

Polio transition in a snapshot: Syria

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Background

DEMOGRAPHICS¹



Total population, 2022:
22 million



Birth rate (per 1000 people),
2021: **20**



Infant mortality rate (per 1000 live
births), 2021: **18**



Under-5 mortality rate (per 1000
live births), 2021: **22**

FINANCIALS²



GDP per capita, 2022:
US\$ 420



Universal Health Coverage Index,
2021: **64**

KEY RESOURCES

- Syria Strategic Plan on Polio Transition: Integrated Public Health Teams, 2021
- Eastern Mediterranean Regional Strategic Plan for Polio Transition

¹ World Bank Data (<https://data.worldbank.org/>)

² World Bank Data (<https://data.worldbank.org/>)

History of polio eradication and transition in Syria

The last case of indigenous wild poliovirus in the Syrian Arab Republic was in 1999. However, the country has experienced two outbreaks since the beginning of the Syrian crisis in 2011, an outbreak of wild polio in 2013, and an outbreak of circulating vaccine-derived poliovirus (cVDPV2) in 2017. Since then, the country's polio surveillance system has been strengthened and significant work has been undertaken to boost essential immunization coverage. Nonetheless, Syria is considered vulnerable to further outbreaks or importations.

The Syria Strategic Plan on Polio Transition, updated in 2021, sets out actions to integrate polio functions across all areas of the country, with strategies adjusted to local context. The plan is focused around three core areas: Integrated vaccine-preventable disease surveillance; strengthened outbreak preparedness and response capacities; and strengthened immunization delivery.



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Polio transition in Syria

Objectives

The aim of polio transition in Syria is to maintain the country's polio free status and integrate polio functions in a coordinated way through specific actions to strengthen broader emergency response and essential immunization. These include:

- Maintaining a high level of polio surveillance sensitivity, polio outbreak preparedness and response capacities, and a high level of population immunity against polioviruses.
- Strengthening the capacity of the polio laboratory to continue supporting polio surveillance and building its capacity for genetic sequencing for other diseases.
- Maintaining and scaling up the disease early warning surveillance system in Syria, including capacity building and upgrading to electronic systems.
- Strengthening emergency Rapid Response Team capacity, capabilities and operation.
- Improving routine immunization coverage through mobile activities in northern parts of Syria and continuing to negotiate access in the remaining inaccessible districts.

Integrated public health teams

Polio essential functions related to immunization, outbreak preparedness and response, surveillance and poliovirus containment are managed by the Ministry of Health, with the technical and logistical support of WHO. For many years, polio workforce in Syria have contributed to essential immunization, broader disease surveillance and emergency response. Their relationship with local communities and accumulative experiences in different public health activities have made them a critical asset for the health system in all areas of the country. The Syria Strategic Plan on Polio Transition: Integrated Public Health Teams, 2021, aims to sustain the strength of this network.

WHO Syria started the process of integrating staff at the governorate level to work on a broader range of public health priorities in 2014. It was agreed that staff would work across WHO-supported activities, with costs shared between the WHO Polio and Health Emergencies programmes. Since then, integration has expanded to include the Expanded Programme on Immunization, and the Early Warning, Alert and Response System. Since 2021, terms of reference for staff



positions have fully integrated disease surveillance, immunization, and outbreak response activities. Through adopting this approach, Syria has achieved greater sustainability of these functions beyond polio eradication.

Regular training is undertaken to prevent knowledge gaps and build the capacity of the staff on rapid response and specific technical areas. Through the integrated approach, polio essential functions have been successfully sustained at quality, with emergency response, immunization and surveillance capacities strengthened.

Financial sustainability

The Government of Syria and WHO work together cover critical programme needs, with support from partners. In the long term, the country will transition to domestic sources of financing to sustain the polio essential functions.

Monitoring and evaluation

Syria's transition plan contains oversight mechanisms including a coordination and oversight committee, as well the use of dedicated reporting templates. Measurable indicators of success against each priority area have also been defined.

At the global level, the Polio Transition Monitoring and Evaluation framework consists of two sets of indicators to measure health system performance in relation to the polio essential functions, and the polio transition process. The framework aims to guide decision-making, facilitate progress, and enable the monitoring of the quality of performance of the polio essential functions.

The datasets related to Syria can be accessed at <https://www.who.int/teams/polio-transition-programme>.

Risks/challenges

- Fragile context exacerbates the risk of outbreaks if polio essential functions are not sustained effectively.
- Challenges with geographical access in some areas.

Next steps

- Mobilizing secure domestic resources to sustain polio essential functions.
- Ongoing efforts to strengthen routine immunization and emergency response, adjusted to local needs and context.