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

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SÉPTIMO SIMPOSIO MUNDIAL SOBRE INVESTIGACIÓN EN SISTEMAS DE SALUD

Queen Margaret University
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Background

- Northern Syria: an **extremely fragile setting** with millions of internally displaced persons and increasingly constrained funding for humanitarian assistance;
- Gaps in the provision of health services due to several factors (e.g. weak governance, funding challenges, as well as limited human and technical resources), despite **collaborative approaches** (e.g. Harim Network) (Witter et al. 2021)
- **Inequitable distribution of services and limited integration** of Mental Health services affecting **patients' experiences and trust** in providers (Bou-Orm et.al 2021)
- The "empty void" created by the absence of state services in FCAS tends to be filled by commercial (often informal) providers of curative services, failing to promote equity or efficiency (Hill et al. 2014)
- More sustainable and longer-term approaches for provision of **equitable, accessible and high-quality** healthcare services required

Research aim and objectives

This study aims to **explore how to engage the private sector in long-term sustainable and equitable interventions within the health system in Northern Syria.**

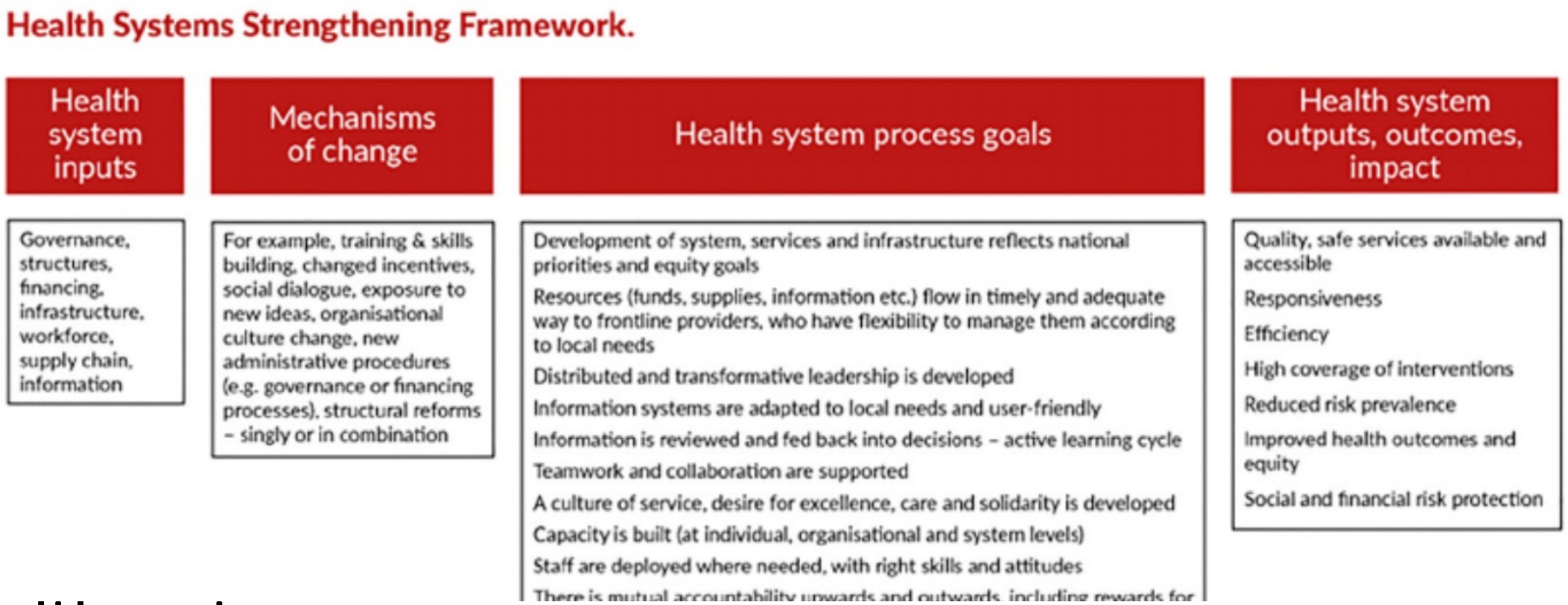
Specific objectives are:

- To review and synthesise the literature on the engagement of the private sector in FCAS;
- To explore the scale, scope and level of performance of the private sector in health service delivery in the Northern region of Syria;
- Identify potential areas of interventions for private sector engagement.

Methodology

- Rapid scoping review to extract barriers/facilitators for private sector engagment in emergencies / FCAS
- Qualitative and participatory research methods: KII and workshop

Participant category	Number of participants
Health coordinators / managers from (i)Non-governmental Organizations (NGOs)	15 participants
Donors and representatives of UN agencies	3 participants
Health providers	9 participants
Academics and experts	3 participants
Representatives of local health authorities	4 participants
Community leaders	1 participant

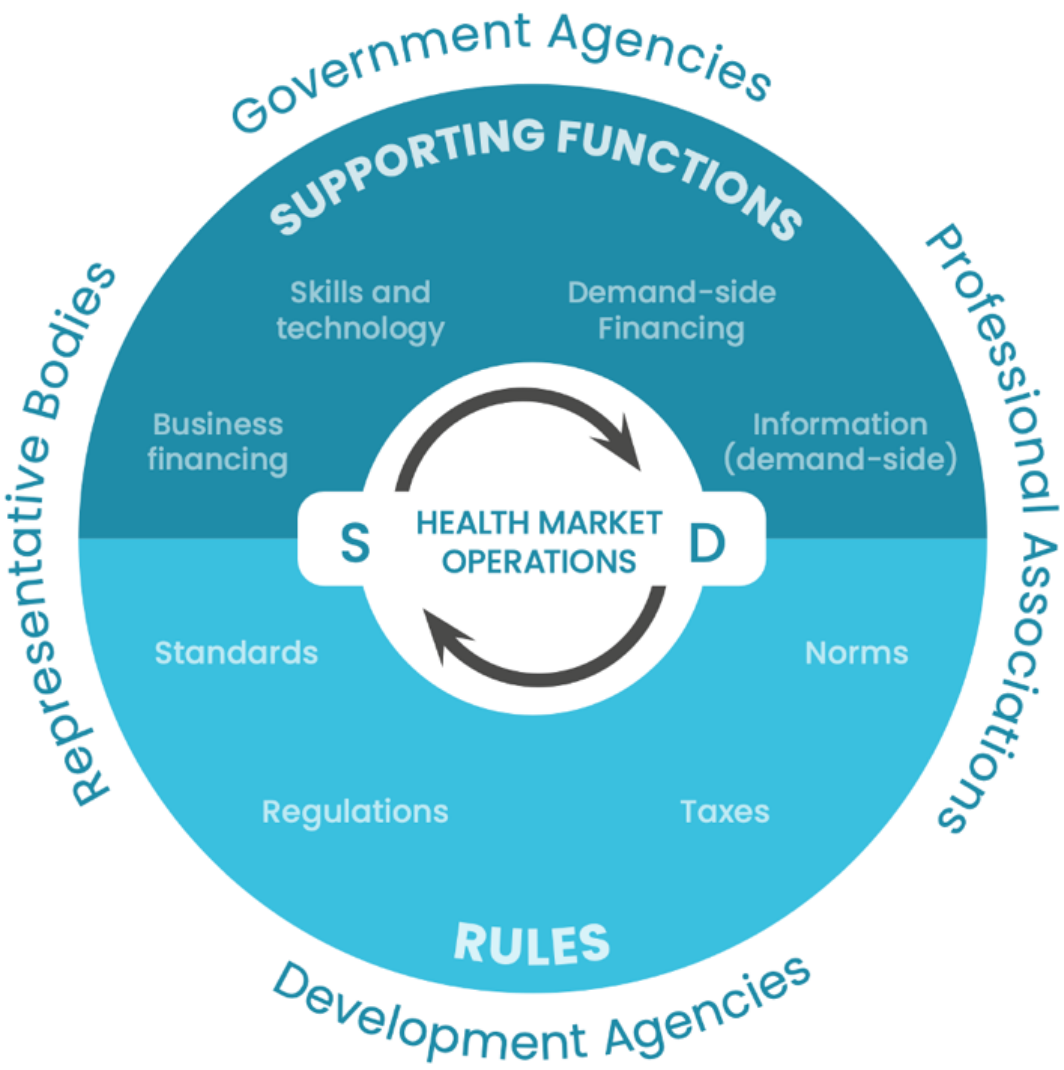


Health system strengthening framework

Witter et al, 2019

Framework for private sector engagement

Market system approach: modify the *incentives* and *behaviour* of the market players (private and government sectors; informal and formal) to bring about the desired impact while making the health market more accessible, inclusive, resilient and financially rewarding.



Managing markets for health (Hellowell et al. 2020)

Findings – Scale and role of the private sector in service delivery

- Varied definitions of private sector
  - NGO sector considered as “public” by some participants
- Growing contribution of the private sector to the current NGO-led service delivery model, which replaced the pre-crisis public sector in Northern Syria (slow re-emergence after 2017/18)

‘Currently, we cannot say that there is a state, let's say a public institution based on previous definition. The public institution is the one that does not receive a fee in exchange for health services, and it is not in exchange for money. This is what it means.’ (Participant 06)

Findings – Scale and role of the private sector in service delivery

- The private sector **migrated over the years** with communities and are now located in the **wealthy areas of Northern Syria and at the borders with Turkey.**
- Private sector often focus on specific services (eg, maternal services), while NGOs deal with primary care and more advanced (and less profitable) cases in NGO-supported hospitals.
- **Some public hospitals** are (disproportionally) available across the Northern region with different control bodies (depending on political or military power dynamics).

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

Findings – Contribution of the private sector to fulfilling core functions of the health market: Drug manufacturing, private pharmacies, and labs

- Despite the existence of local drug manufacturers in the Northern region, **the market substantially relies on imported drugs** which are delivered by organizations through health facilities.
- Drugs coming from the areas controlled by the Government of Syria (GoS) are also available but considered **as 'imported' drugs given the informal charges** paid at the military checkpoints between different zones and their higher prices in the Northern region compared to where they are manufactured.
- Almost all of community pharmacies are for-profit private entities, but communities mainly rely on the NGO sector to get their needs in medicines as the **purchasing power of communities** is currently very low.
- Not all laboratory services are available within the NGO sector and **private laboratories are filling an important gap**.

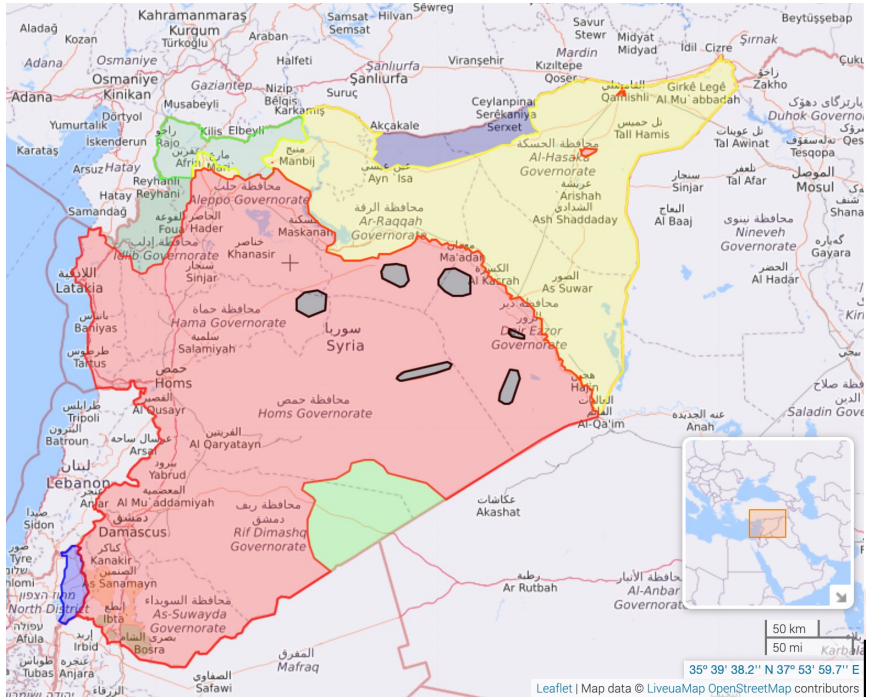
Findings – Human resources moving between sectors amidst funding concerns

- **Dual practice is a normal pattern** and physicians usually hold several contracts with different organizations and hospitals, because of lack of regulations
- **Competition in the not-for- profit sector** exists because of the absence of unified salary scales across organizations
- Shortage of doctors and challenges to establish a **functional high education system.**
- War impacted the **mix and distribution of medical specialities** (substantial gap in a range of non-surgical specializations)
- The **affordability and community preference of the NGO sector** is a key determinant of the current distribution, but a future shift may happen.

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

Findings – Challenging political economy features affecting private sector engagement

- Extremely fragmented political system
- More stable situation in the east (impacting the private sector growth)
- De facto authorities in the west not willing to interfere with the health sector
- Changing power dynamics in Northern Syria and the impact of international political decisions on health service delivery and the presence of actors (from different sectors)



Military and political control in Syria
Source: https://syria.liveuamap.com/

Findings – Health system governance and private sector engagement

- HSG in the west is more challenging situation compared to the east; different directorates are linked to different authorities and have diverse capacities and control.
- **Limited stewardship capacity of health directorates** over the health system; health directorates use soft power approaches to regulate, or partially contribute to the regulation of, the health system.
- Limited resources in the directorates with HR in the Idlib directorate being supported either by HSS projects from international donors or by NGOs

Findings – Health system governance and private sector engagement

- Gaps in the oversight of the private sector in the Northern area
  - In NWS, the **registration and licensing of private facilities** are under the mandate of the internationally unrecognized government in the south and Turkish authorities in the North
  - Several organizations operating in NWS are registered in Turkey and can only act through the cross-border support mechanism
- Control of quality of health services in the private sector is limited
- **Absence of a strategic vision** of the health sector in Northern Syria affecting PSE
- Need for a **dialogue between sectors as the engagement of the private sector** is a necessity to fill the gaps in service delivery

Findings – Health financing and private sector engagement

- High reliance on humanitarian aid channelled through organizations
- Risk of continuous decrease or even sudden disruption leading to an alternative of introducing user fees?
- **OOP (main source of funding) and some informal solidarity mechanisms** to support community members who are in need of private health services but cannot afford them
- Financial protection from catastrophic expenditures is very low

Findings – Impact of private sector involvement on equity, quality and efficiency of services

- Affordability of private services still low in the Northern region
- Challenging accessibility for communities in underserved areas
- Risk of over medicalised and commercialised health care without regulations

Recommendations

- A detailed **review of policies and regulations in relation with the registration and licensing of private facilities** should be conducted in all regions
- The **contribution of the private sector to health data reporting and generation** should be encouraged and can be aligned with their involvement in decision-making platforms or incentivized by partnerships and service delivery projects
- **Dialogues with the private sector and the engagement of private sector in the participatory decision-making platforms** in both regions are essential
- **Interventions to support free or low-cost access to private providers** should be explored by NGOs and piloted along with different financing modalities

THANK YOU

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