SHORT PRESENTATION OF THE HEALTH SYSTEM FROM THE SYRIAN ARAB REPUBLIC

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Abstract: *Only few decades ago, the Syrian health system was based mostly on public providers, but the profound reforms from the last years turned it into a mixed public – private system, with more and more private providers, more focused on improving the performance and the access to health care. This article is an analysis of the Syrian health system based on a literature review. The organization of the system is described at macro level (the Syrian Ministry of Health having the coordination) and at micro level, by different types of health services providers. The three main financing flows within the system are presented and analyzed, also discussing the health expenditure per inhabitant and by source. The human resources availability and different methods of providers' payment are considered. Further reforming measures, especially at macro level are still necessary to attaint the strategic goal of improving the health status of the Syrian citizens.*

Cuvinte cheie: *sistem de sănătate, furnizori de servicii de sănătate, finanţare, plată*

Rezumat: *Cu numai câteva decenii în urmă sistemul de sănătate sirian se baza aproape exclusiv pe furnizorii publici, dar reformele profunde din ultimii ani l-au transformat într-un sistem mixt, cu tot mai mulţi furnizori privaţi, mai axat pe îmbunătăţirea performanţei şi a accesului la servicii de sănătate. Prezentul articol este o analiză a sistemului de sănătate sirian, pe baza reviziei literaturii. Este descrisă organizarea acestui sistem la nivel de macrostructură (având Ministerul Sănătăţii drept coordonator) şi de microstructură (cu inventarierea furnizorilor publici şi privaţi de servicii de sănătate). Sunt analizate principalele fluxuri financiare din sistem, discutându-se totodată şi cheltuielile pentru sănătate pe locuitor şi pe surse de proveniență. Acoperirea cu resurse umane în sistemul de sănătate şi diferitele metode de plată a acestora sunt, de asemenea, trecute în revistă. Măsuri viitoare de reformă, mai ales la nivel de macrostructură, sunt considerate ca necesare pentru atingerea obiectivului strategic de îmbunătăţire a stării de sănătate a cetăţenilor sirieni.*

In a broad sense, a health system includes all the activities and organizations that have as the goal to promote, to maintain and to improve the health status.(1) The main objectives for a health system consist in improving the population's health, fulfilling the clients' expectations and providing financial protection against the costs of illness. In this purpose, the health systems have to fulfil (2) some functions, such as: access to medical services of good quality, health promotion and diseases' prevention, appropriate response to new health threats (e.g. occurrence of new communicable diseases as the current flu pandemic, the increasing burden of non communicable disease, climate changes and their impact on health), appropriate coverage with health services, guarantee of access and equity. The health systems could be described through the following dimensions: structure, financing, human resources availability, payment of the health services. The Syrian health system will be analysed following these dimensions.

Structure

The right of the Syrian citizens to medical and social services is stipulated in the Constitution of the country and the Government is responsible for providing the access to this type of services. At macro level, the Ministry of Health plays the part of coordinating and managing the health services, meanwhile the Ministry of Finance, the Ministry of Local Administration, the State and Planning Commission (SPC), the Ministry of Higher Education (MoHE), the Ministry of Social Affairs and Labour (MoSAL) and the Ministry of Defence (MoD) collaborate in administrating, financing and providing the health services. Some public companies and the most professional associations could finance or provide health services for their employees or members.

At micro level, there are public and private health providers. Till the end of the'90s, the state owned the majority of the health services that were mostly free of charge. Further on, the governing party (Baash) has encouraged the development of the private services that have to be paid, being used especially by those people that are able to pay.

Public health services providers are represented essentially by primary care providers and hospitals. The first ones are organised in:

- Rural health centres or health units – at village level;
- District health centres – larger, with specialized physician and training facilities. They are staffed with at least one physician, one nurse, one public health technician, obstetricians, pharmacy technicians, laboratory technicians, midwives and health visitors. On average, there are 10 health workers per district health centre.
- Urban health centres - at province level, staffed with specialized physicians and dentists. They have in addition, family planning services, services of control and prevention of communicable diseases and health education services.

These centres are accessible and their personnel are

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well qualified.

Through these centres, the Ministry of Health has implemented, starting from the 80's, programmes for vaccination, for reducing infant mortality, for diarrhoea or respiratory infections control or for breastfeeding promotion. These programmes have had as results the decrease of infant mortality from 99 deaths/1000 live births in 1980 to 24/1000 and to 17.1/1000 in 1999 and 2004, respectively. Infants' immunization is appropriate, tending to 100% and 99% for BCG and DTP, respectively.(3)

In 2005, a total of 1534 (4) health centres were functioning at national level, meaning one centre at 121000 inhabitants.

Starting with 2001, private centres and clinics were opened due to the encouragement of the private system development. In 2005, 40 private centres were functioning. These centres provided around 25% of the curative services, especially in urban areas.

Generally speaking, the access to primary care is appropriate, the population being covered 100% and 90% (4) in urban and rural areas, respectively.

The public hospitals belong to the Ministry of Health generally, but there are some hospitals that belong to the Ministry of Higher Education, the Ministry of Social Affairs or to the Ministry of Defence.(3)

Currently, there are 117 public hospitals in Syria, with 21849 beds, meaning 9.5 beds per 10000 inhabitants.(5) The hospitals are classified taking into consideration the level of the building and level of the facilities and furniture. The number of beds is not considered for the classification. Usually the hospitals have a variable number of beds (between 20 and 800), but mostly include more than 100 beds.

The hospitals provide only curative services. They include emergency rooms and ambulatory clinics. The hospitals' managers are usually clinicians, assisted by an administrator. Both of them are nominated by the MoH, usually based on criteria that are related mostly to the clinical reputation, and not to managerial experience.

Since 1998, the project "Autonomous hospitals" has been launched in order to improve the effectiveness, the efficiency and the quality of medical services. Within this project, 5 hospitals received juridical status and autonomy in managing financial and administrative issues and in staff recruiting. Some possibilities to generate incomes and to give financial incentives to employees are also experienced by these hospitals.

The private hospitals provide a wide range of services to those people that can afford to pay for. The private sector has been developed without constraints, especially in urban areas (the demand for quality is higher), due to the lack of a national plan or policy for health services development. There are currently around 365 private hospitals in Syria, with 8361 beds. (5) In the past, the private hospitals were quite small, with less than 20 beds which was a problem in terms of quality of care and efficiency in resource utilization. As it was mentioned before, the public hospitals provide health services free of charge, meanwhile in the private hospitals, the beneficiaries of health services have to pay directly (most often) for these services.

Financing

The financing refers to the mechanisms for resources' generation within a health system. In Syria, the health system is financed from the state budget (almost half of the resources) and from private sources (eg. direct payment in the private sector). There are three main financial pathways that include the public sector, the professional associations and the households. The public sector includes the expenditures of various ministries and owned state companies. The first refers to the public money for health that is allocated to the Ministry of Health or to other ministries or state owned companies that transfer the funds to the public health services providers. The second pathway refers to the direct payment that usually goes from individuals to the private providers. Private health insurance is not available. The third financial flow goes from the professional associations that are financed from private sources (fees from employers and employees) to the health services providers. Usually, those associations pay for primary care services provides to the members and their families.

According to World Bank estimations,(6) the health expenditures represented 4,8% and 3,9% from the Gross Domestic Product (GDP) in 2000 and 2007 respectively. Almost a half from the total health expenditure was represented by the public expenditure (2,2% and 1,9% from GDP in 2000 and 2007 respectively), the rest representing private expenditure. Total health expenditure increases according to the same estimation from 56 to 66 USD per inhabitant and per year from 2000 in 2007,(6) compared to an average of 75 USD per inhabitant for lower middle income countries, in 2007.

Human resources coverage

The human resources available in the Syrian health system are stated in Table 1.

The health staff from the public system acts as civil servants. No specific regulations for medical professions are in place. The physicians have a full time programme in public facilities. However, because of their low salaries, they are allowed to work in parallel in the private system.

Huge gaps in health staff coverage are registered in different areas and among specialities.

Table no. 1. Human resources availability within the Syrian health system

Staff per 100.000 inhabitants	1990	1995	2000	2002	2004
Physicians	144	146	137	108	96
Dentists	85	85	68	57	32
Pharmacists	71	59	54	42	30
Nurses and midwives	159	165	196	164	137
Paramedical staff	85	85	74	66	32

Source: EMRO Regional Health Systems Observatory. Health system profile. Syiria.2006

Payment of medical services

The hospitals belonging to the MoH are paid through the central governmental funds and also through local funds. The authorities, both national and local, decide together on hospitals' priorities and allocate a lump sum for all hospitals and health centres from a district. No performance incentives for hospitals are in place and the budget is not divided by hospitals. The payment for the hospitals belonging to other ministries is also made from the global budget, based on historical criteria. As the public hospitals provide free of charge services, they cannot have additional income. The health personnel are paid by salary according to a national scale that considers qualification, professional degrees and years of medical experience. The salary is influenced neither by the quantity or type of services nor by the number of the treated patients. However, starting with the project of autonomous hospitals, some incentives could be given based on the type and quantity of services provided.

CONCLUSIONS

In the past, the Syrian health system was based mostly on public providers of health services. The importance of health was increasingly underlined at political level in the last two decades and there is a big concern of the government in improving access and quality of health care. In this context, many reforming initiatives took place and some of them are listed bellow:

- Encouragement of private medical assistance;
- Encouragement and fulminatory development of pharmaceutical industry (In the 80's, there were two pharmaceutical factories in Syria, producing around 6% of the national consumption. In 2006, there were 62 pharmaceutical factories, producing around 6000 types of drugs, meaning around 90% of the national consumption);
- Implementation of the project "Healthy Villages" that created favourable premises for human and community development;
- Initiation of a project of autonomous hospitals in order to encourage the performance and the costs' control at hospitals level;
- The rehabilitation of an important number of hospitals and medical centres;
- Creation of a National Health Council and of some health research centres;
- Increasing the efforts for continuous medical education within the health sector, especially for physicians.

We notice that these measures aimed also at the macro and the micro level of the health system. The Syrian Government is operating through five-year plans that include all the chapters of the social and economic development. Currently, the 10th five-year plan is implemented for the period 2006 – 2010. This plan stipulates profound reforms in the health field, especially at the macro level of the health system. We underline the gradual transition to case-based financing, the development of a social health insurance system, the independence of public providers of health services that will be financed on a contractual basis, the accreditation of health services providers and the further encouragement of the private sector. These measures will have as results (7) an increase of health expectancy of the Syrian people to 73 years in 2010 (from 71,2 years in 2004), a growth of health system productivity by 10% per year, an increase of investments in the health sector by 300% and the creation of 25000 new real jobs.

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