

Exploring approaches for complementary private sector engagement in the health sector in Northern Syria



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Research Brief



Queen Margaret University
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AND DEVELOPMENT



ReBUILD
FOR RESILIENCE



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**DE SECOURS ET
SOINS MEDICAUX**





Primary Health Care Clinic, Syria. Photo Credit: UOSSM France

BACKGROUND

In the absence of state institutions and a decrease in humanitarian assistance, unmet health needs in Northern Syria are increasing. Sustainable and long-term approaches are required, to ensure that equitable, accessible and quality health care continues to be available.

Previous assessments by health partners reported the existence of a for-profit private sector in the region which contributes to health service delivery. However, no research study has explored the role of the private sector, the dynamics of private sector engagement within the health system and the potential impact on health system goals.

CAN THE PRIVATE SECTOR CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING IN NORTHERN SYRIA?

This research project sought to provide insights into the scale and scope of the private sector in the region and its impact on health system objectives such as equitable accessibility of services and quality of care.

PROJECT OBJECTIVES

This project intended to:

- Inform other researchers and humanitarian practitioners by providing a review of the literature on engagement of the private sector in fragile and conflict-affected settings with similar features to the Syrian context (i.e. limited state presence and an active, but diminishing, humanitarian presence);
- Help explore the current scale and scope of private sector health care provision in the Northern region of Syria and its level of performance in relation to equity, quality and efficiency of services.
- Support policy makers and humanitarian organizations to identify entry points for private sector engagement intervention(s) by the development community and health partners.
- Overall, this project helped us better understand the current private sector landscape and opportunities for its contribution to health system strengthening in Northern Syria.

ABOUT THE RESEARCH METHODS

The research study included: (1) a rapid review to identify relevant literature and potential frameworks for private sector engagement in Fragile and Conflict Affected Settings (FCAS); (2) a participatory workshop held in February 2022; and (3) semi-structured interviews with representatives of NGOs, private providers, public providers and local health authorities in Northern Syria. A total of 35 key informants participated in this study which was conducted between November 2021 and May 2022.

KEY FINDINGS

Our study findings indicate a growing contribution of the private sector to the current NGO-led service delivery model, which replaced the pre-crisis public sector in Northern Syria. Despite a re-emergence in recent years, **the performance of the private sector is still low** compared to health needs with a very selective delivery of profitable hospital services.

The **delivery of outpatient services is mainly led by the NGO sector** with some presence of the private sector to provide laboratory and imagery services. With the absence of insurance schemes or tax-based financing models, **out-of-pocket payments are the dominant funding source for private services**. The operations of the private sector are governed by commercial imperatives rather than health policy goals, within a very limited oversight. Our study explains this by a **challenging political economy of health and a fragmented stewardship of the health system** in the Northern region with limited organizational capabilities of local health authorities and limited power over the private sector specifically.

Human resources for health are currently attracted by NGOs but a shift towards the private sector is expected especially for physicians who have been engaged in dual practice even before the Syrian crisis.

Issues with medical education were reported and this should be prioritized by actors in order to address the gaps in availability and mix of human resources across all sectors.



Research meeting with stakeholders, February 2022, Gaziantep

Our study supports the need to engage with the private sector but identifies risks of unregulated growth of services with inequitable access by communities.

Private sector engagement should then be framed within the principles of universal health coverage and primary health care and supported by regulatory capacities, in order to avoid a reorientation of the system towards the pre-crisis hospital and specialist-centric model.

RECOMMENDATIONS

1. A detailed review of policies and regulations in relation with the registration and licensing of private facilities should be conducted in all regions to re-examine the scope of licensing in Northern Syria and expand it to include the regulation of the role of the private sector in Northern Syria.
2. The contribution of the private sector to health data generation and reporting should be encouraged and can be aligned with their involvement in decision-making platforms or incentivized by partnerships and service delivery projects.
3. Dialogues with the private sector and the engagement of private sector in the participatory decision-making platforms in both regions are essential. There is a need to create policy dialogue structures that can be used to define the strategic orientation of the sector in the current and future phases as well as to identify and review collaboration opportunities and agree on their objectives.
4. Interventions to support free or low-cost access to private providers should be explored by NGOs and piloted along with different financing modalities. An entry point could be exploring a financial protection mechanism to increase access to medicines.



Primary Health Care Clinic, Syria. Photo Credit: UOSSM France

ABOUT THE RESEARCH TEAM

The study research team included: Ibrahim R. Bou-Orm, Giulia Loffreda, Maria Paola Bertone, and Sophie Witter from the Institute for Global Health and Development at Queen Margaret University – Edinburgh (UK) and Mark Hellowell from the University of Edinburgh (UK).

The project was conducted in close collaboration with Union des Organisations de Secours et Soins Médicaux (UOSSM) France, the main funder of this research; MIDMAR, the research partner in North West Syria; the [Rebuild for Resilience project](#).

We acknowledge the contribution of Enrico Pavignani and Amina Olabi (UOSSM France) to study conceptualization and implementation.

DO YOU WANT UPDATES AND MORE INFO ABOUT THE RESEARCH?

To engage with this research and receive further updates, please visit the [research study webpage](#)



A webinar will be held to present findings related to this research.

For more information, you can contact the study PI Ibrahim Bou-Orm at IBouOrm@qmu.ac.uk



Medical Doctor during a home visit, Syria.
Photo credit: UOSSM France