefully, those amounts will enable Syria reach about 45.2% of the total population. The near target aimed by the MOH is to reach 20% of the population by end of Q1 2022.

Syria is expecting 1 000 500 doses of Astra Zeneca in the coming weeks (shipment process).

The new COVID-19 deployment Support (CDS) document application is submitted to GAVI, it is supposed to support the COVID-19 vaccination in Syria till end of 2022.

The Prime Minister issued a decree for all line ministries and governors stating that vaccine is essential for staff and visitors at any governmental office, otherwise they shall present a -negative PCR (with 96 hrs. validity). check starts in two weeks' time. MOH, MOI, MOHE and Ministry of Telecommunication already acted centrally and at governorate

level. Hama Governor has taken the lead at governorate level.

MOH has adopted the special strategy for vaccination of individuals after the Tarawih prayers during the holy month of Ramadan. A special plan will be developed with RCCE intensification to overcome hesitancy. Special poster is developed and proposed for MOH approval.

To improve community participation through specialized community mobilizers; UNHCR, UNICEF and WHO joined efforts to facilitate a two-day workshop for UNHCR community coordinators on COVID-19 RCCE techniques.

An Ad-hoc national cluster meeting was organized and devoted for COVID-19 vaccination and protection during the holy month of Ramadan. The following is the proposed takeaways:

- Manage to mobilize all public workers including health care workers to receive the vaccine to protect themselves and their surrounding (Prime ministry acted promptly as well as line ministries).
- Boost the role of health partners and agencies through their community-based programmes (UNHCR, Medair, UNRWA, and others).
- Intensifying the RCCE messaging through innovative channels to reach communities.
- Integration of COVID-19 vaccination into routine vaccination activities (in place).
- Endorse the initiative of vaccinating individuals attending to Tarawih prayers during the holy month of Ramadan.

The RCCE team is intensifying all efforts through developing Q&A and posters with special messages for boosting vaccination during Ramadan; the following will be implemented:

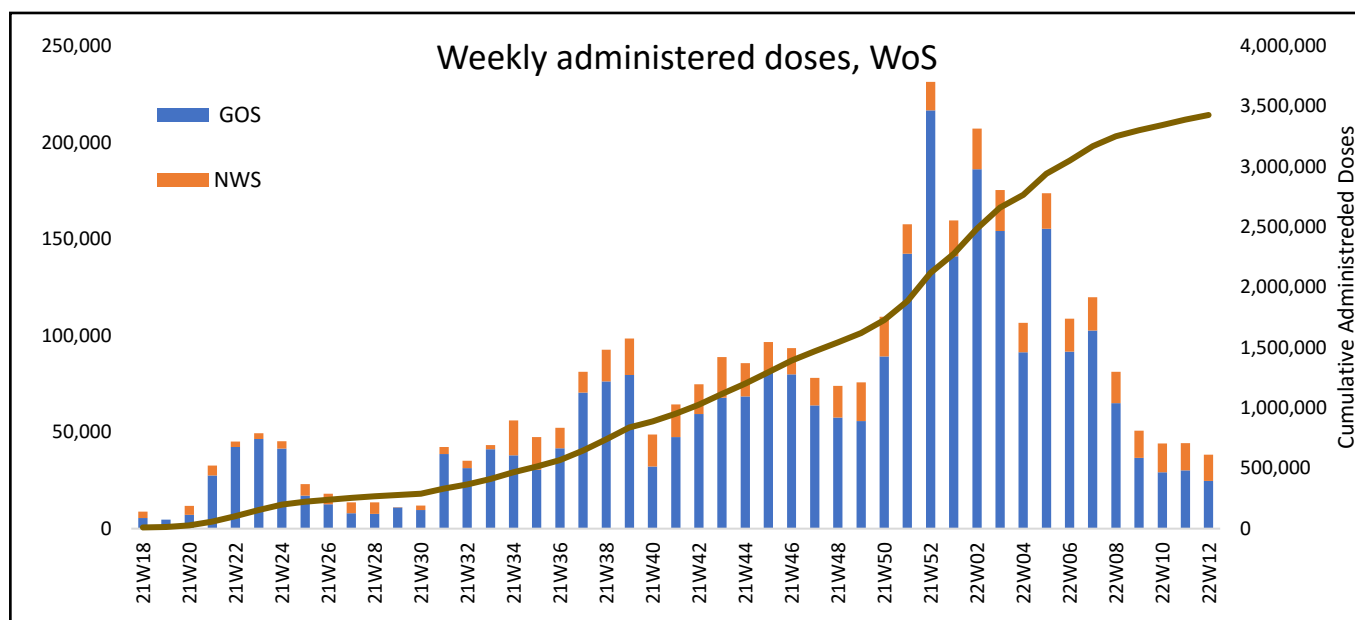
- Increase vaccination mobile teams near mosques and share Ramadan related messages with the communication mobile staff (ongoing in planning process).
- Ministry of Awkaf to share messages with Imams and Sheikhs (MOH/WHO/UNICEF supported messages, such as Protecting yourself is a religious duty. Get vaccinated.)
- Share fatwas from Al Azhar Egypt and Islamic Fikha Academy.
- Video testimonials with faith-based leaders and health influencers.
- More stories and articles in media on the benefits of vaccination (stories of COVID survivors).
- Health partners to disseminate messages on vaccination (based on Q&A sent).

**Table 4: Overall delivered vaccines since April 2021 till 26 March 2022:**

	Type of Allocation	Manufacturer of vaccine	Quantity
GOS	COVAX	AZ Covishield	203,000
		AZ/AZD1222	1,318,340
		Sinovac	3,116,400
		Janssen	3,458,400
		<b>Total</b>	<b>8,096,140</b>
	Bilateral	AZ/AZD1222	368,640
		Sinopharm	1,995,000
		Sputnik light	250,000
		Sputnik V	100,000
		Soberana	20,000
		Abdala	20,000
		<b>Total</b>	<b>2,753,640</b>
	<b>GOS Total</b>		
NWS	COVAX	AZ Covishield	53,800
		AZ/AZD1222	307,200
		Sinovac	823,200
		Janssen	832,800
		<b>Total</b>	<b>2,017,000</b>
<b>WOS Total</b>			<b>13,057,580</b>

As per the above table, vaccines received from bilateral agreements represent 21.1% of the total vaccines received, and the rest 78.9% were delivered through COVAX.

Figure 5: The average weekly administered doses during March 2022.

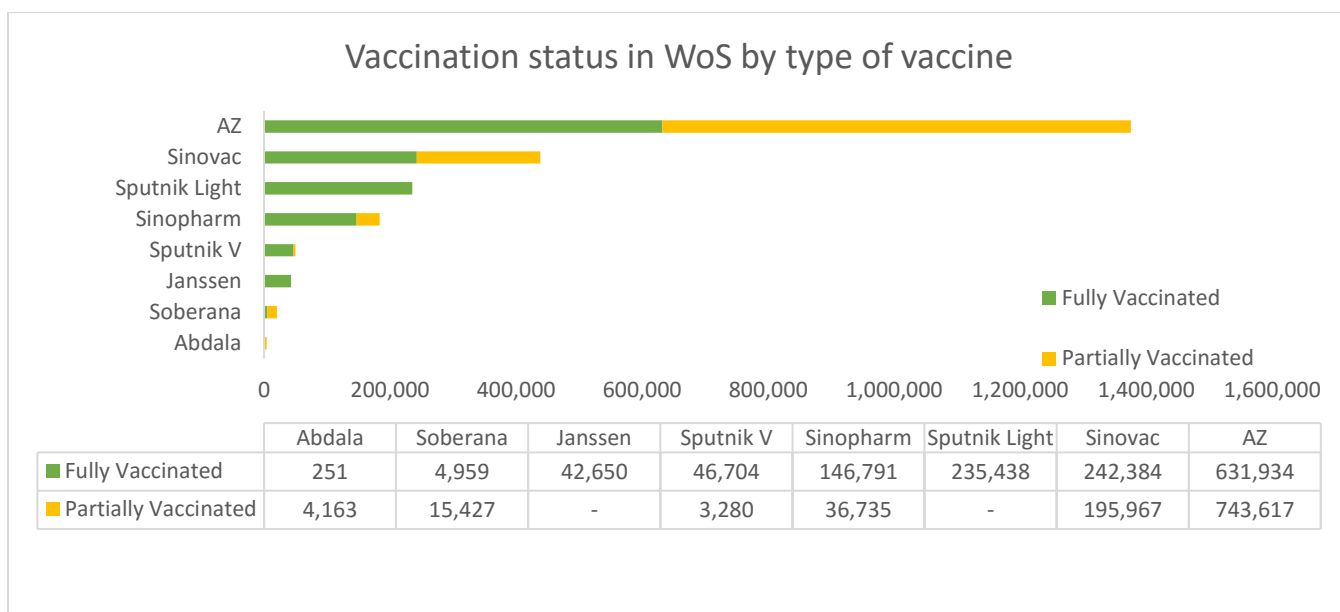


There is a 63% reduction in the average of weekly administered doses of vaccine during March compared to previous month.

**Vaccination coverage:**

- 11.4% of the total population received at least one dose of the vaccine, and only 6.6% are fully vaccinated.
- A total of 3 360 462 doses of different vaccines was administered and the total number of vaccinated people is 2 350 300 with at least one dose).

Figure 6: Vaccination status in Whole of Syria as of 26 March 2022



**Vaccination coverage per region:**

**Government of Syria**

2,859,963 Vaccines Administered	
1,978,006 People who received at least one dose	1,160,045 People who are fully vaccinated*

12.2 % Percentage of the population that has received at least one dose	7.1% Percentage of the population that has been fully vaccinated*
0.47% Percentage point increase from last month	0.44% Percentage point increase from last month

### North-west Syria

563,360 Vaccines Administered	
372,294 People who received at least one dose	191,066 People who are fully vaccinated*
8.7% Percentage of the population that has received at least one dose	4.4% Percentage of the population that has been fully vaccinated*
1.0% Percentage point increase from last month	0.3% Percentage point increase from last month

### Whole of Syria:

3,423,323 Vaccines Administered	
2,350,300 People who received at least one dose	1,351,111 People who are fully vaccinated*
11.4% Percentage of the population that has received at least one dose	6.6% Percentage of the population that has been fully vaccinated*
0.58% Percentage increase from last month	0.42% Percentage increase from last month

## WHO Syria operational updates by other pillars

### Pillar One: Coordination

- Developed and consolidated key messages, including on COVID-19, for Humanitarian SOM (Senior Official Meeting) on Syria, 31 March 2022.
- Prepared a briefing note, including COVID-19 issues, for planned visit by the DG WHO to NY HQ.
- Disseminated among the health sector: Updated Q&A on COVID-19 from WHO Syria; a list of health sector indicators for reporting under 4W 2022 HRP, including COVID-19; January and February 4W 2022 HRP snapshots; COVID-19 weekly bulletins.
- Conducted national health sector coordination meetings in Damascus, 14 and 24 March including COVID-19 agenda items.
- Ad-hoc National Health Sector meeting was organized on 24 March to discuss COVID-19 vaccination. The meeting brought together over 45 participants and was co-opened by WHO Representative, Deputy Minister of Health and UNICEF Representative/Acting UN Resident Coordinator. The focus of the meeting was on COVID-19 vaccination and duty of care during Ramadan. Health partners have been requested to share their experiences, ideas and suggestions on scaling up COVID-19 vaccination. Consolidated list will be prepared and is planned to be shared with the MOH.
- A round-table discussion with health sector partners was organized in Hassakeh governorate on 28 March to discuss efforts to scale up COVID-19 vaccination in the governorate. Attended by twenty health partners, the meeting was co-facilitated by WHO Representative and Head of Hassakeh Department of Health.
- A sub-national health sector meeting was organized in-person at the Hassakeh Department of Health on 31 March. The agenda of the meeting included updates on COVID-19 epidemiological situation, COVID-19 vaccination and risk communication and community engagement.



## **Pillar Two: Risk communication and community engagement**

- Following the Syrian Cabinet meeting held on 22 March, during which all ministries were guided to implicitly oblige their employees to get vaccinated, several ministries (Interior, Telecommunication, Higher Education, and Local Administration-Hama) issued circulars requiring their employees to provide proof of COVID-19 vaccination by, maximum, 23 April 2022. Moreover, the guidance limited the visits to those who present a vaccination card or a valid negative PCR result.
- A set of questions and answers on COVID-19 vaccines was developed to address healthcare workers' hesitancy and thirst for correct scientific information including different technologies, vaccine safety and effectiveness, post-COVID condition, and vaccine side effects. In addition, different myths and facts about vaccines were addressed. The Q&A is being reviewed by the Ministry of Health to be, then, printed as booklets and widely distributed among the health workforce in Syria.
- Updated the RCCE pillar of the vaccination plan in northeast Syria to highlight what has been done in 2021, future plans and lessons learned.
- Participated in meetings at the regional and national levels to address issues related to vaccine hesitancy and demand generation, and to plan for activities during the upcoming month of Ramadan.
- On 22 March, WHO actively participated in the RCCE meeting with the Ministry of Health and UNICEF to harmonize the efforts on different proposed initiatives and to follow up on a list of suggested activities to implement, in partnership with line ministries, to scale up the vaccine demand and commend adherence to public health and social measures.
- On 24 March, the Syrian Ministry of Health, UNICEF, SARC and other health partners joined the Ad-Hoc Health Sector meeting, organized by WHO, to discuss different measures to generate more COVID-19 vaccine demand. During the meeting, health partners brainstormed on activities to boost vaccination and communicate on preventive measures during the Holy month of Ramadan.
- On 24 March, the importance of collaboration between UN agencies was highlighted through a joint workshop organized by UNHCR, UNICEF and WHO to equip UNHCR community workers with the needed skills on how to talk to vulnerable communities about the vaccine and address vaccine hesitancy in the community.
- Continued to participate in meetings at the regional and national levels to address vaccine demand generation.
- Messages about the importance of receiving the COVID-19 vaccine and adhering to public health and social measures continued to be highlighted, especially within the context of Ramadan and Mother's Day. Moreover, a short video featuring the Head of the Doctors' Syndicate was posted on WHO social media platforms to address vaccine hesitancy and encourage health care workers to uptake COVID-19 vaccines.

## **Pillar Three: surveillance**

- Provided 200 000 COVID-19 case investigation forms to the national surveillance cell in Syria.
- Analyzed COVID-19 data and calculate indicators on weekly basis for WoS including number of suspected cases, number of samples collected, and PCR tests performed at COVID-19 labs, the number of performed Ag-RDTs by MoH, MoE, and NGOs, positivity rates, and testing rates.
- Continued to support the operations of RRTs in 14 governorates by securing the transportation of personnel, shipping COVID-19 samples from Dar'a, Quneitera, AS-Swieda, and Deir EZ-Zor to Damascus reference lab.
- In line with the integration approach for the disease surveillance; WHO supported three training workshops on EWARS system. The workshops aimed to train MoH and MoE staff of the newly recruited EWARS sites on EWARS (early warning and response) for the prioritized diseases including COVID-19. A total of 75 Physicians and nurses affiliated to DoH and MoE/school health directorate in the governorates of Lattakia, Tartous, and Homs participated in the trainings.
- In line with the objective of strengthening community involvement in the surveillance of COVID-19 and rapid testing; WHO supports one of the community initiatives called "Akemha" for strengthening the surveillance of COVID-19. This initiative strengthens the community participation through hotline reporting, home visits and care for sick patients, testing with Ag-RDTs, active case finding in elderly and orphan home care, and collaboration with Damascus DoH to provide COVID-19 vaccines at their premises. All the activities are provided free of charge, and all collected information is subsequently fed into the national surveillance system accordingly.

#### **Pillar Four: Points of entry, international travel, and transport**

- On 17 March 2022, a new official circulation was endorsed related to the incoming and outgoing travel to and from the Syrian Arab Republic requesting the following:
  - Terminate all previous regulations related to controlling arrivals and departures of Arabs, foreigners and Syrians, included in circular No. 333/S dated 19 March 2020.
  - Adjust the disciplines related to arrivals and departures, through official border crossings, to be under the laws and regulations which were enforced before adopting the measure related to COVID-19 pandemic.
  - Enforce strict adherence to health regulations imposed by the Ministry of Health, as well as request presenting proof of a negative PCR test result taken within 96 hours or an accredited vaccination certificate.
- WHO is collaborating with UNHCR to support the establishment and equipping of five additional medical points in Jisr Al Qamar and Dabousiya in Homs, Areeeda in Tartous, Kasab in Lattakia, in Nasib in Daraa PoEs.
- The IHR implementation priorities including strengthening PoEs through conducting training workshops, establishment of Emergency Operation Centers, developing preparedness and contingency plans and conducting capacity assessment were discussed and agreed with IHR National Focal Point.

#### **Pillar Five: Laboratories and diagnostics**

- On 24 March, WHO delivered one advanced genomic sequencing machine (MinION Mk1C) with its related kits sufficient to conduct in total around 300 SARS-CoV-2 sequences, and it will be installed at the central public health laboratory. However, the machine can't function now as one item is still in Dubai hub to be delivered by charter flight in the coming weeks. It is estimated that the start date will be delayed till end April. Two senior laboratory specialists were trained previously on COVID-19 sequencing technology.
- With Italy fund, WHO has completed the rehabilitation works of the public health laboratory in Deir-ez-Zor. The rehabilitation of the designated building has started on 2/12/2021 and completed with furniture and handed over to MoH on 24 March 2022. However, equipment delivery, installation and calibration will be delivered by end May. During this period additional laboratory technicians will be trained as MoH has identified new 11 technicians.

#### **Pillar Six: Infection prevention and control**

- On 14 March 2022, participated in the monthly EMRO meeting for IPC focal points to discuss the regional surveillance of COVID-19 infected health care workers and the regional survey of IPC in the context of COVID-19. IPC focal points to review the documents and share feedback.
- Shared with MOH IPC focal point the updated EMRO surveillance form for severe acute respiratory syndrome (SARS-CoV2) infections among healthcare workers. The overall goal is to protect healthcare workers in the region; provide a standardized methodology to implement a national hospital-based surveillance systems for early detection and timely reporting of the COVID-19 infected HCWs; the detection of hospital outbreaks for the infected HCWs; assess vaccination coverage for COVID-19 among suspect and infected HCWs; utilize the data for prevention of transmission of COVID-19 and provide capacity building to national teams on surveillance of HCW infection. The AMR/DCD/UHC units at EMRO will conduct a two-day workshop targeting national and hospital surveillance teams from selected healthcare facilities in each country. The data collection tool is developed in an electronic way using **KOBO toolbox application** to facilitate an automated data entry, improve the quality and completeness of the data, and minimize post-data collection processing.
- To booster safe health care delivery, WCO donated 1 263 550 surgical masks, 115,000 N95 /FFP2 masks, 448 730 examination gloves, 14 300 gowns, 571 goggles protective, and 380 000 head covers. The IPC/PPE supplies have been distributed to health parterres in the governorates of Damascus, Homs, Aleppo, Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor.

#### **Pillar Seven: Case management, clinical operations, and therapeutics**

- Over 16 000 treatments of life-saving medicines and 32 Trauma medica kits were delivered to health partners in Al- Hassakeh, Damascus, Aleppo, Homs and Lattakia. In addition, delivered 27 patient monitors and two Portable Ventilator to isolation hospitals in Damascus, Homs, Al Hasakeh and Hama. These deliveries are part of enhancing the capacity of public health facilities for timely and appropriate response for COVID-19 cases.

- 150 health workers from Damascus, Aleppo and Homs were trained on “Management plan of COVID patients, Immediate Life Support and Ventilator Management, Management plan of COVID patients and Hospital Major Incident Medical Management and Support. The targeted groups for those courses are health workers from isolation centers, Directorate of Emergency and Ambulance Services, ICU and emergency departments.

#### Pillar Eight: Logistics and operations

- During the reporting period, WHO has provided approximately 90 tons of medical and lab supplies, kits, and equipment to 8 governorates. They were distributed to the ministry of health DOHs in different governorates, MOHE and MOE-affiliated health facilities, NOGs, INGOs, and SARC.
- Approvals for the Digital Mammography X-Ray Machine for SARC under PO 202796319 have been received and the ETA is 4-April-2022.
- Approvals for the Digital Mammography X-Ray Machine IMS GIOTTO CLASS 3D READY 30010-00 + Colenta HighCap XP printer) under PO 202796322 have been received and the ETA 20-April-2022.
- MOFA exemption for 2 Scanner/Spiral Computed Tomography under PO 202796320 which are in favor of Harasta national hospital and Assad in Deir ez Zor is still under the approval process.
- Twenty ambulances arrived at Lattakia WH, and they are in the process of registration. The estimated date to finalize the handing-over process is 31 March 2022. The ambulances will be distributed as follows: three for Al Qamishli National Hospital, two for Al Hassakeh DOH, ten for SARC, three for MOHE, and three for Aleppo children’s hospital.
- Three crossline shipments (one road convoy with one truck in total and two airlifts) have been delivered to northeast Syria in March 2022 with a total weight (of 52,661 kgs). It included different types of medicines and vaccines in favor of Qamishli national hospital and Al Hassakeh DOH.
- WHO has successfully joined the IA crossline convoy, shipping 13 tons of medical supplies to NWS enough to provide 96 704 treatments.

#### Pillar Nine: Marinating essential health services and Systems

- Communication with the Ministry of Health was initiated to nominate officers to contribute to the EMRO initiative to undertake case studies on how countries of the Eastern Mediterranean Region (EMR) have responded to the COVID-19 pandemic from a Primary Health Care (PHC) perspective, using the Astana PHC framework which not only includes primary care and essential public health functions, but also community engagement and multisectoral collaboration as key components. A kick-off meeting will take place in the second quarter of 2022. The case studies will be used in tandem with the findings of the Primary Health Care Measurement & Improvement (PHCMI) initiative to engage in technical cooperation for PHC reforms.

### SYRIA COVID-19

#### Travel Updates & Requirements (as of Jan 2022, Source MOH)



<p>All passengers arriving to Syria, <b><i>except children under 12 years,</i></b> must have <b><i>a negative PCR test result,</i></b> performed in a Lab accredited by the country’s local authorities, and approved by the Syrian Health Ministry, <b><i>latest 96 hours.</i></b></p>	<p><b>Mandatory Quarantine:</b> Arriving passengers to Syria with negative PCR test are advised to arrange home quarantine for <b>5 days.</b></p>	<p>Exception from mandatory testing: Syrians and foreigners arriving to Syria will be exempted from presenting a PCR test if they are <b>fully vaccinated with two doses of the COVID-19 vaccine,</b> in addition to adhering to all health requirements.</p>
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### Technical guidance and other resources

- [WHO Syria Site](#)
- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [OpenWHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus

### Recommendations and advice for the public:

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN: tailored information for individuals, organizations, and communities](#)