Currently, there are 25,158 confirmed cases of COVID-19 including 1,848 associated deaths as of 21 June 2021.

SYRIAN ARAB REPUBLIC
Emergency Type: Level 3 Emergency
Reporting Period: 1-31 May 2021

1. As of 31 May 2021, the Ministry of Health COVID-19 reported cases in Syria have reached 24,495 including 1,770 deaths and 21,610 recoveries. The first confirmed case was declared on 22 March 2020 and the first death on 29 March 2020.

2. The Syrian Arab Republic, as one of the participant of the COVAX Facility, has received 203,000 doses of AstraZeneca on 22 April. The vaccination started on 17 May and 87,369 individuals were vaccinated up to 10th June.

3. A total of 1,172 out of 1,375 active reporting sites (85%) in all 14 governorates of Syria reported through early warning alert and response system (EWARS) with 75% of timeliness. A total of 83,614 EWARS notifiable cases were reported.

4. WHO dispatched 183.7 tons of health supplies (medicines, medical and non-medical supplies, equipment etc.) to MOH/DoH, MOHE, MOE, SARC, NGOs etc.

1) Currently, there are 25,158 confirmed cases of COVID-19 including 1,848 associated deaths as of 21 June 2021.
**Situation Update**

- As the Syrian crisis enters its 11th year, the scale, severity and complexity of humanitarian needs remain extensive. This is the result of continued hostilities in localized areas, new and protracted displacement, spontaneous returns and sustained erosion of communities’ resilience during more than nine years of crisis. Syria is still one of the biggest and most complex crises globally. The Syrian crisis has generated more than six million refugees and displaced further six million Syrians inside their own country.

- Health needs in Syria are already significant. Thousands of children are suffering from severe malnutrition. Thousands more are suffering from cancer, diabetes and other chronic conditions for which treatment is limited.

- In 2021, more than 12.4 million people (out of the total estimated population of 20 million) require health assistance.

- COVID-19 has aggravated the situation further. In May health authorities announced 2762 cases as compared to 3824 in April, 3321 in March, 1540 in February, 2,614 in January, 3,547 in December, 2,159 in November, 1,528 in October, 1,435 in September, 2,008 in August, 478 in July, 157 in June and 79 confirmed cases in May 2020. All indicators point out to the disease occurrence across the communities in the country and a third wave.

- The health sector agencies continue supporting interventions to suppress the transmission of the virus through risk communication and community engagement; procurement and distribution of medical supplies, personal protective equipment’s; supporting COVID-19 clinical readiness; supporting case management and maintaining essential health care services and system.

- WHO and UNICEF is supporting MoH in roll out of COVID 19 vaccine. MoH received first batch of 203,000 doses of AsraZeneca vaccine for frontline health workers. Vaccination is ongoing in all the governorates.

**Public Health Risks, Priorities, Needs and Gaps**

- The ongoing conflict, violence and displacement have had grave public health consequences with increased morbidities, mortalities and disabilities among affected and vulnerable populations. The most affected are children, women and elderly people.

- Despite challenges, the Ministry of Health, WHO as well as humanitarian partners continue to assist people in need where access is possible, with a focus on vulnerable people, by delivering essential health services and supporting referrals.

- The first confirmed case of COVID-19 was announced on 22 March 2020. As of 31 May 2021, the number of reported cases in Syria has reached 24,495 including 1,770 deaths and 21,610 recoveries.

- The areas of concern are densely populated, notably Damascus/Rural Damascus, Aleppo and Homs, in addition to those living in camps and informal settlements in Northeast Syria (NES), collective shelters throughout the country.

- Populations living in low-capacity settings face enhanced vulnerabilities in the COVID-19 context. Persons who are homeless or displaced, whether internally or as a refugee or asylum-seeker, as well as those who are stateless and migrants with tenuous legal status, face additional compounding risk factors, which may dramatically increase the risks they face in the context of the COVID-19 pandemic. It is important to recognize the extent to which the COVID-19 outbreak may affect people differently according to their age, sexual orientation and gender identity, ethnicity, disability, education, employment, displacement, migration status and other socio-cultural attributes.

- COVID-19 testing is taking place at 7 laboratories in Damascus, Rural Damascus, Aleppo, Homs and Lattakia governorates. One GeneXpert machine is functioning at the health centre located at the Syrian-Lebanese border, mostly for returnees, another GeneXpert machine was donated by WHO to Al Qamishli National hospital.
There are 7 quarantine centres with 520-bed capacity; and 151 hospitals with 1832 treatment beds, and 828 ICU beds.

**EWARS and epidemiological updates at national level (week 18-21, 2021)**

**Surveillance performance:**
- A total of 1,172 out of 1,375 active reporting sites (85%) in all 14 governorates of Syria reported through early warning alert and response system (EWARS) with 75% of timeliness.
- Out of the 743,273 total consultations, a total of 83,614 EWARS notifiable cases were reported.

**Morbidity:**
The leading causes of morbidity among all age groups were influenza-like illnesses, and acute diarrhoea (Figure 1). The breakdown was as follows:
- Influenza-like illness (ILI): 37,947 accounting for 45% of total cases. Most cases reported from Deir-ez-Zor, Aleppo and Al-Hasakeh, the average number of ILI case per week was 9,487.
- Acute diarrhoea (AD): 28,926 (35% of total cases), most reported from Deir-ez-Zor, Al-Hasakeh and Aleppo.
- Severe acute respiratory infection (SARI): 624 case were reported.
- Acute jaundice syndrome (AJS): 1,440 most reported from Deir-ez-Zor, Ar-Raqqa and Aleppo.
- Suspected measles (SM): 38, most reported from Deir-ez-Zor and Aleppo.
- Acute flaccid paralysis (AFP): 13, reported from Aleppo and Hama.
- Suspected COVID-19: 3,456. Most reported from Aleppo, Tartous and Daraa.
- For the “other diseases” category 9,735 cases were reported, with the most reported cases is Leishmaniasis (2,753), Typhoid Fever (2,350) and Others (1,154).

![Figure 1: Proportion of Morbidity of top 5 diseases among the total consultation between week 1 and week 21](image)

**EWARS and epidemiological situation in Al-Hol camp (week 18-21, 2021)**

**Surveillance performance:**
- Total number of reporting site is 19.
- Average completeness of reporting 87%.
- Total number of consultations were 4,165 Out of the total consultations, 2,484 EWARS notifiable cases were reported.
- 54.72% of the cases were among females, and 56.78% were distributed among children under 5 years.
**Morbidity:**

- The leading causes of morbidity among all age groups were influenza-like illnesses (22.57%/940). Then acute diarrhoea (65.86%/2,743)
- 3 suspected measles cases were detected in Al hol camp in December, all cases were investigated, and no positive measles case was reported
- No AFP case reported.
- 14 Suspected COVID-19 was reported during this month

**COVID-19 updates 30 April 2021:**

**Situation:**

- As of 31 of May 2021, 24,495 cases - in 13 governorates.
- Cases were reported mostly from Damascus governorate 5,420 (22%) of total cases, Aleppo 3,524 (14%), Lattakia 3,788 (16%), Homs 3,933 (12), Rural Damascus 2,533 (10%), Tartous 1,833 (8%), Dar’a 1,290 (5%), As-Sweida 1,277 (5%), Hama 1,068 (4%), Quneitra 476 (2%), Deir-ez-Zor 225 (1%), Al-Hasakeh 102 (1%), and Ar-Raqqa 23 cases.
- Number of COVID-19 deaths is 1,770 and CFR= 7.2 %. COVID-19 deaths
- 169 cases (0.69%) are travel related cases, 1 840 cases (7.51%) are contacts of confirmed cases, and 22 486 cases (91.80%) are community infection.
- Clinical presentation of cases: 1,805 of cases (7.37%) were asymptomatic, 9,579 (39.11%) had moderate symptoms, 13,111 (53.53%) were severe.
- 55% are male and 45% are female. The average age is 53 (ranging from 1 to 110), figure 5.
- A decrease in cases reported in May by 54% compared with April cases. Figure 5.
The number of confirmed COVID-19 cases among health workers increased to 1,009 in mainly in Damascus hospitals, Lattakia, and Aleppo and Rural Damascus. 31 HWs deaths were reported among positive COVID-19 cases.

total number of 80,423 lab tests were performed in public health laboratories in seven governorates Damascus, Aleppo, Homs, Lattakia, Rural Damascus, and Hama. The current testing rate is 394 tests per 100,000, and positivity rate is 30%. Table 1: The number of confirmed cases by governorate.

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Population size</th>
<th>Test done</th>
<th>Testing rate / 100,000</th>
<th>Number positive</th>
<th>Positivity rate</th>
<th>Incidence / 100,000</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damascus</td>
<td>1,835,380</td>
<td>24,224</td>
<td>1320</td>
<td>5420</td>
<td>22.37%</td>
<td>295.3</td>
<td>563</td>
<td>10.39%</td>
</tr>
<tr>
<td>Rural Damascus</td>
<td>3,160,454</td>
<td>9,449</td>
<td>299</td>
<td>2533</td>
<td>26.81%</td>
<td>80.1</td>
<td>34</td>
<td>1.34%</td>
</tr>
<tr>
<td>Homs</td>
<td>1,451,058</td>
<td>5,274</td>
<td>363</td>
<td>2933</td>
<td>55.61%</td>
<td>202.1</td>
<td>291</td>
<td>9.92%</td>
</tr>
<tr>
<td>As-Sweida</td>
<td>379,170</td>
<td>1,733</td>
<td>457</td>
<td>1277</td>
<td>73.69%</td>
<td>336.8</td>
<td>82</td>
<td>6.42%</td>
</tr>
<tr>
<td>Al-Hasakeh</td>
<td>1,060,341</td>
<td>550</td>
<td>52</td>
<td>102</td>
<td>18.55%</td>
<td>9.6</td>
<td>4</td>
<td>3.92%</td>
</tr>
<tr>
<td>Dar'a</td>
<td>1,015,275</td>
<td>3,668</td>
<td>361</td>
<td>1290</td>
<td>35.17%</td>
<td>127.1</td>
<td>62</td>
<td>4.81%</td>
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<tr>
<td>Lattakia</td>
<td>1,186,494</td>
<td>17,506</td>
<td>1475</td>
<td>3788</td>
<td>21.64%</td>
<td>319.3</td>
<td>217</td>
<td>5.73%</td>
</tr>
<tr>
<td>Aleppo</td>
<td>3,933,168</td>
<td>9,979</td>
<td>254</td>
<td>3524</td>
<td>35.31%</td>
<td>89.6</td>
<td>207</td>
<td>5.87%</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>690,801</td>
<td>NA</td>
<td>NA</td>
<td>23</td>
<td>NA</td>
<td>3.3</td>
<td>1</td>
<td>4.35%</td>
</tr>
<tr>
<td>Deir-Ez-Zor</td>
<td>741,249</td>
<td>484</td>
<td>65</td>
<td>225</td>
<td>46.49%</td>
<td>30.4</td>
<td>39</td>
<td>17.33%</td>
</tr>
<tr>
<td>Hama</td>
<td>1,342,187</td>
<td>2,836</td>
<td>211</td>
<td>1068</td>
<td>37.66%</td>
<td>79.6</td>
<td>40</td>
<td>3.75%</td>
</tr>
<tr>
<td>Quneitra</td>
<td>103,269</td>
<td>1,896</td>
<td>1836</td>
<td>479</td>
<td>25.26%</td>
<td>463.8</td>
<td>29</td>
<td>6.05%</td>
</tr>
<tr>
<td>Tartous</td>
<td>906,362</td>
<td>2,809</td>
<td>310</td>
<td>1833</td>
<td>65.25%</td>
<td>202.2</td>
<td>201</td>
<td>10.97%</td>
</tr>
<tr>
<td>Idleb</td>
<td>2,588,454</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td>20,393,662</td>
<td>80,423</td>
<td>394</td>
<td>24,495</td>
<td>30.5%</td>
<td>120</td>
<td>1,770</td>
<td>7.2%</td>
</tr>
</tbody>
</table>
WHO has supported building the capacity of MoH surveillance teams. Two EWARS workshop was conducted in April for 50 surveillance officers in Rural Damascus and Raqqa governorate. The training focused on COVID-19 reporting, case definition, and investigation measures.

WHO provided needed support for the Rapid response teams (RRTs) to undertake investigation and response of COVID-19 alerts by facilitating the transportation of RRTs, samples collection and transporting to designated laboratory in 6 governorates. During the reporting period more than 4,000 suspected COVID-19 cases were investigated properly within 24 hours,

**HEALTH FACILITY FUNCTIONALITY**

**Public Hospitals**
- By the end of 4th quarter 2020, and out of the 113 assessed public hospitals [MoH & MoHE], 48% (54) were reported fully functioning, 28% (32) hospitals were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 24% (27) were reported non-functioning.
- 78% (88) hospitals were reported accessible, 8% (9) hard-to-access, and 14% (16) were inaccessible
- The general practitioner (0.2%) and emergency physician (0.3%) were the lowest proportion of health staff in public hospitals, followed by dentists (0.7%), pharmacists (0.7%), midwives (4.7%), laboratory (5.0%), specialists (12.2%), resident doctors (24.1%), and nurses (52.1%).

**Public health centres**
- By end of the 4th Quarter 2020 and out of 1,790 assessed public health centres, 48% (861) were reported fully functioning, 21% (376) partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), 31% (553) non-functioning (completely out of service).
- 82% (1,465) health centres were reported accessible, 3% (54) hard-to-access, and 15% (264) were inaccessible, while the accessibility status of 0.4% (7) health centres were unknown.
- The pharmacists represented (1%) of total health staff at centres’ level, followed by resident doctors (2%); general practitioners (4%); laboratory (6%); Specialist (7%); dentists (9%); midwives (11 %); and nurses (60%).

**HEALTH SECTOR ACTION**

**Health Sector Coordination and service delivery**
- During this month, two virtual health sector coordination meetings were held in Damascus and were attended by national Syrian NGOs, international NGOs, SARC and observers. The Health Working Group meetings were also held at hubs and in Al-Hol Camp with a special focus on COVID-19 response and continuity of essential health care.
- The health sector partners delivered health services and cumulative monthly indicators (April and May 2021) are summarized in the below table.

<table>
<thead>
<tr>
<th>HRP Indicator 2021 (Per Month)</th>
<th>April</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 Number of outpatient consultations provided</td>
<td>699,485</td>
<td>617,425</td>
</tr>
<tr>
<td>1.1.2 Total number of trauma consultations supported</td>
<td>20,027</td>
<td>14,983</td>
</tr>
<tr>
<td>1.1.3 Number of mental health consultations supported</td>
<td>3,690</td>
<td>6,737</td>
</tr>
<tr>
<td>1.1.4 Number of physical rehabilitation sessions supported</td>
<td>1,678</td>
<td>2,095</td>
</tr>
<tr>
<td>1.1.5 Number of vaginal deliveries attended by a skilled attendant</td>
<td>788</td>
<td>483</td>
</tr>
<tr>
<td>1.1.6 Number of caesarean sections supported</td>
<td>844</td>
<td>509</td>
</tr>
<tr>
<td>1.1.7 Number of cases referred for specialised treatment</td>
<td>1,192</td>
<td>430</td>
</tr>
</tbody>
</table>

**CHILD HEALTH**

- **42,673 children** were immunized for Penta-3 in April, as compared to 34,574 children in March.

**REPRODUCTIVE HEALTH**

- Skilled birth attendants conducted **483 normal deliveries** while **509 mothers underwent cesarean sections**.

**HEALTH CLUSTER PARTNERS UPDATES**

**WHO**

40 equipped ambulances were delivered by WHO to MoH to reduce life-threatening delays in obtaining emergency health services and enhance their ability to respond effectively.

Delivered in-kind donations of lifesaving medicines, antibiotics injections, IV fluids, ICU medicines, NCD medicines, dialysis supplies and medical consumables to health partners in Homs (Al Waleed Hospital), Aleppo (Al-Ihsan Charity), Lattakia (Mosaic, Syrian Youth Council, Syrian Association with children with special needs) and Deir-ez-Zor (Al Assad Hospital). The number of provided treatment courses under STHC was 11,056.

Donated basic and advanced medical equipment to the Public Paediatric Hospital in Aleppo (2 water baths, 1 water distilling unit) and 50 different diagnostic machines to Harasta National Hospital in rural Damascus (6 patient monitors, 1 central monitor, 8 electrocardiograms (ECG), 8 defibrillators, 4 pulse oximeters, 3 foetal dopplers, 8 infant incubators, 2 neonatal phototherapy units, 2 infant warmer units, 1 portable incubator, 3 blood transfusion chairs, 2 photometers, 1 blood bank refrigerator, 1 sedimentation rate device).

Supported a 2-day training workshop, delivered in coordination with MoH, on data collection for the private sector (PS) assessment study in Syria and the role of PS in achieving Universal Health Coverage (UHC).

WHO technical teams continued to monitor the quality of drinking water during regular visits to 8 camps and 20 collective shelters. 1,253 samples were tested, 11.5% of which were found to be contaminated at the jerry can level.

**UNICEF**

**Routine immunization campaign**

A special campaign for routine immunization was carried out in Raqqa by 87 health workers (DoH,) and 45 community volunteers by UNICEF partners, targeting areas where there are high rates of children who have dropped out of the vaccine, this campaign conducted in coordination and collaboration between DoH and UNICEF partners(H&N), through community engagement activities.

- Five workshops/meetings were conducted for health workers, community volunteers and local health authorities reached more 300 individuals.
- Door to door activity conducted, the importance of the vaccines was explained, reached 2,312 houses /14,947/ individual.

- 200 session /1385/ mothers conducted.

- The local leaders in the regions and camps had a great influence in the implementation of the activities. About 157 people from different groups participated in the campaign, such as Imam Mosque, doctors, the local council, in addition, Cars with microphones were used, especially in remote villages.

**RCC/DGC:**

Four campaigns were conducted in two governorates in Hassakeh and Arraqqa by 100 health workers (DoH) and 60 community, the main achievements were:

- Two meetings with Doctors reached 150 Doctores in Hassakeh governorate.

- 100 meeting with leaders, reached 500 leaders (Religious leaders, mukhtars, imams of mosques, leaders of local authorities, leaders of camp administrations and shelter centers, health workers with organizations and associations, leaders of associations)

- Two consultation sessions were conducted in Al Hol camp by DoH and UNICEF.

- Advertising over loudspeakers to inform people about the vaccine through car tours.

- Sessions with people inside the services especially in health clinics in Hassakeh and Arraqqa including the camps reached more 12,500 indiv.

- Voice recording was prepared for the camps and shared with actors to disseminate through WhatsApp and loudspeakers.

- 6000 posters, 100 banners distributed in targeted areas including the camps.

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**UNFPA**

The United Nations Population Fund, in cooperation with the Al-Ihsan Developmental Charitable Association in Aleppo, provided personal hygiene materials for the girls in the hosting centers in Aleppo. In parallel, providing psychological and social counseling services, took place, as they included the effects of psychological stress and its
impact on the menstrual cycle, health habits, and some advices on how to use hygiene tools, emphasizing the necessity of adhering to the necessary precautions to prevent and limit the spread of the coronavirus, overcome the challenges they face and protect them from any sexual exploitation they may be exposed to.

Conclusion of the "Minimum Package of Reproductive Health Services" training.

In the framework of capacity building for the UNFP’s implementing partners in Deir ez-Zor, a three-days of training course was held for doctors working in fixed and mobile reproductive health clinics in Deir ez-Zor governorate.

The training included presenting several topics, such as: the concept of reproductive health, its components, target groups, and reproductive rights, in addition to the definition of the minimum package of reproductive health services during crises, its components and objectives.

UNDP

UNDP aims to strengthen the resilience of the population affected by the crisis by improving the basic and social infrastructure. In line with the aim, the ground floor and basement of Khan Shikhoun Health Center have been rehabilitated with the objective of providing health services for the population returning to the targeted areas and contributing to their resettlement to start practicing activities that contribute to restoring livelihoods. The number of villages benefiting from the center is 16 villages, and the number of returnees to the area is 900 families. It is planned that 68 employees will manage the operation of the center, distributed among doctors, administrators, and nurses. The project contributed to securing 25 employment opportunities within the rehabilitation works of the health center.
ACTION AGAINST HUNGER

Community outreach activities:
- Trained CHWs in Hama continued holding community awareness sessions on COVID-19 precautionary measures, COVID-19 stigma, MHPSS, leishmaniasis, hepatitis, war remnants, and breastfeeding, targeting 709 beneficiaries.
- In collaboration with MOH, CHWs in Hama and Aleppo continued conducting home visits under the Healthy Villages Programme. 43 households in Harbanifse and Murak villages in Hama, and 146 households in Bani-Zeid and Salah Ad-Deen neighbourhoods in Aleppo, were targeted with health and nutrition messages. Pregnant and lactating women and children under 5 were screened for malnutrition. 129 cases were referred to the designated PHC in each area to receive facility-based services.
- To enhance the process of referrals and the linkage between PHCs and targeted communities, community referral cards were designed and distributed to all trained CHWs. Those will be used to document referred cases and the services that they receive at health facilities.
- Supervisory visits were conducted to Loulou’a PHC in Hassakeh, and Boustan Al-Qasr and Masqan PHCs in Aleppo, to monitor the quality of health and nutrition services provided by trained staff. Wellbeing scores were also measured for health workers previously trained on psychosocial support and psychological first aid.
- Supervisory visits were conducted to Abu Jabbar PHC, in Aleppo, to monitor the quality of health and nutrition services provided post rehabilitation.

DORCAS

The mobile medical unit staff was trained on the equipment and the medical devices provided as a result the MMU started officially its activities in Quneitra Governorate.

The rehabilitation of the 4 PHCs in Quneitra/ Daraa (Nabea AlFawar/ Breiqa/ Qarqas/ Ain Altineh) was launched.

Medication has been provided to our partners (PHCs) in Aleppo Governorate.

Around 15 000 masks distributed during the month.
Plan For Next Month

- Technical working group meetings
- Finalisation of Strategy Paper for 1st Standard Allocation by providing inputs to HFU-OCHA.
- Finalization and sharing of health sector “Selection Criteria for rehabilitation of public health care facilities.”
- Work with sector partners and OCHA to develop Strategy Paper for 1st Standard Allocation
- Conduct health sector coordination meeting
- Provide guidance to health partners in development of proposals for SHF 1st SA 2021
- Production of Health Sector Bulletin for the month of May

CONTACT US

<table>
<thead>
<tr>
<th>Damascus National Level</th>
<th>Aleppo Sub-National Level</th>
<th>Homs Sub-National Level</th>
<th>Lattakia/Tartous Sub-National Level</th>
<th>Al-Qamishli – NES Sub-National Level</th>
<th>Deir-ez-Zor Sub-National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jamshed Tanoli</td>
<td>Dr Faes Kady</td>
<td>Dr Nadia Aljamali</td>
<td>Mr Hamza Hasan</td>
<td>Dr Oday Ibrahim</td>
<td>Dr Haitham Alshaher</td>
</tr>
<tr>
<td>Health Sector Coordinator</td>
<td>Head of WHO sub-office</td>
<td>Head of WHO sub-office</td>
<td>Head of WHO sub-office</td>
<td>Head of WHO sub-office</td>
<td>Head of WHO sub-office</td>
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<tr>
<td><a href="mailto:tanolij@who.int">tanolij@who.int</a></td>
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<td><a href="mailto:ibrahemo@who.int">ibrahemo@who.int</a></td>
<td><a href="mailto:alshaherh@who.int">alshaherh@who.int</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information Management Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Mutaseem Mohammad</td>
</tr>
<tr>
<td>Information Management Officer, WHO Syria, <a href="mailto:mohammadm@who.int">mohammadm@who.int</a></td>
</tr>
</tbody>
</table>