Understanding the private health sector
in the Syrian Arab Republic

World Health Organization
Eastern Mediterranean Region

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Contents

Foreword

In the Syrian Arab Republic, the private sector has been and continues to be an important provider of health care services. In this context, many public–private partnerships are being formed to provide hospital and primary health care services, and to develop efficient and high-quality private health insurance programmes. However, the private sector could be more effective in playing its role if clearer criteria were identified, along with incentives, for private sector engagement. There is a need to strengthen public–private mechanisms for dialogue and to build trust – drawing on data from cross-sector assessments – to enhance strategic partnership between the two sectors, based on strong and solid foundations.

The role of the private sector therefore needs to be understood, its strengths and weaknesses identified, and opportunities and challenges assessed. This will allow us to capitalize on its ability to provide services of the highest quality and make private-sector actors a more effective counterpart in dialogue with the Government on national health priorities. An effective engagement strategy can then be formulated – by including private health providers through performance-based financing contracts in government strategies and plans.

Dr Hassan Muhammad Al-Ghabash, Minister of Health, Syrian Arab Republic

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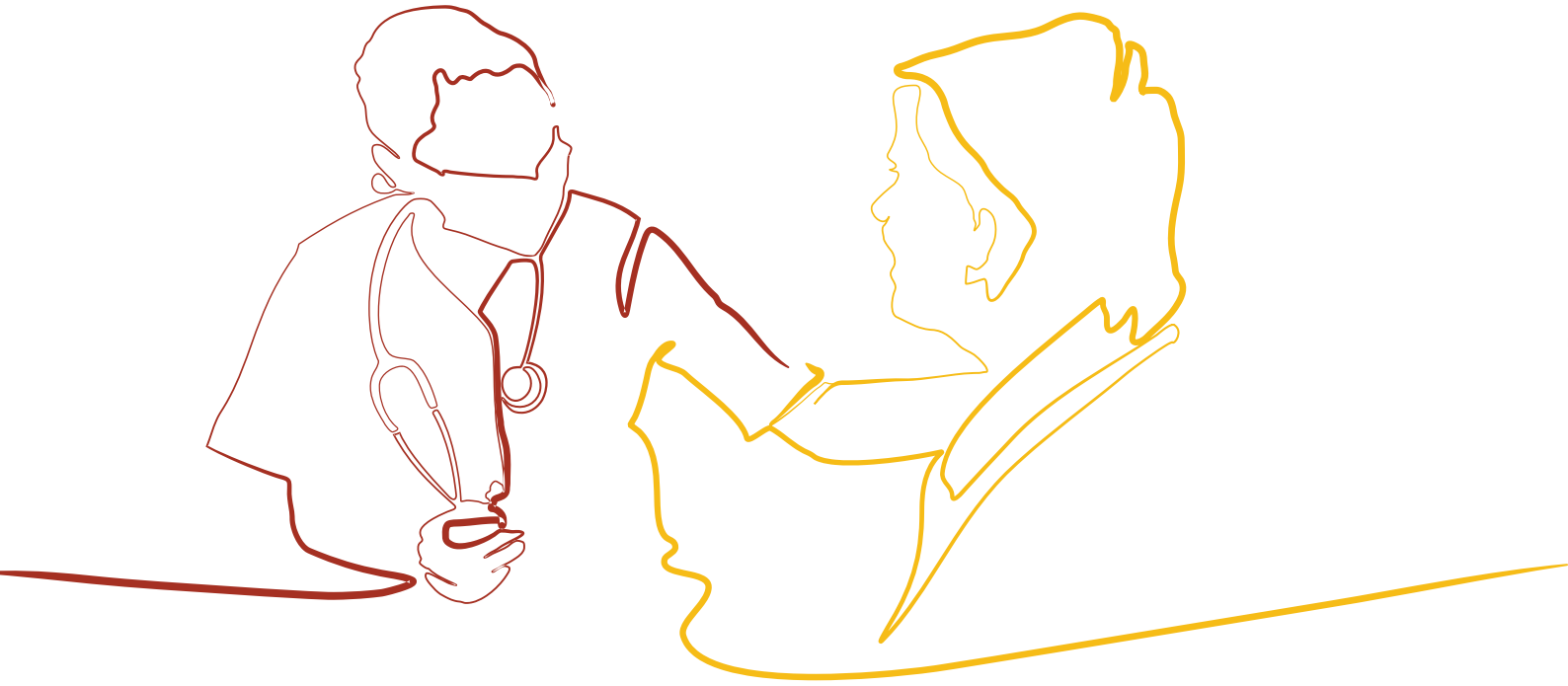


1
Introduction

In the Syrian Arab Republic, the private health sector plays an important role in terms of funding and service delivery, and has untapped potential for moving towards UHC

The goal of universal health coverage (UHC) – to provide safe, affordable, high-quality health care to the entire population – requires the use of every available health resource and the unified efforts of both the public and private health sectors.

In the face of growing demand for health services, scarcity of resources and the need for UHC, governments are aware of the strength of the private sector and the need to mobilize it effectively. The private health sector is an active and flexible service provider in the Eastern Mediterranean Region of the World Health Organization (WHO). It provides emergency and hospital services, playing a critical role in supporting the population during emergencies and reducing government spending on health. The private sector is also involved in health technology innovation, pharmaceutical production and infrastructure development.

While there are challenges in engaging the private sector towards effective UHC, the fact remains that the sector can attract and retain human resources with the necessary technical and managerial skills. However, the private health sector has grown in many countries, including in the Syrian Arab Republic, with little or no national strategy or government planning.

The private sector consists of all nongovernment health actors, including formal and informal entities, for-profit and non-profit, including service providers, pharmacies, pharmaceutical companies, producers, suppliers and traditional therapists. In the Syrian Arab Republic, the sector includes health care facilities such as private hospitals and clinics, and health centres run by non-profit nongovernmental organizations. The Government is encouraging investment in the health sector, particularly in hospitals, and this is reflected in the growth of the country's private health sector. In the Syrian Arab Republic, the private health sector already plays an important role in terms of funding and service delivery, and has untapped potential for moving towards UHC.

In recognition of the importance of engaging the private sector in the provision of health services in the Region, the WHO Regional Office for the Eastern Mediterranean is conducting a systematic review and evaluation of the private health sector in all countries, including the Syrian Arab Republic. For better health planning, and as an opportunity to engage the private sector effectively, this study aims to evaluate the private health sector in the Syrian Arab Republic and provide an in-depth understanding of its current contribution to providing effective services towards UHC.

The study was conducted in the governorates of Damascus, Aleppo, Daraa, Homs and Latakia, in a random sample of private sector providers of health care services. Stakeholders from private sector health facilities (health centres, hospitals, clinics and laboratories) guided the collection of data through questionnaires and interviews conducted by a trained intergovernorate team and a team from the Centre for Strategic Health Studies. One of the main objectives of the study was to highlight the realities of public–public partnerships and to reflect on the strengths, weaknesses and challenges facing the private health sector in the Syrian Arab Republic, as well as opportunities for improvement.

1.1 Rationale

The study aimed to:

- **highlight the concepts of public–private partnership in the provision of health services;**
- **focus on understanding the operational environment of the private sector and its current contribution to health service delivery;**
- **examine the role of public–private partnership in working towards UHC and the Sustainable Development Goals (SDGs);**
- **discuss the problems and challenges facing this model of partnership in health care;**
- **identify the strengths and opportunities for improving partnerships to inform health policy-makers and enable evidence-based decision-making.**

1.2 Methodology

A literature review was carried out to evaluate the situation of public–private partnerships in health care in the Syrian Arab Republic. The laws and legislation governing the private health sector were reviewed. The data collection tool designed and approved by the WHO Regional Office for the Eastern Mediterranean for evaluating the private sector was adopted and applied. The research tool was translated into Arabic by the study team, and modified slightly to adapt it to the country context. The tool was used to explore research-related literature on public–private partnerships in the Syrian Arab Republic, and questionnaires were drawn up to facilitate data collection and ensure reliability when conducting analyses and obtaining results.

Step 1 – literature review

To better understand the development of the private health sector in the Syrian Arab Republic, a preliminary literature review was conducted of strategic plans, health legislation, studies on the private sector, and public–private partnership arrangements in the country. This provided an overview of the Syrian health system and enabled collection of data for the assessment. The team comprehensively synthesized reports and studies on emerging issues within the private health sector. Preliminary results were recorded and key areas were identified for focus. It also enabled the team to identify gaps to be filled during in-depth interviews with stakeholders, particularly with regard to the standardization of definitions and terms used in the questionnaires.

Step 2 – preliminary data collection

After reviewing the available information and identifying the needs for further data collection to achieve the research goal, it was agreed to follow a mixed methods design for this step. The research team used questionnaires, interviews and observations.

Qualitative data collection

Lists were developed mapping all relevant stakeholders, including: organizations and donors; health policy-makers; relevant trade unions; and associations and community organizations related to health. Stakeholders were contacted, and interviews were arranged. Deliberate sampling was used to identify health policy-makers and donors for interview, and an expanded sampling was used for both unions and insurance companies (including most companies and unions operating in Damascus). For nongovernmental organizations, a snowball sampling method was used, i.e. study subjects recruited future subjects from among their acquaintances.

Regarding the data analysis, tasks were distributed among members of the study team according to their diverse experience in the health sector.

Quantitative data collection

Five governorates representing all geographical areas of the country were selected for the study (Damascus, Aleppo, Latakia, Homs and Daraa), covering the southern, northern, coastal and central regions. The research methodology and forms were reviewed by the Scientific Research Ethics Committee of the Ministry of Health, the WHO Office in the Syrian Arab Republic and the WHO Regional Office for the Eastern Mediterranean. Interviews were then conducted with stakeholders through eight questionnaires, each specific to a target group:

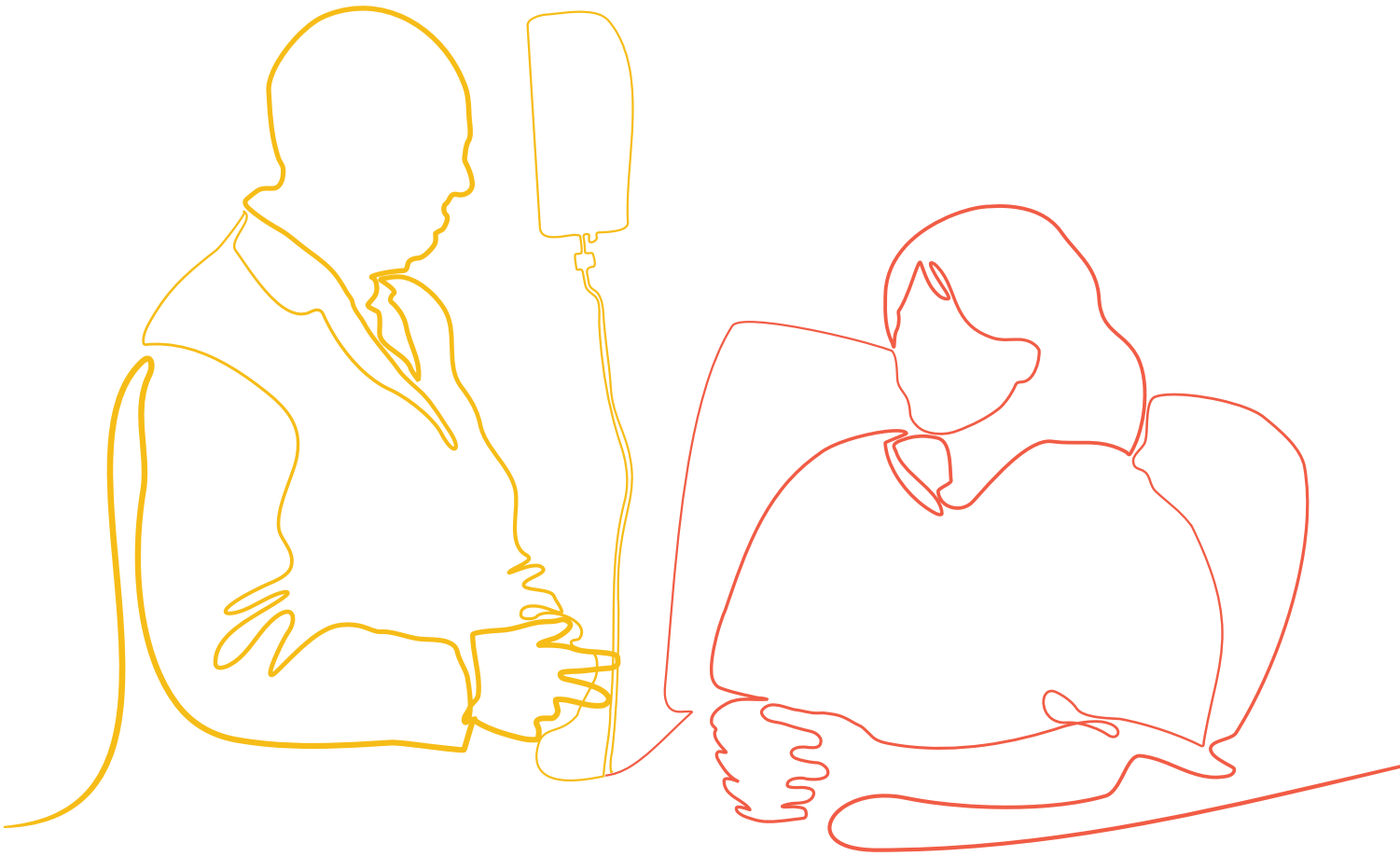
- **donors and international organizations**
- **unions**
- **health policy-makers**
- **patients**
- **health service providers (hospitals and clinics)**
- **health service providers (diagnostic centres, laboratories, pharmacies)**
- **nongovernmental organizations and professional associations**
- **insurance companies.**

After obtaining approvals, making proposed modifications and conducting a pilot study, a team comprising representatives from the five governorates was trained through workshops. The forms were presented, discussions held and queries answered, and data collection was simulated through role-play. The detailed sample split by respondent type and geography is found in Annex 1.

For the data collection, the sample was randomized for the hospital and clinic form, the diagnostic centre form (x-rays, pathological anatomy sample), and the laboratories and pharmacies form, but regular sampling was used for patient surveys. Data from questionnaires and interviews were entered into Excel tables, which were then analysed using the statistical software SPSS version 25.

1.3 Results

The results section of this report presents findings from the questionnaires and interviews conducted by the research team. Participants were informed that, for the purposes of this study, the private health sector consisted of actors outside the government, including official and informal entities, for-profit and non-profit, including service providers, pharmacies, pharmaceutical companies, insurance companies and private clinics.



2

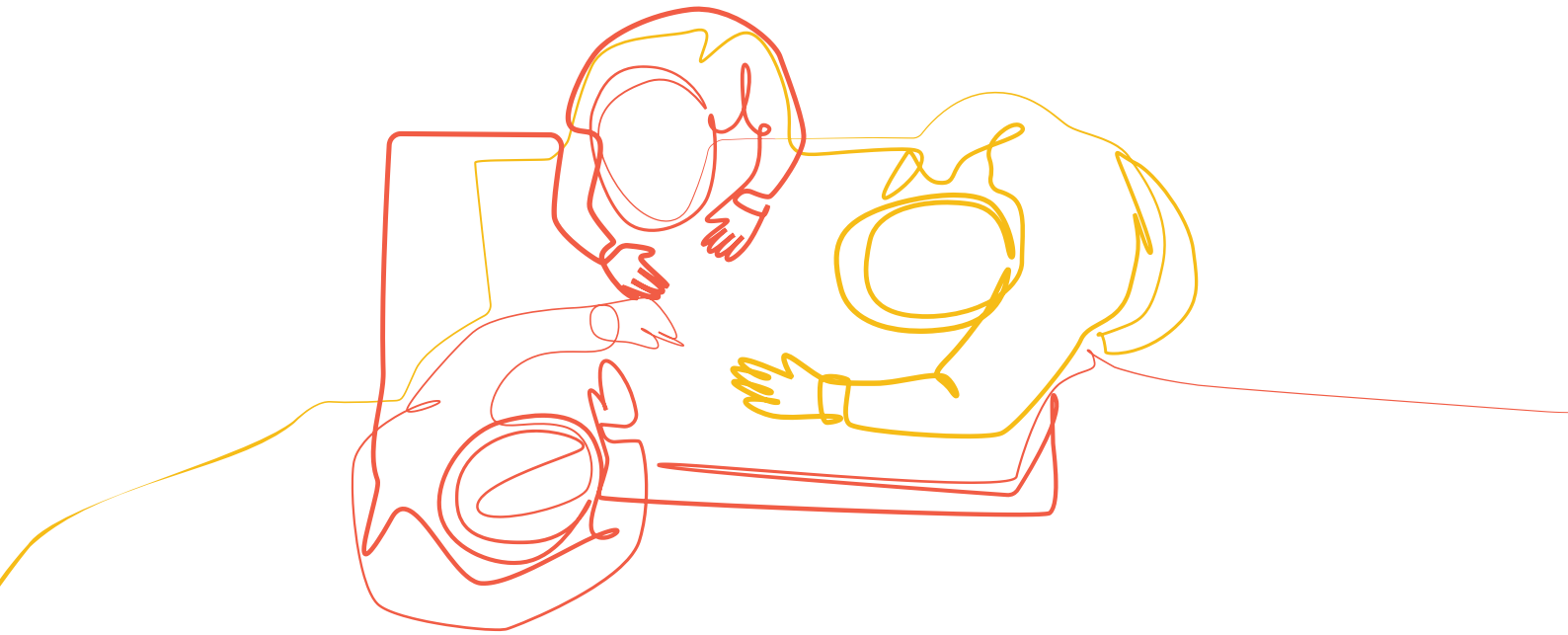
Overview of the Syrian Arab Republic

2.1 Country context

The Syrian Arab Republic is located on the eastern coast of the Mediterranean Sea, bordered to the north by Türkiye, to the south by Jordan and the occupied Palestinian territory, to the east by Iraq and to the west by Lebanon. It has a surface area of 180 185 km^2, a population of nearly 21 million and a population density of 113 people per km^2 in 2020 *(1)*. Administratively, the Syrian Arab Republic consists of 14 governorates, 61 districts, 111 cities, 271 subdistricts, 6274 villages and 7416 neighbourhoods or farms *(2)*.

2.2 Health status

Clearly, the war in the Syrian Arab Republic has had an impact on all areas of life – political, economic and health. Many health indicators had improved significantly over the three decades prior to the war, with the maternal mortality ratio falling from 43 deaths per 100 000 live births in 1990 to 21 deaths per 100 000 live births in 2010 *(3)*. Infant and child mortality also improved markedly and the number of deaths from infectious diseases decreased between 1990 and 2010 *(1)*. The health sector has suffered greatly during the war due to the destruction of public infrastructure, including hospitals and public and private health institutions, as well as the loss of health personnel.



3

Health system governance structure

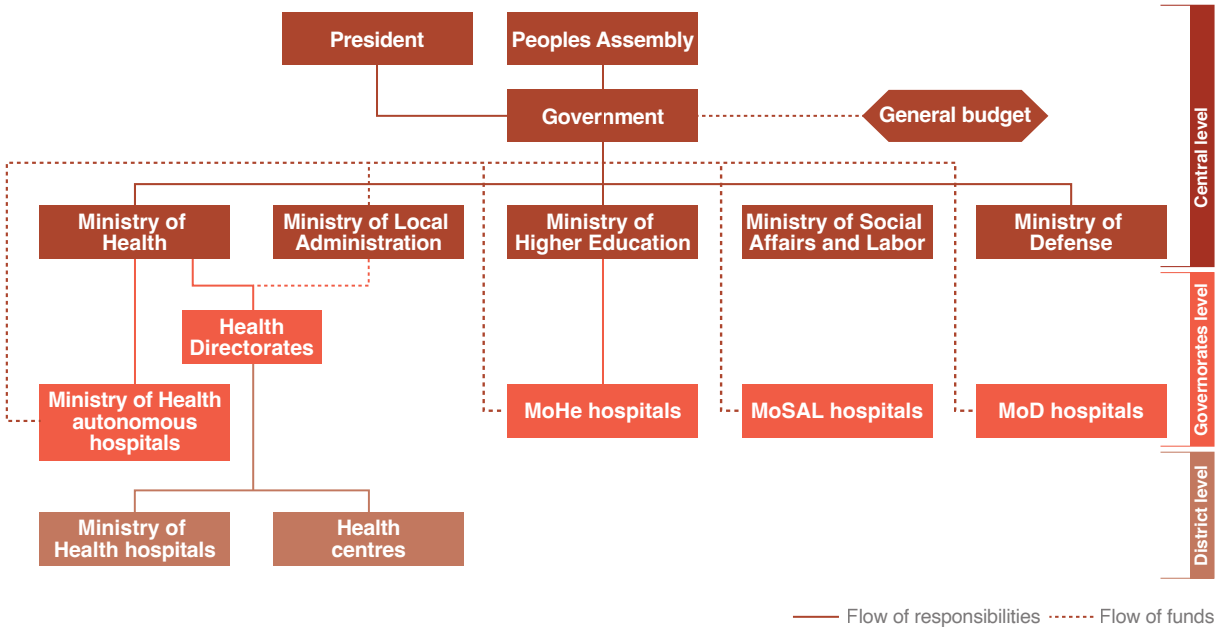
In the Syrian Arab Republic, the public health sector, represented by the Ministry of Health, is the leading provider of health services

The public health sector, represented by the Ministry of Health, is the leading provider of health services in the Syrian Arab Republic. It is supported by other ministries – the Ministry of Defense, the Ministry of the Interior, the Ministry of Higher Education and Scientific Research, the Ministry of Social Affairs and Labour, and the Ministry of Local Administration and Environment – which work with the Ministry of Health to provide health services (see section 3.2).

According to the 2012 Constitution of the Syrian Arab Republic, a range of health care services and medicines are provided free of charge or at a low cost *(4)*. Iraqi refugees residing in the Syrian Arab Republic are entitled to the same services as Syrian citizens. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), in addition to the Ministry of Health, provides health care to Palestinian refugees. The public health care system is centralized, relying mainly on the Ministry of Health to lead the health sector. The health system depends on the presence of subdepartments in all governorates, which have the power to make appropriate decisions. Fig. 1 shows the structure of the public health care system and levels of government responsibility.

Free access to health care is provided in public hospitals affiliated with the Ministry of Health and the Ministry of Higher Education and Scientific Research, in addition to hospitals under the supervision of the Ministry of Defense and the Ministry of the Interior (which are specifically for the military, interior personnel and their families). The latter hospitals also admit civilians for a small fee.

Fig. 1. Health system governance structure in the Syrian Arab Republic *(5)*



3.1 Health legislation and policies

Through the hospital system, the 2012 Constitution of the Syrian Arab Republic guarantees state protection of the health of citizens, in Chapter III on social principles, Article 22 *(4)*:

> The state shall guarantee every citizen and his family in cases of emergency, sickness, disability, orphanhood and old age [and] protect the health of citizens, and provide them with the means of prevention, treatment and medication.

The Constitution, in Article 25, further notes that: "Education, health and social services shall be the basic pillars for building society, and the state shall work on achieving balanced development among all regions of the Syrian Arab Republic".

In recent years, the Government has worked towards the SDGs as part of its reconstruction plan, particularly in the context of health policy-making. It has worked to restore the health sector infrastructure and improve the quality of health services. The Government also reshuffled its organizational structure by issuing its own Rules of Procedure at the end of 2016, through regulatory is resolution 2/□, dated 12 January 2016. This included the adoption of the rules and procedures of the Ministry of Health, which clarified the tasks and roles of each directorate in providing health service programmes in pursuit of integrated health management, in line with its objectives and harmonized with the SDGs.

In addition to the Health Policy Document for 2020–2024 (Directorate of Planning and International Cooperation, Ministry of Health, unpublished document), the Government of the Syrian Arab Republic has formulated new health policies based on key pillars, as follows.

- **Equity in the distribution of health services.** Health and social services are essential pillars for building society, and the state is working to achieve balanced development across all regions of the Syrian Arab Republic (Article 25 of the 2012 Constitution).
- **Integration and accessibility of health services** at the geographic level.
- **Attention to social protection including health,** and commitment to providing prevention, treatment and medication to all citizens of the Syrian Arab Republic (Article 22 of the 2012 Constitution).
- **UHC,** so that all citizens have access without discrimination to high-quality services that are distributed fairly, freedom to choose a health care provider, and protection against catastrophic health expenditure.
- **Quality health services** and ensuring the satisfaction of both service providers and beneficiaries.
- **Efficiency and utilization** of all available resources to improve the performance of the health system.

- **Professional safety** with high levels of professional ethics and values maintained.
- **Good governance** of the health care system and the adoption of evidence-based clinical practices.
- **Industry developments and technological advances** to keep the health system up to date with advances associated with globalization and economic and social development.
- **Partnership** with other relevant sectors and stakeholders.
- **Social solidarity** through combining the efforts of both stakeholders and service beneficiaries to work towards the improvement of facilities, according to capacity and location.

One of the first steps taken by the Government towards these pillars was to sign the Salalah Declaration on Universal Health Coverage 2018, an agreement between all countries of the WHO Eastern Mediterranean Region to work towards achieving UHC by 2030. The Syrian Arab Republic is also working to advance UHC in the following ways:

- **continuing to provide health care services at all levels (primary, secondary and tertiary) despite the difficulties during the war;**
- **beginning to focus on community health workers and allow for community participation, which helps decision-makers to identify the services needed by target population groups;**
- **restoring health centres destroyed by war all in liberated areas;**
- **providing medicines for chronic diseases (diabetes, tuberculosis, hypertension, etc.) to all patients, free of charge, as well as vaccines to all children under the age of five;**
- **sending mobile teams and clinics to difficult-to-reach areas to provide vaccine services and the basic health services package;**
- **demonstrating commitment to the Salalah Declaration and seeking to participate in regional conferences and workshops in this regard.**

4

Public health sector

4.1

Ministry of Health

The Ministry of Health is actively pursuing UHC by providing quality services to as many different segments of society as possible

The Ministry of Health is actively pursuing UHC by providing quality services to as many different segments of society as possible. The Ministry aims to fairly distribute the health institutions of all ministries and agencies involved in health service provision across the life course (preventive, therapeutic, rehabilitative and palliative services) throughout all governorates. It also focuses on the promotion of family health in all governorates; for example, a number of doctors from the country undertook the WHO Regional Diploma in Family Medicine in 2020–2021. The objective of this programme is to increase the number of staff qualified to train family doctors to become the core unit of the continuous training programme of family doctors, and to build new cadres and capabilities within the Ministry of Health. The Ministry also focuses on the quality and integration of services provided.

The Ministry of Health gives equal importance to promoting healthy lifestyles and to alleviating the burden of chronic diseases through prevention, early detection and follow-up of patients, including encouraging a healthy lifestyle and diet to reduce the prevalence of risk factors such as smoking, obesity and malnutrition.

In addition, the Ministry seeks effective intersectoral cooperation in food safety, quality and control, and access to high-quality therapeutic and preventive mental health services. It is also strengthening the ambulance and emergency system and working to solidify its leadership of the prehospital system. The Ministry has also been working to promote awareness of first aid and provide first aid training (Health Policy Document 2020–2024. Directorate of Planning and International Cooperation, Ministry of Health, unpublished document).

In the post-crisis period, the Ministry has sought to adopt quality improvement initiatives for services provided in secondary and tertiary health care facilities through:

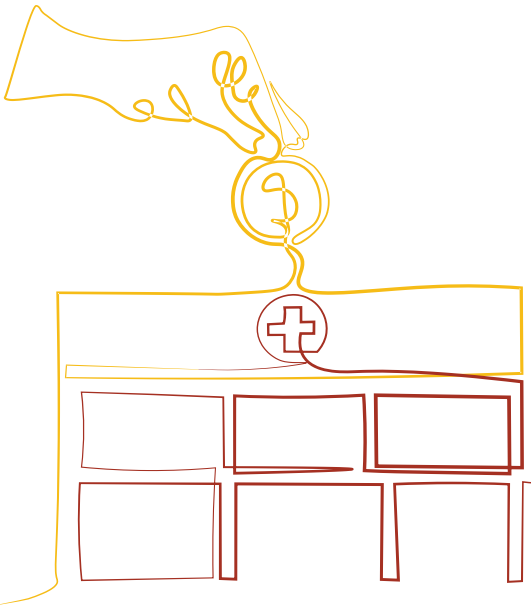
- **promoting quality standards for health services;**
- **training all health personnel on quality standards;**
- **supporting health facilities by providing modern equipment and technologies.**

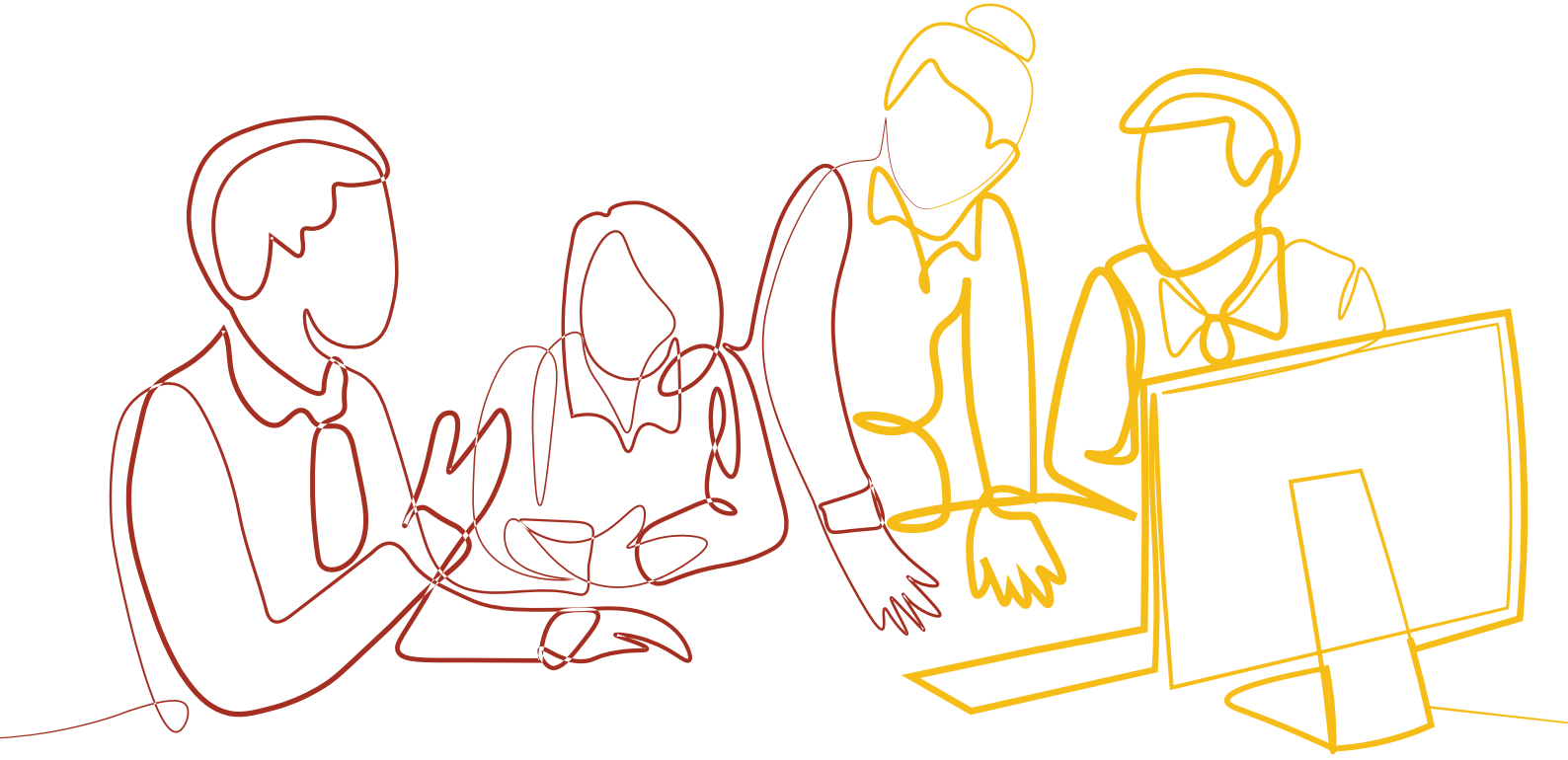
To help the Ministry of Health carry out its functions, a review of its organizational structure and health institutions was initiated in 2021.

4.2 Other relevant ministries

In the Syrian Arab Republic, health services are mainly provided by the Ministry of Health. Other ministries that provide health services are:

- **the Ministry of Higher Education and Scientific Research, which provides health services to citizens and works to train resident doctors in 13 hospitals across four governorates;**
- **the Ministry of the Interior, which has hospitals and health centres providing primary and secondary health services to internal security personnel, police and their families;**
- **the Ministry of Defense, which has hospitals and specialized health centres providing health services to members of the Syrian Arab Army and their families;**
- **the Ministry of Social Affairs and Labour, which provides health services (that may include other community services) through health institutions of associations;**
- **the Ministry of Local Administration and the Environment, which provides services through environmental health departments and other affiliated bodies.**





5
Main pillars of the health sector

5.1

Governance

The Ministry of Health seeks to implement good governance in all health institutions through the adoption of performance measurement standards

The Ministry of Health leads the health sector and aims to implement all health policies and procedures with the efficiency and effectiveness necessary to achieve proper management of available resources. The Ministry has adopted a particular approach to governance of public health institutions. This approach aims to balance the principles of economic efficiency and financial sustainability on the one hand, and social values and patient service on the other. This was guaranteed by the Ministry through the recent regulatory decisions made, the most important of which was legislative Decree No. 68 of 2012 governing the Syrian Authority for Medical Specialties and the amendment to Decree No. 5 of 2015. These decisions have outlined the work carried out by the Syrian Authority for Medical Specialties and defined its functions and income sources. There have also been a number of circulars and regulatory decisions governing the work of all aspects of the private and public health sectors (some of which are discussed in section 6.3, on the legislative framework for the private health sector).

The Ministry of Health is also seeking to implement good governance in all health institutions through the adoption of performance measurement standards. In early 2019, the Ministry launched several quality improvement initiatives in health institutions and facilities (both primary health care and hospitals): Qatana National Hospital, Qutaifa Hospital, the Red Crescent Hospital, Damascus Rural Health Directorate and Abu Zhar Al Ghafari Centre in Damascus were able to obtain ISO certification over the last two years.

5.2

Human resources

Human resources are one of the most important pillars of the health system, with the quality of health care dependent on the number and skills of health professionals. Attracting and continuously training enough qualified health workers was one of the main challenges faced by the health sector during the years of crisis. In 2009, the Syrian Arab Republic witnessed remarkable improvements both in the number of health personnel and in the related health indicators. Fig. 2.1 and 2.2 indicate the absolute number of health personnel and their number per 100 000 population in 2020, respectively.

Fig. 2.1 Number of health personnel, 2020

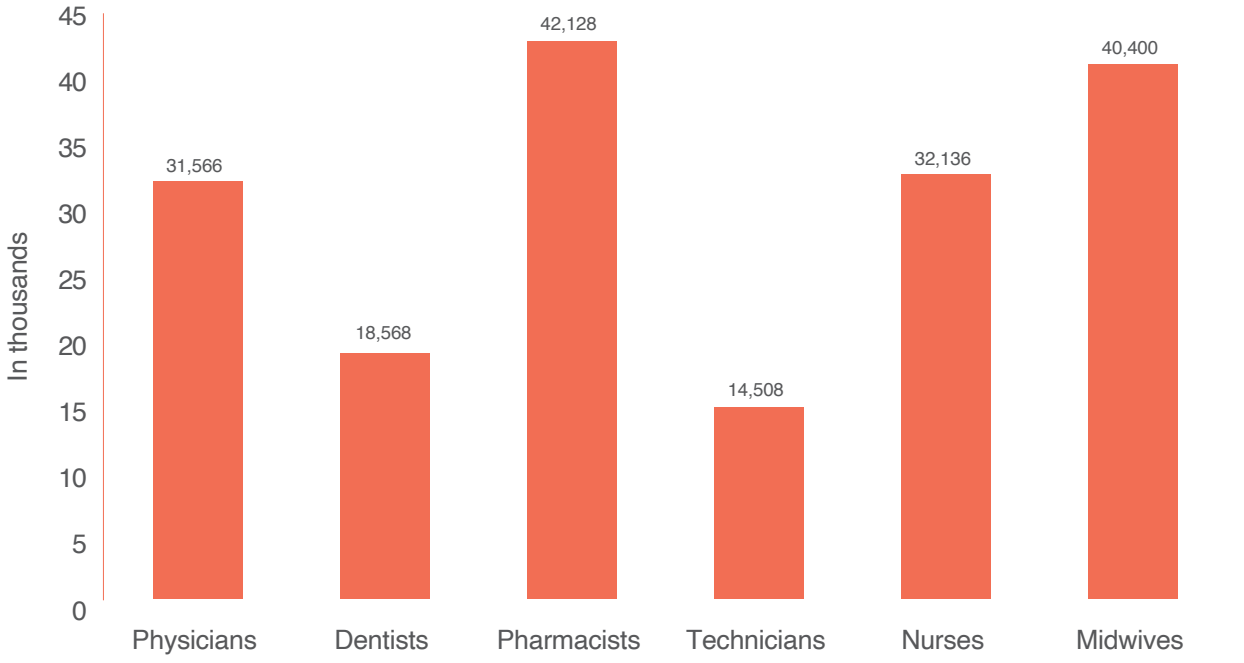
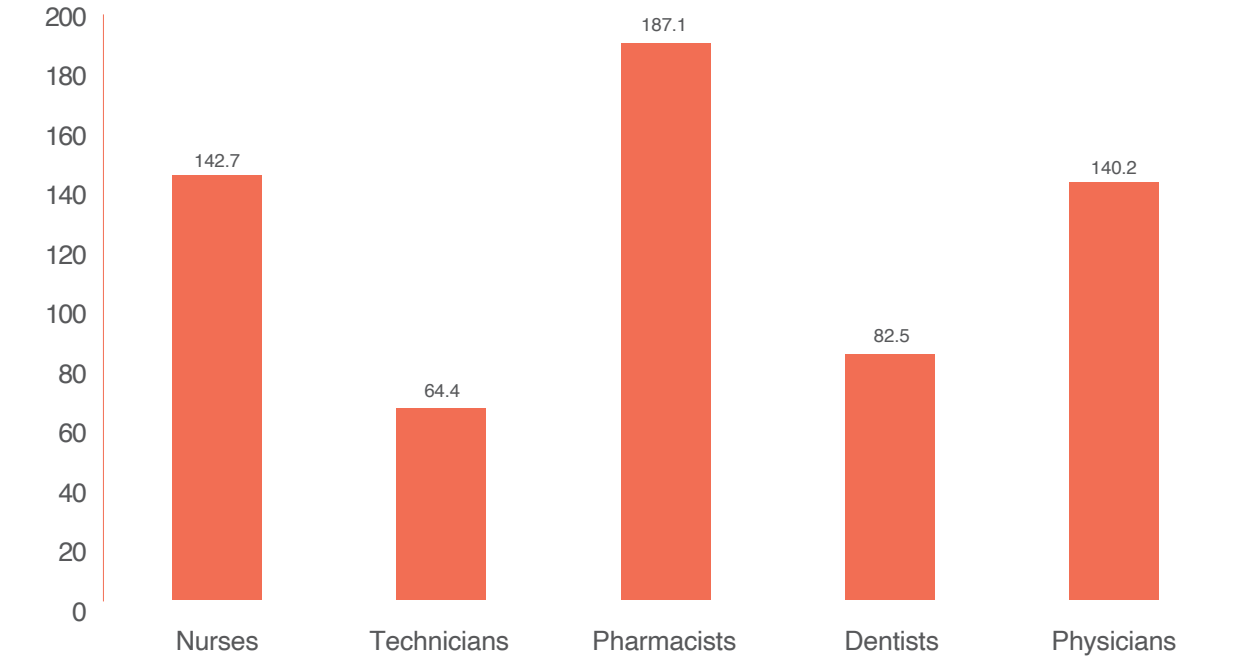


Fig. 2.2 Number of health personnel per 100 000 population, 2020



Source: Ministry of Health, 2020

5.3 Health finance and expenditures

To achieve UHC, the Syrian public health sector seeks to utilize a sustainable and integrated health financing system. One of the most important regulatory decisions was the 2008 Law of Organizations No. 17, which organized the work of public health bodies in the Syrian Arab Republic and stipulated their financial independence through allocating separate budgets, provided that annual revenues and expenditures are balanced. It also stipulated the management of public health bodies by a board appointed by the Minister of Health and by a Director-General, appointed by the Prime Minister. This step almost paid off as predicted but the Syrian war has impacted all sectors, especially the health sector. The proportion of public spending on health decreased from 3.3% of total public spending in 2013, to 2% in 2015 and 1.9% in 2017. This occurred amid a decline in State revenues in general, so the administrators of public health bodies and those in charge of managing the health sector as a whole have been unable to evaluate this experience and determine whether the aims were achieved. However, these bodies continue to work to provide the health sector with a small income that has yet to cover the costs of their services.

The public health sector is currently funded by the Ministry of Finance. The sector suffers from low economic efficiency at all levels and widespread waste of the few resources available, as well as low workforce productivity. The economic consequences of the war in the Syrian Arab Republic are a major factor in the poor financing of the health sector due to the change in health priorities. The continued provision of medical and health services, whether preventive or therapeutic, is a financial and logistical challenge in all areas of the country. Spending on the restoration of destroyed and looted health facilities places great pressure on the financial resources allocated, especially in the light of the weakness of the Syrian currency.

Although the Government of the Syrian Arab Republic has stimulated the growth of private health insurance by targeting wealthier people and those working in the formal government sector, household out-of-pocket payments make up, on average, 50% of total spending on health services.

5.4 Health information systems

Health information is an essential component of the health system, required for formulating policies and for proper planning and decision-making. The health sector therefore seeks to create supportive information systems to enable formulation of strategic plans at the national level and at all levels of health management, by providing health data and information effectively in a way that is integrated into the health sector. This has been achieved through a number of steps, starting with improved cooperation and coordination with all actors in the health sector (including other ministries, health sector partners and the community), with the aim of providing the Ministry of Health with data on health. Work has been undertaken to collect and organize health data, as well as information on all health services provided in primary health care centres and hospitals, in all governorates of the country. This work has been carried out regardless of whether the provider is affiliated with the Ministry of Health, other ministries or health-sector stakeholders. Strengthening the capacity of information system staff at various levels is vital. It is also

important to coordinate with the Central Bureau of Statistics to strengthen all current sources of information, such as surveys and censuses, in order to produce relevant, reliable and up-to-date information.

The use of the International Classification of Diseases (ICD) coding system to record vital statistics (births and deaths) and information on health indicators is encouraged by the Ministry. Monitoring indicators and training health personnel on the ICD system will help to build a network that links the registration of births and deaths in all health sector institutions and promotes the development of national and electronic records. The Ministry of Health is also seeking to include the private health sector, particularly hospitals, in their information systems and to train them in the use of the ICD. However, obtaining accurate, transparent and comprehensive data is not always possible, due to the lack of logistical equipment needed to develop health information systems in public and private health institutions. At present, there is no clear and accurate picture of the movement of patients through private hospitals due to a lack of compliance with periodic reports, possibly because the private sector does not appreciate the need to share their data or the importance of data relating to national indicators. This reluctance may also be due to fear of taxes or other financial issues.

5.5 Service delivery

In the Syrian Arab Republic, the greatest burden of health service delivery falls on the public sector, but this is unsustainable because consequences of the crisis have exhausted the sector in all areas, particularly where health infrastructure has been destroyed. Another factor is the pre-war policy that sought to reduce the cost of services provided in hospitals, whereby legislators and health policy-makers created a system of independent bodies in hospitals which imposed low remuneration for health services provided.

In the Syrian Arab Republic, there are 114 public hospitals across various ministries (including 101 from the Ministry of Health) with a total of 21 090 beds, in addition to 393 private hospitals (Ministry of Health data, 2020) with 10 798 beds. The population per bed in 2017 was estimated at 826, according to the Directorate of Planning and International Cooperation of the Ministry of Health.

From the point of view of policy-makers, the State is committed to providing primary, secondary and tertiary health services. They stress that the State is defining the basic health services package and making it accessible to all regardless of whether the services are provided in the public sector or purchased from the private sector; however, the public health sector suffers to some extent from economic inefficiency and waste.

5.6 Medicines

Most study participants (75%) confirmed that the State controls the price of medicines and health services to ensure access to services for low-income groups, and that the Ministry of Health works to provide access to safe and effective essential medicines without heavy financial burdens, and to ensure rational use. Further actions required are listed below.

- **Developing the Scientific Council for Pharmaceutical Industries to enable it to play an active role in the restoration of the pharmaceutical sector.**
- **Studying non-locally produced pharmaceutical items, promoting investment in them and simplifying licensing procedures.**
- **Encouraging the production of raw materials, alternative materials and supplies for the national pharmaceutical industry.**
- **Reviewing legislation on the pharmaceutical industry, illicit trade and monopolies.**
- **Developing legislation on the import and export of medicines, and applying administrative and legal procedures in cases of violation.**
- **Reviewing pricing instructions and making them more flexible, while ensuring that the price remains fair and consistent for all and appropriate to the purchasing power of citizens.**
- **Mobilizing and pooling national efforts in the provision of medicines during crises.**
- **Studying appropriate mechanisms to provide adequate and efficient human resources for the restoration of the pharmaceutical sector.**
- **Encouraging clinical studies and research.**
- **Continuing to cooperate with other countries that have a competitive advantage in terms of quality and essential medicines.**
- **Ensuring good practice and compliance in pharmaceutical facilities.**
- **Rationalizing the use of drugs to ensure that patients have access to medicines that are compatible with their needs by:**
  - adopting and periodically updating the list of essential medicines;
  - ensuring medicines are used in accordance with global rules and principles;
  - encouraging the application of clinical guidelines and following up on their use;
  - inclusion of training on treatment of substance abuse in university curricula;
  - working to educate community members about the rational use of medicines;
  - adopting programmes to address misuse/abuse of prescription drugs.

6

Public–private partnerships in the health sector

As in most countries around the world, the Syrian Arab Republic is facing significant growth in demand for health care and a steady increase in health spending, placing a heavy burden on public budgets. Given the exceptional circumstances in the country, the Ministry of Health is unable to meet all health service needs and, therefore, new ways to finance and operate its medical institutions are needed. Thus, the need for greater engagement with the private health sector urgently requires the attention of health policy-makers.

Governments have recognized that the public–private partnership approach has become imperative for the sustainability of health services. Public–private health partnership is based on contractual arrangements between one or more government health agencies and a private sector company in health projects, whereby the private partner provides the government with assets and services traditionally provided directly by the public health sector. These arrangements include simplified forms of outsourcing or may extend to the transfer or involvement in management, or decision-making, so that the private sector has a greater role in planning, financing, designing, building, operating and maintaining public services. The form of public–private contracting depends on the functions of the private sector and the volume of participation between the two sectors in several frameworks, including: project design, financing, construction, operation and maintenance. Accordingly, the government determines which of those tasks the private sector will take over to create a contractual form.

It can facilitate efforts to rationalize spending on the health system, increase expertise, improve management, stimulate the transfer of medical technology, improve the quality of health services for citizens, and help to achieve UHC.

The partnership approach offers different benefits to the public and private sectors, including reduced demand on government budgets, increased operational capacity of private sector companies, and improved health care management and hospital service infrastructure.

7
Private health sector

7.1 Private health sector resources

Resources for the not-for-profit private health sector are through donations from individuals and local associations or through funding from international organizations

Growth and investment in the private health sector can help to improve efficiency, reduce costs, achieve equity in service provision and improve financial protection. In the absence of a favourable environment and adaptable financial systems, there is an even greater challenge for the health system in terms of meeting needs, providing high quality health care and keeping services affordable during crises.

In the Syrian Arab Republic, resources for the not-for-profit private health sector are through donations from individuals and local associations or through funding from international organizations. There are no accurate statistics on the work of the private sector in the country because of the lack of a unified information system for private institutions. Private sector officials may also avoid data-sharing for fear of accountability or taxes. However, there is a current trend towards cooperation within the private sector itself, particularly among associations providing health services, given the lack of government grants to the private health sector. However, there are various agreements in place and multiple forms of support for private sector organizations through nongovernmental organizations and community institutions.

From the point of view of the four donors interviewed for this study, supporting the private sector leads to an increase in the sector's ability to contribute to public health and key health areas, improves the quality of the private health sector, facilitates increased reporting and exchange of information, and improves quality of and access to services. One of the four donors stated that support to the sector is necessary so that it can continue its work, but that there must be dialogue between donors and public health authorities so that investment in the private sector is made in line with local priorities.

7.2 Human resources in the private health sector

In the absence of laws covering contracts in the public sector or binding contracts for the private sector preventing the possibility of working in more than one sector, the number of staff working in the private sector cannot be accurately determined. Human resources in the private health sector are estimated based on information from trade unions in the Syrian Arab Republic, but it has not been possible to obtain this information in the context of this research.

7.3 Law and legislative frameworks for the private health sector

Syrian health authorities have passed several resolutions governing the work of the private health sector as a whole, the most important of which are listed below.

Resolutions to regulate the management and operation of health services

- **Resolution 8/T of 2017 to govern the functioning of integrated health zones (health centres, specialized health centres). This resolution defines health centres, specialized health centres and health districts, and classifies health centres and health services according to 13 services. It sets out the**

basic principles of the health zone system, laboratories, pharmaceuticals, nursing, midwifery and others, such as support services in the health centre. The resolution came in the form of a booklet and 55-page guide.

- **Law No. 7 of 2005 on scientific offices for medical promotion, which provides regulations on setting up a scientific office and practicing health care marketing.**

Resolutions to regulate human resources and health professions

- **Legislative Decree No. 12 of 1970 to regulate health professions, including medicine, dentistry, pharmacy, midwifery, nursing and technical assistance. The Decree requires that practitioners must obtain professional certification, register with the Ministry of Health and obtain a permanent or temporary license from the Ministry. The Decree includes the conditions for granting both permanent and temporary licenses, as well as the conditions for granting licenses to establish medical and dental practices, laboratories and pharmacies.**

Private health sector institutions have developed significantly in the country, particularly after the enactment of Decree No. 10 of 1991 and Law No. 18 of 2021 and its executive instructions. Through these, benefits and exemptions have been granted to encourage investment and reduce the time taken to establish institutions. This has led to the establishment of new private health facilities, particularly pharmaceutical laboratories, and increased density and diversity of institutions.

In terms of ease of registering, obtaining a license or establishing health care facilities, 75% of health policy-makers stated that, if the required conditions are met, the registration and licensing procedures are straightforward. It was also confirmed by all health policy-makers interviewed that the Ministry of Health maintains a special register of private health facilities or providers. The Ministry also checks private health facilities and service providers on a regular basis and takes the lead role in licensing, accrediting or relicensing of private health providers and facilities. The other stakeholders involved are listed below.

- **The Syrian Medical Association provides the documents necessary to establish and license private health centres; the licenses should be limited in duration and renewed every five years based on conditions set by the Association.**

- **The Dental Association supports the establishment of private dental centres; a national centre offers the Syrian Board of Specialties qualification.**

- **The Syrian Pharmacists' Association has a regulatory and supervisory role.**

- **The Nursing and Health Professions Association organizes health and medical professionals working in hospitals and health centres.**

- **The Executive Office of the Scientific Council for Pharmaceutical Industries plays a pivotal role in connecting with the Ministry of Health and other relevant official bodies, with the aim of overcoming the obstacles facing the pharmaceutical industry.**

7.4 Regulating partnership with the private health sector

With the exception of the oil industry, the private sector is permitted to manage and develop State assets in all sectors of the economy including the health sector. Syrian legislators passed the Public–Private Partnership Act No. 5 in January 2016 to regulate the work of these partnerships. The Act highlighted the importance of public–private partnership, the legal nature of contracts governing participation and the practical stages of concluding these contracts. It also stressed the need to formulate contracting models in which the obligations of both the public and private sectors are accurately determined during each stage of implementation, as well as appropriate controls and distribution of risk. In addition, a statement of resolution was included to address procedures for any disputes that may arise when implementing such contracts. Disputes are often resolved through arbitration, which in turn is included in the Law and its annexes. The Law was cited as a reference in the new economic strategy of the Government's national partnership, launched in February 2016.

7.4.1 Government ability to regulate and manage the private health sector

Poor control has been exerted over the private health sector and low tax returns have been received, because private providers operate most of their services unofficially due to inadequate regulation as well as low private sector investment in health.

However, 75% of health policy-makers interviewed stated that the private health sector views favourably the law and regulatory provisions, the reason being that it is committed to monitoring and follow-up by the relevant departments in accordance with the laws and regulations enforced. The institutional structure and organizational capacity of the health sector are adequate and empowered enough to apply rules and regulations relating to the private sector.

Seventy-five per cent of health policy-makers interviewed noted that the level of compliance is fair and implemented with an acceptable level of effectiveness, commending the existence of such measures and corrective measures for regulatory compliance. In addition, all of the health policy-makers interviewed acknowledged the existence of a regulatory unit in the Ministry of Health responsible for working with the private health system.

In light of the above, there is insufficient information about the Government's ability to organize and manage health sector partnerships. However, within the framework of existing partnerships, plans are followed up periodically. More resources need to be allocated, therefore, to empowering and regulating the management of partnerships with

the private health sector. The existing capacity needs to be boosted. Although there are dedicated efforts to manage the private health sector, it is also important to invite private sector institutions to be effective partners and to align with public health policies and enforce the regulations passed by the Ministry of Health in all aspects (hospitals, health centres and laboratories) and to re-examine and amend them if necessary.

7.4.2 Constraints and challenges facing regulation of the private health sector

The most significant hurdle regarding the regulation of the private health sector is reluctance to share data with the State because of red tape, poor feedback, lack of flexibility and insufficient numbers of adequately experienced nongovernmental organizations.

Economic sanctions against the Syrian Arab Republic have also led to poor investment in health care, difficulty securing the required supplies and lack of willingness on the part of the private sector to contribute to the provision of medical services or to furnish data on services provided.

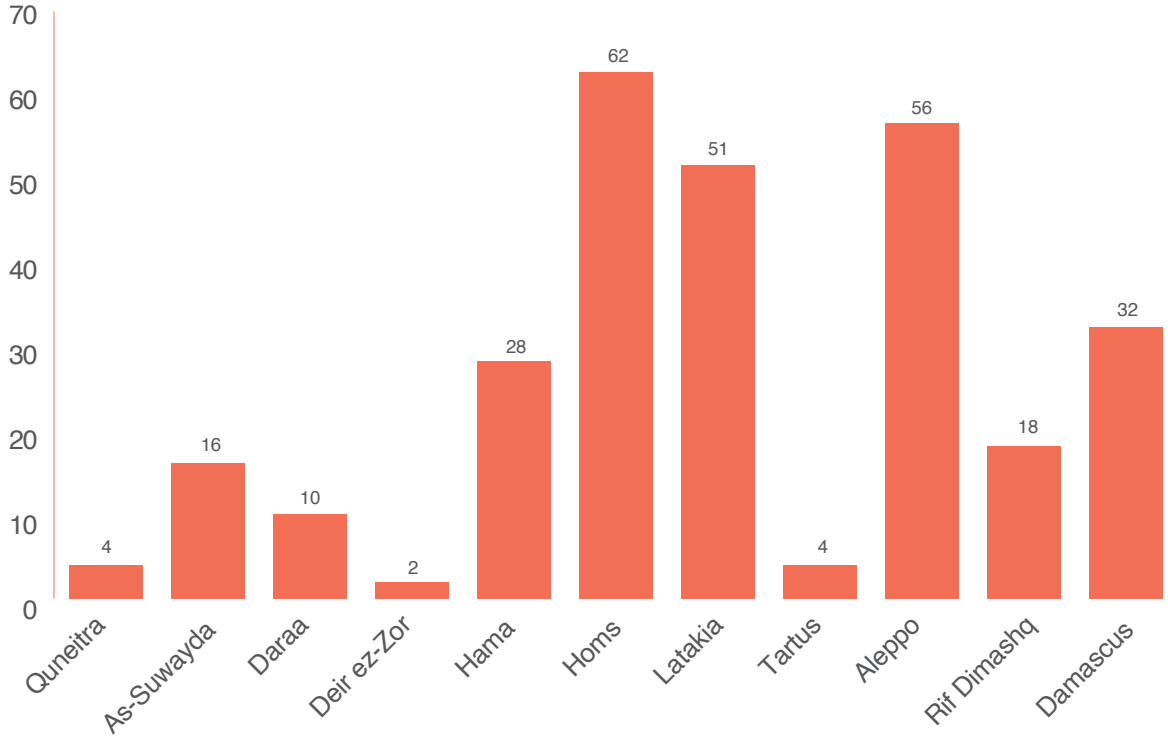
7.5 Private health sector service delivery

As noted previously, the public health sector is the main provider of health services in the Syrian Arab Republic, especially with regard to hospital care. However, the private health sector is the main provider in specialized areas such as laboratory services and clinics. The sector also provides many primary health care services, the fees of which may exceed the expectations and incomes of Syrians.

Diagnostic services account for the largest proportion of health services provided by the private sector, but providers (private centres, laboratories and clinics) often do not share data with the Ministry of Health on services. Private hospitals, meanwhile, are the most organized private providers in terms of data, showing varying commitment to sharing data with the Ministry of Health across governorates. The average proportion of health data feedback on services shared with the Ministry during in 2020 was 37%. Despite the lack of information, our study indicates that 66% of respondents use private sector facilities for health care needs; while 26.4% return to the same services, a larger percentage does not reuse services provided in private facilities for multiple reasons, the most important of which is cost. It is worth noting that 61% of the private hospitals and clinics surveyed were concentrated in urban areas, which is slightly disproportionate to the 56% of the overall population that is urban.

Charities and nongovernmental organizations also provide health services directly or through funds to health service providers, under the umbrella of the Ministry of Social Affairs and Labour, with 283 associations providing services. Fig. 3 shows the distribution of nongovernmental organizations providing health services in the governorates of the Syrian Arab Republic.

Fig. 3. Distribution of nongovernmental organizations providing health services in the Syrian Arab Republic, by governorate, 2021



Source: Directorate of Planning and International Cooperation, Ministry of Health, 2020

7.6 Demand for private versus public sector health services

Opinions varied regarding the demand for private sector compared with public sector services. Of respondents using private health services, 38.15% stated that appropriate health insurance is what drives them to seek private services, while 12.7% stated that their main motivator was the coverage of their cost of treatment by different NGOs at private health facilities. The study found that health care cleanliness standards in the private sector was not what was attracting service users: a minority of respondents cited hygiene and sterilization as driving factors (4.6% and 8.6%, respectively). Moreover, 24.7% of the respondents were motivated by social and cultural reasons. The main reasons for seeking private health services were generally related to patient experience, with 80.4% of respondents considering private services to be of better quality than public services. There was also slight convergence in perceptions of the effectiveness of treatment: 51.4% felt that private sector treatments were more effective, compared to 48.6% who felt the same way about public sector treatments. In addition, 52.3% stated that specialized services were not available in the public sector. All respondents considered private health sector institutions to be less crowded and 75% felt that one of the main positives in these institutions was the friendly attitude of health workers.

The study also looked at post-payment perceptions of private health services: most of the respondents felt that the cost of the services was too high and that there were issues with settlement of payments. They also stated that there was also a tendency towards surgical interventions

in the private health facilities, with insufficient time allocated to alternative treatments.

In 2011, 48.4% of patients were referred to private hospitals, with patients stating that their expectations of the private sector were not met, especially in regard to the quality of health services provided. The main drawbacks of the private health sector were seen to be high costs, unavailability of health insurance, double standards for low-income and high-income patients, and unnecessary procedures *(6).*

> During the COVID-19 crisis, some global health donors visited several private hospitals and were concerned by private health institutions not adhering to basic treatment protocols in some instances and their complete lack of awareness about them in other instances.

7.7 Health insurance and the private sector

In the Syrian Arab Republic, eight insurance companies manage medical expenses with a total capital of 816 million Syrian pounds. The national public insurance company was founded in 1952. The market was opened to private providers in 2005, and the first private insurer began practising in 2006. All the companies are headquartered in Damascus, with branches in all governorates. Although private health insurance has existed in the Syrian Arab Republic for around two decades, the industry is still fairly weak. Table 1 gives an overview of the distribution of health insurers in the country, by sector *(7).*

Table 1. Public and private sector health insurance in the Syrian Arab Republic

	Public insurance (provided by Government)	Private insurance (provided by employers)	Private insurance for individuals (self-funded)	Private insurance contracts (provided by companies, universities, etc.)	Health/ sickness funds	Total
Number of policyholders	594 963	55 041	5962	119 316	33 805	809 087
Percentage	73.54	6.8	0.7	14.75	4.2	100

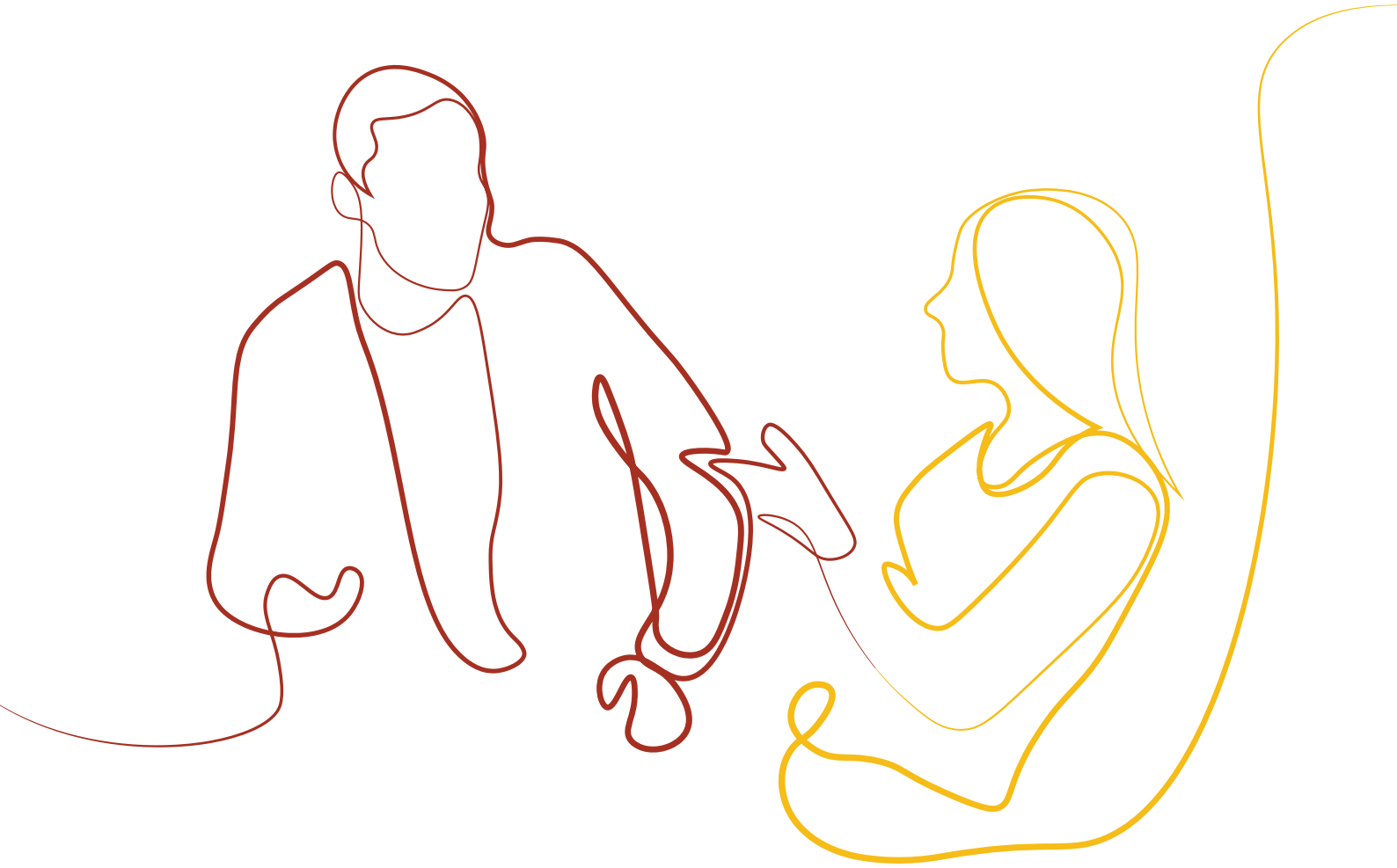
In a 2018 report, the Syrian Insurance Supervisory Authority stated that there were 809 087 health insurance policyholders nationwide (48% male, 52% female), less than 4% of the population of the country *(7)*. The number of beneficiaries was 450 933 (56% of those insured) through seven insurance companies.

Study respondents estimated that the percentage of the population with private health insurance did not exceed 5%. When asked to estimate the percentage of the population covered by community-based health insurance, whether based on service providers, self-insurance plans or national health insurance plans, the insurance company responses ranged from 1% to 5%. The study found that the most common forms of private insurance in the Syrian Arab Republic are individual or family insurance bought directly by the policyholders, followed by annual contracts purchased by groups (companies, public institutions,

associations and schools) that are renewed automatically. The most popular product of insurance companies is individual health insurance.

Insurance companies estimated that the level of awareness of health insurance plans among the population ranges from weak (40%) to average (60%). A potential role for private health insurance companies could be to educate the population on health insurance by, for example, holding seminars and disseminating information through social media, which could help the country to move towards UHC. Among the respondents, one company stated that its role was to provide appropriate coverage and balanced prices amid high local market prices.

As for the range of health services covered by private health insurance products, all insurers cover inpatient and outpatient services (services provided by laboratories, radiology centres, pharmacies, doctors); however, there are disparities in the coverage of some services such as family planning services and treatment for HIV/AIDS and malaria. Hospitals, clinics and service providers are paid through a bank account or a third party administrator (TPA). There is also a direct payment modality where beneficiaries pay the full cost of the health services at the point of care and then get reimbursed by the insurer. This payment modality is used with approximately 70-100% all private health insurance beneficiaries (depending on the policy of the insurer).



8

Analysis of private sector and stakeholder perspectives

The private sector can play a distinct and varied role in creating jobs, contributing to project generation and mobilizing private capital in the health sector and beyond. It could be more effective in playing a role if clearer criteria and incentives are identified for its engagement. The private sector seeks to understand public-sector health priorities and to determine how it can play a role in achieving these goals. Private sector engagement in the health market, or lack thereof, can depend on investment, growth, signals/incentives received from the public sector, and the need for an environment conducive to development. The main objective for the private sector is to determine its market position and operate in an environment that facilitates access to finance, affordable credit, risk guarantees and ways to reduce or mitigate risks to investors (if any).

8.1 Private health sector growth and determinants

The most important determinants of private health sector growth in the Syrian Arab Republic are described below.

Limited financial protection: there have been no major changes in the financial protection provided to citizens by the Government, although the latter has worked to create an environment conducive to financial protection through the national health insurance systems it launched in the 2000s. However, health insurance programmes were not able to implement the necessary changes.

Changing health care trends: demographic transformation, increased rates of communicable diseases, increased disability and death from noncommunicable diseases, as well as changes in health care trends imposed by the COVID-19 pandemic, have increased the demand for health services. This has stimulated the growth of the private health sector, especially in the light of the public sector's limited ability to provide services due to the lack of basic items for service provision, exacerbated by unilateral economic sanctions on the Syrian Arab Republic and the ongoing crisis.

The private sector can play a distinct and varied role in creating jobs, contributing to project generation and mobilizing private capital in the health sector and beyond

Continuation of service provision: the private sector has always been an important source of health services during the war, and its role has become more important; for example, pharmacies are a key source of medicines and contraceptives in insecure environments.

Government drive for outsourcing: the private health sector is evolving; for example, many public–private partnerships are being formed to provide e-clinic and non-clinical care in public hospitals where primary health care services are outsourced. Private health insurance programmes are being developed and private health facilities are emerging.

Impact of economic, social and industrial policy: 50% of health policy-makers believe that economic, social and industrial policies have led to the growth of the private health sector; 25% deny this effect, and 25% state that the policies have had an indirect impact.

Contribution of international development partners to strengthening the role of the private sector and health projects: the representative of the United Nations Population Fund confirmed that

there are partnerships with the public sector that aim to support and track nongovernmental organizations in cooperation with the Ministry of Social Affairs and Labour and the Ministry of Local Administration. The representative of the Aga Khan Foundation confirmed that they are motivating and supporting the Government to conduct community health projects and to involve the community.

The Healthy Villages Programme, supported by the Aga Khan Foundation, WHO and other donors, is based on partnership with the community through local committees and volunteers, as well as local associations that are partners in health projects. According to study participants, however, the ongoing changes in health leadership have had a significant impact on the Programme.

8.2 Contribution of the private health sector in the Syrian Arab Republic

8.2.1 Public–private partnership in health service provision

Cooperation with the private sector can increase provision of and access to health services, and help to achieve the SDGs by mobilizing resources for investment in health infrastructure and to improve access for poor families. In addition, such collaboration can help to increase the diversity and availability of health facilities and services, and encourage competitive working environments for health professionals and the exchange of expertise, especially human resources. It can also lead to greater participation and complementarity in the implementation of national health plans.

Partnership is one form of collaboration with the private sector that can serve the Syrian Arab Republic and its national agenda for a sustainable economy based on knowledge, competitiveness, experience and diversity. Such partnership would help to achieve economic and social development and yield better results than the public and private sectors could each achieve on their own. This can be encouraged through negotiation, exchange of experiences, sharing of standards, and expansion of the financial resources available. Partnerships also help to highlight the roles of the State, and its focus on policy-making/strategies for health system infrastructure and in monitoring and regulation of service providers. Other important objectives of public–private cooperation include:

- **attracting and revitalizing national, regional and foreign investment;**
- **achieving better value for money in terms of public spending;**
- **encouraging the private sector to participate and innovate;**
- **promoting economic growth in the country and creating new jobs;**
- **reducing government spending and funding and sharing risks with the private sector.**

It is expected that cooperation will result in benefits in many areas, the most important of which are: technical support; securing of medicines,

medical equipment and supplies; re-examination of the burden of licenses taxation; and revision of legislation and laws to serve the work and facilitate and simplify procedures as much as possible.

The political and operational commitment to partnership with the private sector is made clear in national health policy and health sector strategic plans. However, health policy-makers are yet to see much change. Of those surveyed, 50% of policy-makers felt that there is a trend towards partnership with the private health sector; however, 25% indicated that to date no such partnerships exist for the delivery of health services beyond the vision. A further 25% of policy-makers indicated that there is no such trend towards partnership with the private sector at present.

By contrast, 75% of donor representatives confirmed the existence of projects or contracts between the public and private sectors in the Syrian Arab Republic. Some 43% of respondents overall considered the participation of diagnostic centres in service provision in alignment with national health priorities or programmes such as disease control (e.g. tuberculosis, malaria and HIV tests, and noncommunicable disease tests) to be acceptable.

Non-profit organizations expressed interest in public–private partnership to provide health services to the community, and confirmed that the Ministry of Health shares information and produces monthly reports. The survey also found that there is considerable willingness on the part of private entities to cooperate with the Government within a partnership framework. The majority of private diagnostic centres were willing to participate with government agencies to contribute to improving the health system: 59.6% were strongly willing, 18.2% were neutral and 15.6% unwilling.

8.2.2 Priorities for engagement of the private health sector

For donors, if the Government decides to involve the private health sector as a strategic option, the key priorities will be promoting access to services, increasing evidence-based scientific research, improving the information system and using technology. The most important medical services for donors are vaccination, maternal and child health and tertiary health care, especially expensive services that are costly and difficult for the public sector to cover (e.g. to support patients with rare diseases, disabilities or chronic issues, including dialysis patients). Donors consider it essential that the private sector accept responsibility for covering these costs.

For 75% of health policy-makers, the priority areas for partnering with the private sector include strengthening health infrastructure such as hospitals, medical facilities and specialized clinics; while 50% of policy-makers felt that improving all levels of health care, whether primary, secondary or tertiary, is a priority area for cooperation, especially provision of specialized services not available in public health facilities. Some 43% of private sector providers (hospitals and clinics) felt that the private sector should collaborate with the public sector for the purpose of improving access to services.

Respondents ordered priorities for Government engagement with the private health sector, as follows.

1. Allowing insurance and related services provided through insurance companies
2. Providing specialized clinical services
3. Health promotion activities and community mobilization for preventive health
4. Supporting scientific research, technology development and pharmaceutical industries
5. Providing non-clinical support services (environmental hygiene, laundry, kitchen, etc.)
6. Developing clinical services and hospital operations management.

From the donors' point of view, there are some facilitating factors that can support private sector engagement (e.g. policy, legal and regulatory frameworks, and capacity-building options), as listed below.

- **Public–private partnerships must be supported legally, including a review of laws and legislation.**
- **A system needs to be developed and institutionalized to manage partnerships, and capacity should be built for the partnership unit.**
- **A funding mechanism should be established for public–private partnerships.**
- **Political and administrative commitment is required.**
- **Best practices should be shared and expanded, and new partnership models created.**
- **Modes of facilitation should be afforded to the private health sector in terms of taxation, licensing, financing and mobility. If the private sector fulfils arrangements agreed with the Ministry of Health, serves national public health policy, fills gaps or meets public health needs, then there should be proportionate tax or customs incentives as well as facilitations in the licensing and financing options. This is essential to ensuring that health services continue to be provided.**
- **A forum, platform or formal mechanism for public–private interaction should be created.**
- **Monetary incentives should be provided.**
- **Information needs to be shared.**
- **Follow-up, monitoring and evaluation should be in place.**
- **From the health policy-makers' point of view, the key concerns related to private sector engagement are listed below.**

- **Profit-driven behaviour and inappropriate price increases, as a result of the sector being limited to profit-seeking activities.**
- **Negative impacts of lack of follow-up mechanisms, use of scientific evidence, evaluation, standards and controls.**
- **Lack of information about private sector activities, and its reluctance to share data with the Government.**
- **Lack of interest in national health goals, policies and programmes, and inadequate attention to primary care services and disease management protocols.**
- **Poor regulation or noncompliance with regulations.**
- **Luring public sector staff to the private sector by offering higher salaries.**
- **Addressing less-complex cases and referring complex ones to public facilities.**
- **Carrying out unnecessary clinical practices.**
- **Difficulty with private sector regulation and monitoring of management practices.**
- **Incapable of self-regulation (82% of health policy-makers surveyed).**

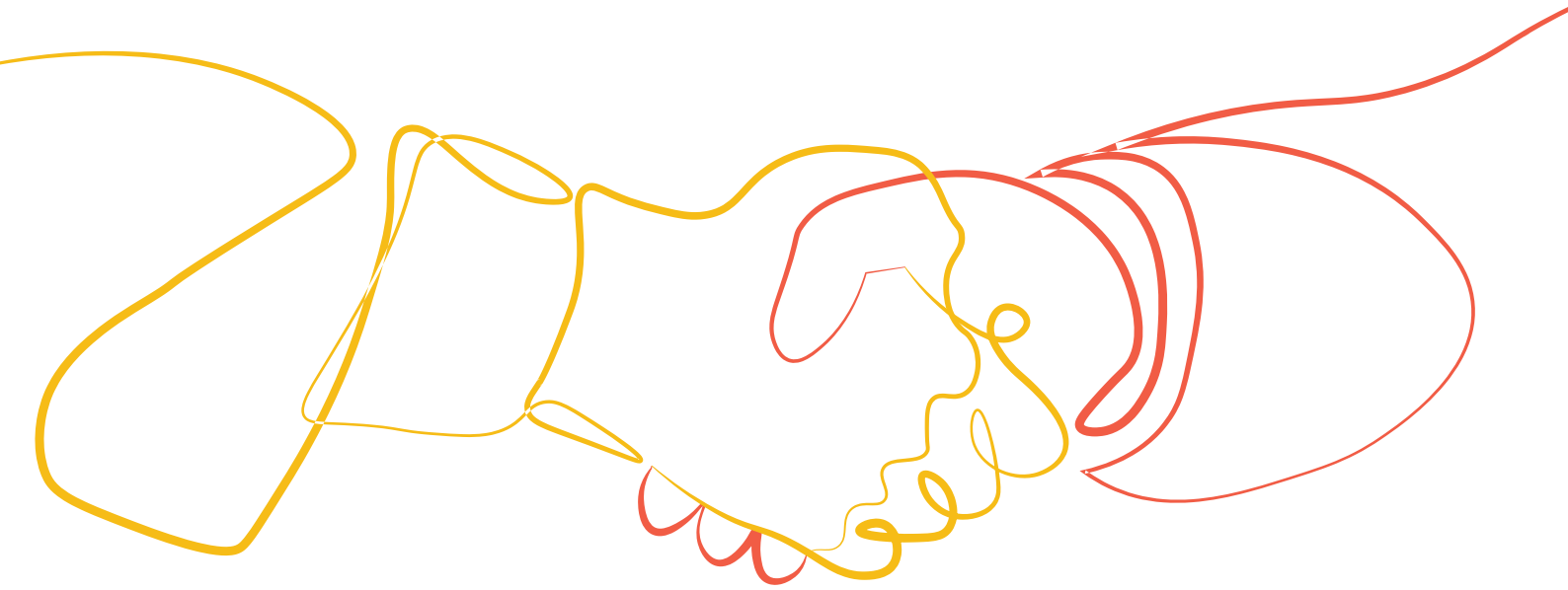
8.2.3 Constraints to private sector engagement

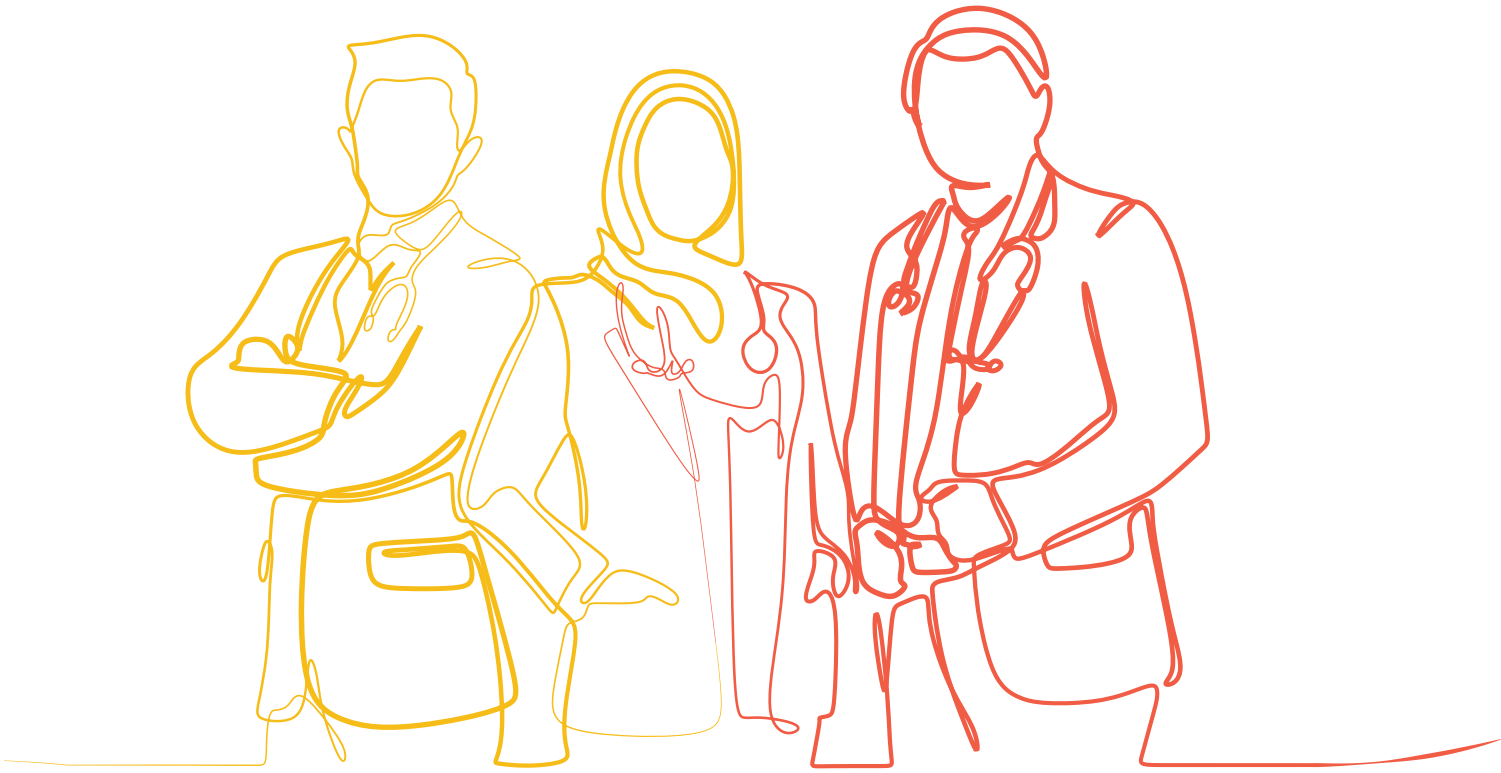
- **Delayed payment on the part of the Government for private services (the most significant barrier).**
- **Lack of understanding of mutual expectations, weak channels of communication, lack of a clear legal framework to support public–private cooperation, and limited number of service providers (nongovernmental organizations) in areas where partnership would be beneficial.**
- **Non-availability of formal contracts with the Government for private-sector service provision contributing to national health priorities and programmes, such as communicable disease tests (tuberculosis, malaria, HIV) and screening for noncommunicable diseases.**
- **Insufficient incentives from government agencies to attract the private health sector to provision of services in the needed areas.**

According to the survey respondents, to facilitate private sector engagement the Government should work towards: granting tax exemptions; providing medicines, equipment and medical supplies free of charge; providing training opportunities; facilitating the licensing process; and approving appropriate sites to provide such medical services.

8.3 Conclusion

Both the public and private sectors have an active role to play in the delivery of health services in the Syrian Arab Republic. The current situation demands that both sectors work together and coordinate their roles as development partners to create an environment in which policy structures are available to support partnership and governance, stimulate funding and provide space for future opportunities for the private sector to be involved. If implemented properly, growth in and engagement with the private health sector can help to facilitate UHC and reduce catastrophic health spending for individuals and may improve the quality of health care services provided in the country.





9
Recommendations and proposals

As a result of this study, we conclude that policy-makers and decision-makers at the highest levels in the Syrian Arab Repulic should encourage public–private health partnerships. This will involve enacting legislation and regulations that provide the legal infrastructure to support the current reality, in pursuit of the national strategic objective of UHC. The data generated by the study can help decision-makers, national health policy-makers and strategic health planners to determine the course of health partnerships now and in future. The most important recommendations are listed below.

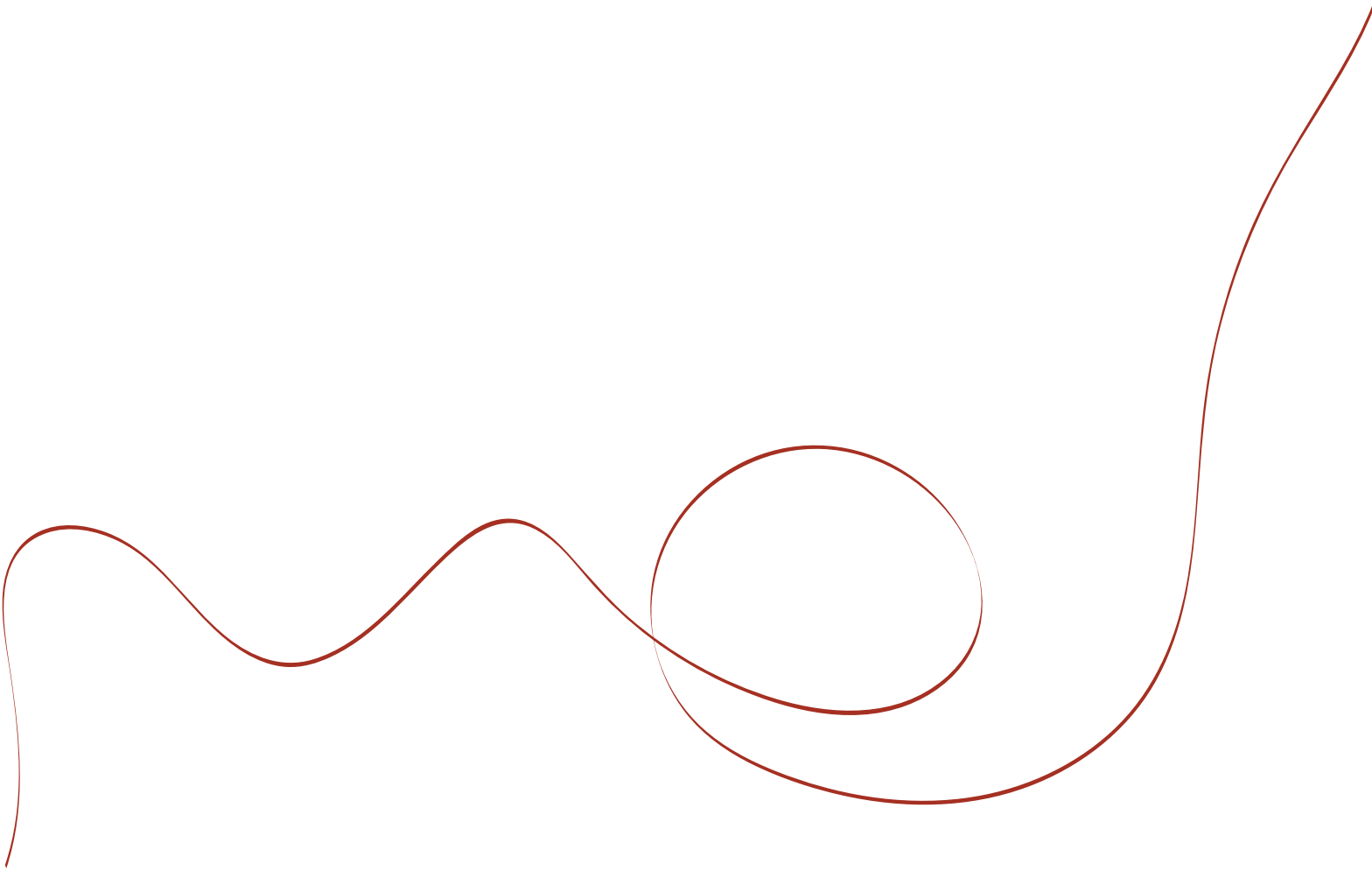
- **Secure funding to support and expand partnerships with the private health sector, in order to reduce the cost of health services and to cover all segments of society with health insurance; this is the best approach to sharing the financial burden and preventing excessive health spending on the part of the Government.**
- **Amend legislation and promote strategic planning to effectively engage the private health sector.**
- **Draw the private health sector into the health information system with transparency and honesty to obtain the necessary health indicators to form the basis for building national strategies, assessing health needs and drawing up sound health policies and plans.**
- **Promote knowledge management, information technology, data sharing and digital transformation; conduct the necessary research and studies to update the national health map and information on private health facilities.**
- **Train health workers on quality systems and their application to achieve high-quality health services.**
- **Create new public–private partnerships to achieve the SDGs by addressing access issues and service quality.**
- **Allow trade unions and civil society to assume their role and work together to rebuild trust between government agencies and the private sector.**
- **Conduct a detailed study of health insurance and its potential role in contributing to UHC.**
- **Carry out intergovernorate comparative studies to understand the private sector, and learn from negative experiences and benefit from positive experiences.**
- **Using surveys and studies, focus on the role of the private sector compared to the public to give a more comprehensive and accurate idea of their strengths and weaknesses in all regions.**
- **Tap into public–private partnerships in neighbouring countries, and learn from their experience in creating effective partnerships with the private health sector at various levels.**

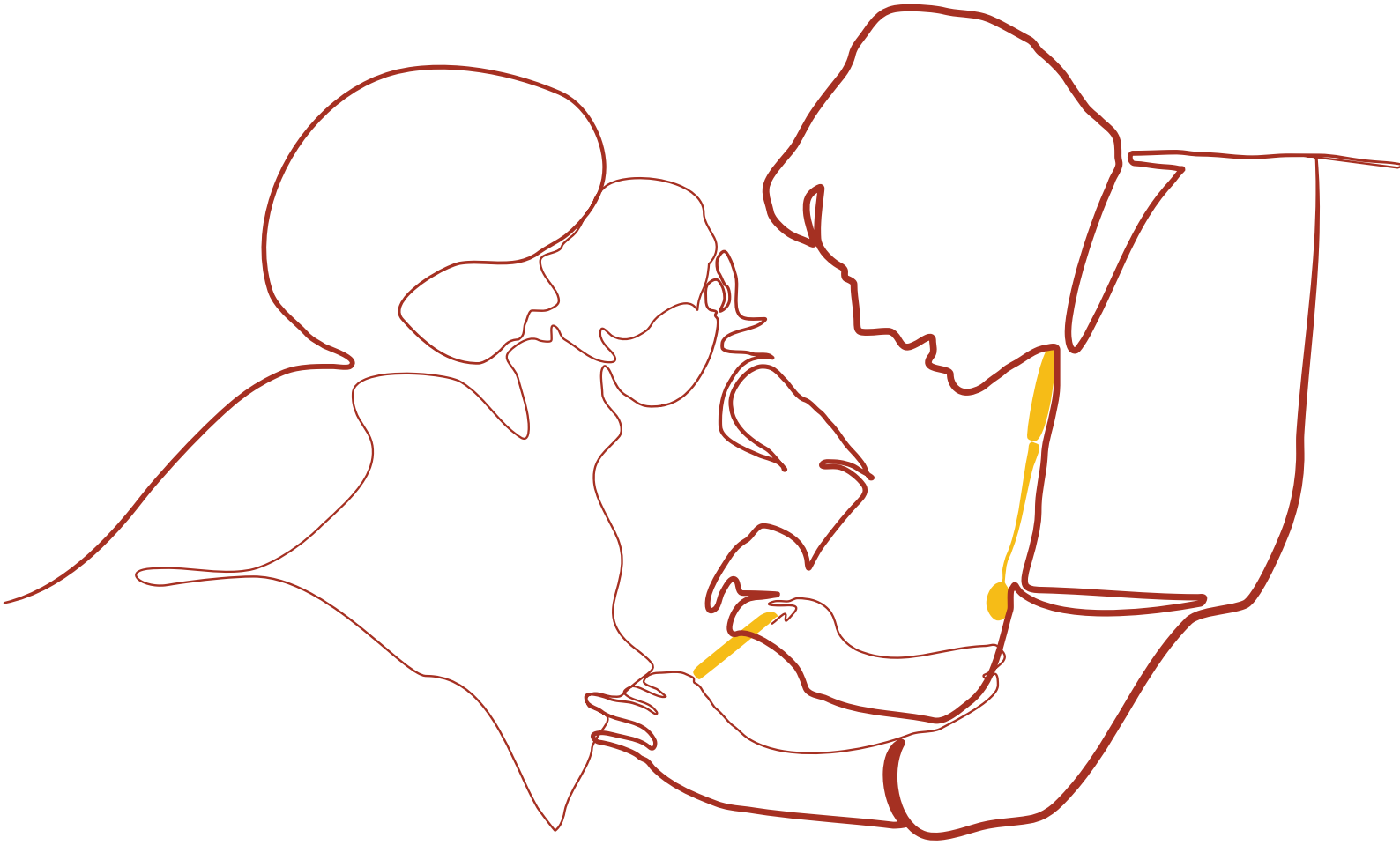
As a result of this study, we conclude that policy-makers and decision-makers at the highest levels in the Syrian Arab Repulic should encourage public–private health partnerships

Donor proposals for public–private coordination

All health policy-makers interviewed acknowledged the presence of a body in the Ministry of Health responsible for liaising and working with private health providers and nongovernmental organizations.

An electronic platform should be established for private health providers, with annual meetings held under the supervision of the Ministry of Health.





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Annex

Annex 1.

Breakdown of survey respondents/interview subjects

- **Number of patients: 1000 (200 per governorate)**
- **Number of hospitals: 100 (20 per governorate)**
- **Community associations (for-profit or non-profit) that provide health services: 35 (5–7 per governorate)**
- **Health centres, laboratories and pharmacies: 35 (6–8 per governorate)**
- **Number of insurance companies: 5 (Damascus)**
- **Number of trade unions: 7 (Damascus)**
- **Number of health policy-makers and decision-makers: 4 (Damascus)**
- **Number of donors and international organizations: 4 (Damascus)**