KURDWATCH Report 3

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Remarks on the Syrian health-care system

Health care in Syria has vastly improved since the 1970s, as evidenced by such indicators as average life expectancy.[1] Whereas life expectancy in 1970 was 56 years of age (average for both sexes), by 2005 it was 70 for men and 75 for women. Immunization is also far more frequent: in 1981 only 14 percent of children were immunized against diphtheria, whooping cough, tetanus, polio and measles, but 97 percent had received the vaccines by 1998. On the whole, the incidence of infectious disease has declined significantly. At the same time, government spending on health care in relation to the total budget has greatly increased: from 1.1 percent in 1980 to 6.8 percent in 2005.[2] Yet this fundamentally positive trend cannot hide the fact that health care in Syria has major shortcomings.

The health-care system in Syria is comprised of a public and a private sector. The public sector includes hospitals run by the Ministry of Health[3] and so-called health stations operating in the rural areas. The private sector is made up of private hospitals and medical doctors in private practice. Out of a total 482 hospitals in Syria in 2008, 365 were private and 117 public. This number is admittedly misleading, as private hospitals are generally smaller institutions. Whereas the latter provide 8,357 beds, public hospitals are equipped with 21,849 beds. Even a house with three or four beds and a salaried doctor—usually the owner—is designated a

1 The information presented in the following article comes from interviews with doctors from Damascus, Aleppo, al-Qamishli, ʿAyn al-ʿArab (Kobanî) and ʿAfrin. The interviews were carried out by KurdWatch in June and July of 2009. Numerical data corresponds to statistics supplied by the Syrian Ministry of Health from the year 2008 (»ḫidmāt ṣaḥḥīya ʿilāǧīya«, accessed at <http://www.moh.gov.sy/Pages/stats/pages/hospitals.htm>) and to population figures for 2008 (»tawazzūʿ as-sukkān as-sūriyīn wafaq siǧillāt al-aḥwāl al-madanīya ḥasab al-ǧins wa'l-muḥāfaẓa«, accessed at <http://www.sana.sy/servers/gallery/20090506-111635.pdf>).

2 See World Health Organization: »Syrian Arab Republic«, accessed at <http://www.who.int/countries/syr/en>; WHO 2006: 13–15.

3 There are also hospitals for specific professional groups, including the police and the military.

hospital. Nevertheless approximately a quarter of all beds are in the private sector.

Syria does not have a public or private health-insurance system. If a patient is treated in a private hospital, he is obliged to cover the cost—from the anesthesiologist to the bandage. Contrary to popular belief, public hospitals are not free of charge either; costs range from between 10 and 15 percent, with a tendency to increase.[4] Furthermore, unless in an emergency, patients are generally not treated in hospital unless they have already been diagnosed, in other words, after they have seen a private doctor. The fee for the latter must also be paid by the patient. The only service available free of charge is—very basic—medical treatment at the health stations.

Nationwide, the average ratio of state-funded hospital beds to inhabitants is 1 to 877, and thus nowhere near the government's official aim of 1 to 600. Likewise, there are major differences throughout Syria in terms of patient care. Damascus has approximately 1 bed to every 307 inhabitants, while the ration in Idlib is approximately 1 to 2,740. Idlib thus lags behind other Syrian provinces, followed by al-Hasakah province, which has 1 bed per 1,565 inhabitants. This figure does not take into account the stateless Kurds who live primarily in this province.

There are also considerable differences in the care system within the individual provinces. Even today, there is not a single public hospital in ʿAfrin and ʿAyn al-ʿArab, the predominantly Kurdish settled districts of Aleppo province. The number of private hospitals is negligible. There are four private hospitals in the ʿAfrin district with a total of fifty beds and emphasis on general surgery, orthopedics, gynecology/obstetrics, and pediatrics. The ʿAyn al-ʿArab district has one private hospital with five beds. Hence the inhabitants of both districts (circa 470,000 in ʿAfrin and 250,000 in ʿAyn al-ʿArab) have no choice but to seek treatment in Aleppo, which is 65 and 165 kilometers, respectively, away from the district capitals. It is difficult to prove the extent to which this massive shortage of care is politically motivated. In the case of the city of ʿAfrin, it is common knowledge that twenty-five years ago discussions began on whether a public hospital should be built there or twenty kilome-

4 It can generally be assumed that the cost to patients for various treatments is rising, whereas salaries are not.

ters further away in the city of ʿAzaz (circa 250,000 inhabitants). In 2007, the hospital was finally opened in ʿAzaz, although it is closer to Aleppo (50 kilometers) than ʿAfrin and twice as many people live in the ʿAfrin district than in the district of ʿAzaz. Contrary to ʿAfrin, however, the population of ʿAzaz is primarily Arab. According to information from the Ministry of Health, the residents of ʿAfrin also benefit from the newly built hospital. According to our information, however, inhabitants rarely avail of the hospital because there is no direct bus connection between ʿAfrin and ʿAzaz.

As mentioned earlier, the Syrian government invests a substantial amount of money in health care, and the health-care budget has increased significantly, both in absolute numbers and in relation to the total budget. Nevertheless, according to a doctor from al-Qamishli, without private hospitals, patients would not be assured basic medical care. In his opinion, public hospitals tend to be overcrowded and lack beds. Patients are accommodated in corridors and the standard of hygiene is disastrous. The fact that investments in health care have not led to adequate medical care for patients can be primarily attributed to one phenomenon—corruption. The seriousness of this problem is evident, for example, from how medication is handled. Contrary to orders from the Ministry of Health, patients in public hospitals are obliged to pay for almost all the medication they require. This is not because hospitals are generally undersupplied, but because administrative staff and the doctors in charge privately sell the medication intended for hospital patients. A doctor from Aleppo reports:

> »A committee of several doctors is responsible for buying medication for hospitals in its service area. Medicines are purchased six months in advance. This committee once spent eleven million Syrian liras [almost 250,000 US dollars] on anesthetics for our hospital. I don’t know how much it was exactly, but according to the expiry date, they were valid for less than six months. The amount they purchased would have been enough, even if we had operated every day and also used the anesthetics to clean the floor. Medicines are frequently sold to other, private hospitals.«

This form of corruption is particularly hard to eliminate because it occurs at all levels—from the doorman to the nurse, from the assistant doctor to the senior physician, from the hospital director to the minister—everyone benefits. There are no reliable monitoring authorities.

»In Syria, before becoming a specialist, you are appointed to serve in a town for six months to support the rural areas.[5] I decided to go to a small town approximately 120 kilometers east of Aleppo. When I arrived, I was made director of the health station as I was the only doctor. At the health station the patients receive first aid. I examined them and gave them medication. We had medicines that were made available by the government. The station was full of medicines. There was no doctor who could have stolen any. When patients came, I gave them medication whether they needed them or not. I gave medicines to everybody. I gave people cough mixture, for example, and told them that if their daughter had a cough, they should give her the mixture. Things like vitamins and tablets for headaches, in other words, no hard drugs, no antibiotics. I gave it to them free of charge. The doorman of the health station was not impressed and asked me why I was doing this. I said: ›Why not? We have a lot of medication and in six months we will receive more. What am I supposed to do with it?‹ He, of course, wanted to sell it.

A doctor who worked at the hospital with me was later also appointed to a health station. He used his car to pick up the medication for his health station in Aleppo. But instead of bringing it to the health station, he sold it for approximately one million Syrian liras [approx. 22,000 US dollars]. The director of the hospital learned of this at a later date. The doctor in question didn't come to the hospital for three days and when he did, he brought two sheep and tied them up in the hospital garden. The director was upset and asked what this was all about. The doorman said: ›The doctor brought the sheep for you.‹ The director answered: ›Good, take them to my home.‹ With that, everything was settled.«

5 According to another informant, only pharmacists and dentists are currently on duty there.

Even the use of medical equipment is prevented in the financial interests of those in charge:

> »Like other big hospitals in Syria, our hospital received a CT machine from Japan as a gift. The companies earn their money from maintenance of the machine and not from the machine itself. When the Minister of Health paid a visit one day, the machine was brought out from the basement. I had never seen it before. It was in the basement all the time. The director didn't want it to be set up because a private CT center had opened right across the street. If a patient came to the hospital and needed a CT, he was told to have it done privately. He was told about the CT center across the street from the hospital where he could be x-rayed. We sent thirty to forty people a day there. In other words, in the course of just one day, the people we sent to the center paid around one hundred thousand Syrian liras altogether. That's more than two thousand US dollars. The director received at least fifty percent of this amount. He earned more than a thousand dollars a day without lifting a finger. At the expense of the patients, even though the government had made a CT machine available.«

Even gaining admission to a public hospital can mean having to overcome major obstacles, since it is often determined by the patient's connections rather than the urgency of the case. Although many doctors hold regular surgery hours, they favor patients who have already made contact with them, patients who can pay for treatment, or those who have been recommended by acquaintances:

> »We had an attendant who often came to me and said: ›Doctor, this is a relative of mine, can you treat him?‹ I was sympathetic and examined the relative. After a while I heard that the people he sent to me were not his relatives at all. For example, he introduced me to a woman I was to treat. I asked her where she was from. She came from a completely different region than the attendant. Then the woman told me that she had given the attendant money to introduce her as a relative.«

Even the hiring of hospital staff, particularly nurses, is based on connections rather than qualifications. Some

of the nursing staff have no training in medicine or care-giving, but are secretaries or members of other unrelated professions who were hired because of their connections. Patient care is accordingly poor:

> »My grandfather was seriously ill, he needed a bypass. We brought him to the Assad Hospital in Damascus, where he was examined by the head physician. He explained: ›Your grandfather will survive the operation, but not the stay in our intensive-care unit. There are not enough nurses to operate and monitor the machines in our unit. Furthermore, they are poorly trained. If you want to give your grandfather a chance, you'll have to look after him yourself.‹ At that time I was a medical student in my sixth semester with no practical experience. The head physician came to the intensive-care unit with me and explained what I needed to know about the machines. My grandfather had the operation and I spent several days in the intensive-care unit looking after him. He survived.«

Likewise, normal training for nursing staff has a poor reputation. Nurses are known for leaving the majority of the care work to the patient's relatives. Follow-up care in particular is left almost entirely to the family. According to a doctor from Damascus, »If a patient in Germany spends a week in the hospital after an operation, in Syria it is one day.«

On the other hand, the study of medicine is considered challenging and medical students are seen as ambitious, since only those with the highest scores on their school-leaving exams are admitted to the course. At the same time, many doctors endeavor to do their residency abroad. For this medical elite, a job at a public hospital is out of the question. As a rule, if a doctor is in the financial position to do so, he confines his work to the private sector.

Private-practice fees, on the other hand, are so high that they are almost unaffordable for anyone earning a normal salary. In a private hospital in ʿAfrin, for example, a caesarian section, including laboratory analysis and medication, costs more than 400 US dollars—with a hospital stay of merely forty-eight hours. In large cit-

ies such as Aleppo or Damascus, the cost is even higher. With an average salary of 12,000 Syrian liras (just under 270 US dollars) an operation of this kind at a private institution is financially impossible for most people.

Almost no doctors work exclusively in public hospitals. The majority of those who work in public hospitals have a private practice alongside their government-funded full-time position. They work only a few hours a day at the hospital; in the afternoons and evenings they work in their private practices or operate in one of the private hospitals that rent operation facilities. This »double employment« is possible because public hospitals employ significantly more doctors than are required. For many of them the hospital is little more than a »hunting ground« for new patients. The goal is to gain as many private patients as possible. In this way doctors improve their low public salary—salaries paid by the government are currently between 200 and 400 US dollars a month.

The equally underpaid nursing staff plays a similarly inglorious role in the hunt for patients:

> »A patient is admitted as an emergency with a serious illness. The assistant doctor examines him and decides on an operation. It takes at least two hours before the patient can be operated. The nurse attempts to make contact with the patient in order to lure him away. There are one or two nurses like this on every shift. He tells the patient: ›The doctor on duty has no idea. I know a good doctor who will do the operation for a reasonable price.‹ The patient is already nervous about the operation, and public hospitals tend to have a poor reputation. This convinces the patient to go to the doctor suggested by the nurse. The doctor and the nurse have a deal. The nurse receives a specific amount of money for each patient he sends to the doctor. Another method is for the doorman to say his son had the same illness as the patient. He took him to a certain doctor and he is now doing very well. The patient decides to go to this doctor and the doorman immediately informs him he has sent him a patient.«

The widespread corruption in the health-care system is thus strongly linked to the low level of public salaries and applies to both medical and administrative staff. The extent of the problem becomes apparent in the light of a recently reported case from the board of directors of health care for al-Hasakah province. Since 1999, up to two billion Syrian liras have allegedly been embezzled. According to current knowledge, the administration responsible had been billing staff costs twice for years.[6]

The Ministry of Health, in consultation with the World Health Organization (WHO), has developed strategies to improve health care from 2000–2020. It specifies a total of seven priorities at the center of reforms, which include health development based on community involvement, human-resource development, as well as health management and administrative reform.[7] All of this suggests the fundamental problems that plague not only the health-care sector, but all social sectors: corruption—described, for example, as lack of criteria in awarding positions or allocating resources—and the unwillingness to assume individual responsibility. Both phenomena are linked to the Ba'th system, one that secures loyalty through favors and creates obedient servants rather than self-reliant citizens. Without a fundamental reform of the political system, sustainable improvements in health care will not be possible.

Reference

World Health Organization (Regional Office for the Eastern Mediterranean) 2006: *Country cooperation strategy for WHO and the Syrian Arab Republic 2003–2007*. Cairo.

6 Syria-news.com, August 1, 2009: »iḫtilāsāt mālīya taṣilu ilā milyāray līra sūrīya fī mudīrīytat ṣaḥḥa al-Ḥasaka«, accessed at <http://www.syria-news.com/readnews.php?sy_seq=99244>.

7 See WHO 2006: 15–20.