

The Health Sector Situation in NES



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The Health Sector in NES

Introduction:

The health sector in NES besets by a poor infrastructure in general. This is due to several reasons that war has further exacerbated them devastatingly. During the 9 years of the Syrian war, the health sector was subjected to further destruction and deterioration. Hospitals and health facilities were not spared from military attacks, many of which were completely destroyed, while some others partially destroyed. Also, medical personnel, including doctors, nurses, paramedics and civil activists were subjected to prosecution and arrest, killing and torture campaigns which resulted in the migration of many health workers abroad.

Just like other sectors, the infrastructure of the health sector has witnessed deterioration and lost its capacities and criteria that qualify it to carry out its tasks. For example, providing service and health care to the local and displaced people in the areas of the Self-Administration. Especially after the detection of many Coronavirus infection cases, which calls for more health care and an integrated and advanced health system of human resources, equipment and medical materials.

Until before 2011, the sector lacked health facilities, including hospitals, clinics and health centers. As they were few in number on the one hand and not equipped as required on the other hand. It was not provided with advanced medical equipment and modern devices necessary for the diagnosis and treatment of many critical and intractable disease cases. This sector, like other sectors, was on the agenda of the Syrian policy which worked on marginalizing areas of al-Hasaka governorate, as the vast majority of its population is of the Kurdish component.

Health Facilities in NES:

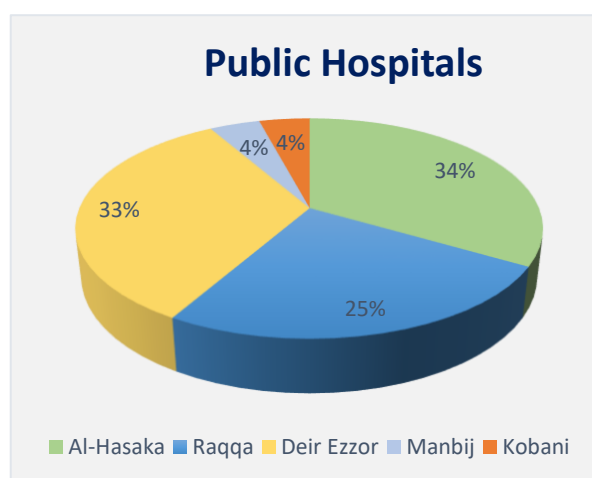
1- Public Hospitals:

Public hospitals are one of the most significant health facilities in NES, as they are a destination for many patients, especially those with limited incomes, who cannot afford costs of private hospitals. However, the level of health care in all public hospitals is rudimentary, whether in terms of care or in terms of efficiency of the medical staff and the availability of devices. It also

lacks the required conditions of hygiene and sterilization, which makes hospitals themselves a source of infection and the spread of many diseases. In particular, after the emergence of this virus and the infection of many medical personnel. This foretells a health disaster due to the speed of the outbreak and the frailty of the fully-functioning preventive and protective capacities.

The total number of public hospitals in all areas of the Self-Administration is 24, distributed over the five cantons as follows:

Margin (1) Detecting Coronavirus.

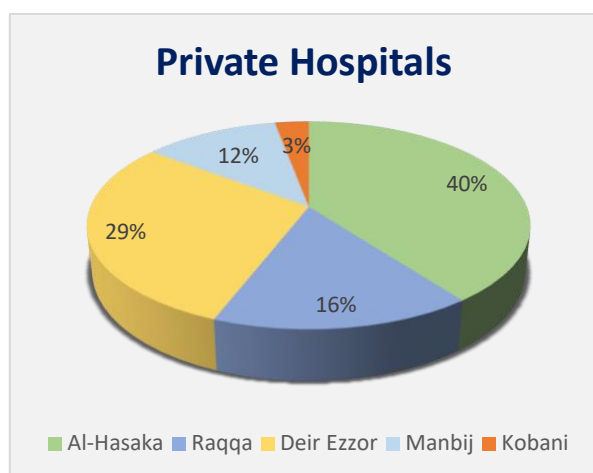


Canton	Public Hospitals No
Al-Hasaka	8
Raqqa	6
Deir Ezzor	8
Manbij	1
Kobani	1

2- Private Hospitals:

The level of health care in private hospitals in NES areas is acceptable, compared to public hospitals. Especially in terms of hygiene and sterilization, however, they also lack some necessary devices such as magnetic resonators. They can only deal with mild and moderate cases, while critical and serious ones are transferred to Damascus. Since it has more qualified and experienced staff and more advanced medical devices and equipment. However, the treatment costs in these hospitals are considered prohibitive, especially with regard to surgeries. For it does not commensurate with the average per capita income and salaries granted by the Self-Administration or the Syrian government.

The total number of private hospitals in all the Self-Administration areas is 68, distributed over the five cantons as follows:

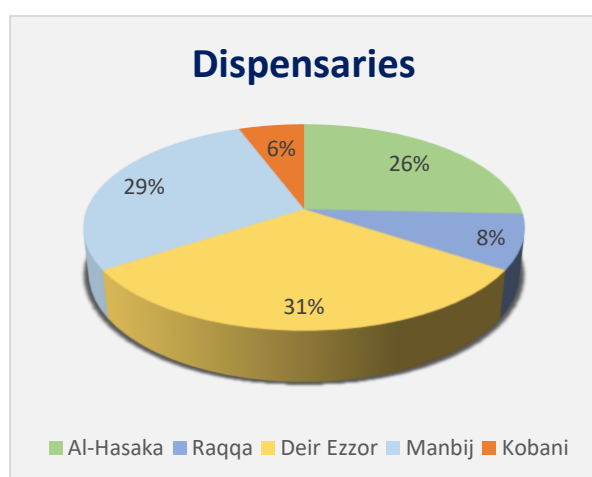


Canton	Private Hospitals No
Al-Hasaka	27
Raqqa	11
Deir Ezzor	20
Manbij	8
Kobani	2

3- Dispensaries:

Dispensaries are rudimentary service facilities in NES, in which specializations and medical devices are not available, with the exception of a general practitioner, a pediatrician, a dentist, a legal superintendent, some nurses and an X-ray machine. Dispensaries are considered centers for children periodic vaccinations provided by the Ministry of Health.

The total number of dispensaries in all areas of the Self-Administration is 35, distributed over the five cantons as follows:



Canton	Dispensaries
Al-Hasaka	9
Raqqa	3
Deir Ezzor	11
Manbij	10
Kobani	2

Challenges Facing the Health Sector in NES

1- Lack of Specialized Medical Staff:

The health sector capacities in NES are weaker than those in regime-controlled areas, as well as than those in the northwest.¹

The Self-Administration areas in NES experience a shortage of specialized medical staff, including doctors, nurses and paramedics. As a result of many people being arrested and killed during the 9 years of the ongoing conflict between many local, regional and international powers in Syria. Thus, many of those staff with experience and medical competence were forced to migrate or seek refuge in neighboring countries due to poor security conditions, lack of stability and deteriorating living conditions, situations of tension, political and military conflict and the dire situation of the education sector.

The lack of specialized medical staff was tangibly evident in all health facilities, including public and private hospitals, specialized clinics, dispensaries and health centers. This caused an explicit imbalance in the health system and made many patients in those areas travel to other governorates, especially Damascus. In particular, patients suffering from chronic and intractable diseases, such as cancer and heart and kidney diseases, in order to receive treatment, bearing heavy financial burdens and costs in light of the deteriorating economic situation.

These areas also, witness a lack of nurses, paramedics and clinical laboratory scientist (CLS) in hospitals and other health centers, who have competencies and experiences required to deal with increased critical disease cases which have augmented as a result of war conditions and combats that these areas witnessed. In addition to the bad environmental conditions that contributed to the outbreak of many chronic and critical diseases for all age groups and especially, for children.

2- Lack of Health Facilities:

The health facilities in NES areas are few compared to its large population and the high public density in many areas that are teeming with displaced people, whether in the local community or in camps resided with 100 thousand people.² In addition to ISIS detainees whose number reaches to 110 thousand detained members.³ This calls for the availability of more public and private hospitals, health centers and dispensaries, as well as quarantine centers due to the recent spread of the virus in most of the Self-Administration areas.

¹ Bridge Electronic Newspaper May 1, 2020. <https://cutt.us/mpFhQ>

² UN News March 7, 2020. <https://news.un.org/ar/story/2020/03/1050791>

³ Syria Events of 2019, HRW. <https://www.hrw.org/ar/world-report/2020/country-chapters/336770>

These facilities, although few, also lack many services, including devices, equipment and medical staff, especially ICUs that amount to only 27 units.⁴ As the ongoing war that lasted more than 9 years, has destroyed many of the facilities and their equipment and their staff have been displaced. This has negatively affected the health sector and made its infrastructure deteriorating and unable to accommodate the large numbers of sick, injured, and multiple emergency cases. In light of these difficult economic conditions, many patients are unable to receive treatment in private hospitals and are forced to go to rudimentary health centers and dispensaries that are almost devoid of the necessary medical equipment and devices and are also devoid of a specialized and qualified medical staff.

3- Lack of Medical Equipment and Supplies:

In light of the non-availability of medical and laboratory devices and equipment, health facilities, such as hospitals and health centers, become inefficient and inadequate. As they are necessary to diagnose many critical and complex disease cases, which cannot be diagnosed with conventional tools and examinations.

All health facilities, in the Self-Administration areas, witness a shortage of laboratory, radiological, magnetic resonance, ventilator and dialysis devices. In light of Corona pandemic outbreak, there is a great shortage of supplies and capabilities necessary to control the outbreak of this epidemic of artificial respirators and laboratories that contain PCR devices. In addition to personal protection supplies such as masks and gloves, as well as protective clothing, sterilizers and medicines needed to treat patients.

Despite the appeals and calls by local authorities and the remarkable presence of many international organizations in these areas, their impact and effectiveness have been almost non-existent in the health sector, except for the awareness aspect only, like protection and prevention measures. Even the allocated humanitarian medical aid by the WHO to NES areas, were sent to the Syrian government, which took control of it to its regions and did not send it to the Self-Administration areas due to the tense relations and political differences between both parties.

4- Lack of Medicines and Medical Materials:

The pharmaceutical sector crisis is one of the exacerbated crises in NES. As the region is devoid of any pharmaceutical companies and laboratories and is completely dependent on medicines that come from areas under the Syrian government control, in addition to some scarce and expensive foreign medicines.

⁴ Independent Arabia March 30, 2020. <https://www.independentarabia.com/node/106991>

The nature of the relationship between the Syrian government and the Self-Administration in light of tension, differences and conflicts, reflected negatively on the flow of medicines and medical materials, which decreased significantly. On the other hand, warehouses and pharmacies permanently ran out of some types, especially medicines of chronic diseases such as pressure, diabetes and chemical doses of cancerous diseases that cannot be sent by shipping and are only available in Damascus.

Meanwhile, prices of the available types increased exponentially, in light of COVID-19 outbreak, crossings closure and the commercial movement cessation. Also, the recent US sanctions represented by the Caesar Act had major effects on the pharmaceutical sector in Syria in general, due to the inability to import effective raw materials. This hindered the industrialization process, paving the way for drugs smuggled from neighboring countries, their monopoly and the overly high prices.

5- The Deteriorating Economic Reality:

The deteriorating economic reality in NES is considered one of the most important factors affecting all sectors, in particular the health sector. As the region was already witnessing a deterioration in economic structures and lacking productive institutions and factories. The curfew contributed to the deterioration of the economic situation in light of closure of crossings and markets. This negatively reflected on the Self-Administration and citizens in its areas. In addition to the Caesar Act repercussions and the Syrian pound collapse, which witnessed a sharp decline in its value against the foreign exchange. Leading to an increase in poverty and unemployment in the region and weakness of purchasing power as a result of the exorbitant high prices of all goods and materials. In particular, medicines, which according to surveys conducted by ASO Center, the increase rate has recently exceeded about %400 in light of the absence of ration control and the difference in drug prices from one pharmacy to another, likewise, some of them monopolize the non-available medicines. Not to mention, the high prices of medical examination, laboratory analyzes and radiological images. These circumstances are in light of the difficult economic conditions that have burdened everyone, in particular, patients and their families.

6- Political Conflicts:

The ongoing conflict in Syria, contributes to exacerbating the crisis at all levels, dimensions and sectors. In addition to other factors that contribute to the crisis, such as, international and regional interventions, areas of influence division between the Syrian government, the opposition and the Self-Administration and the absence of stability and political consensus.

The tense relationship between the Syrian government and the Self-Administration had clear manifestations in light of the isolation and siege conditions that NES areas have witnessed.

This reflected on the successive interruption of health supplies, as well as the exclusion of medical aid provided by international organizations, in particular, the WHO, and depriving the Self-Administration areas in light of crossings closure. Moreover, the absence of pharmaceutical industrial facilities, which caused the deterioration of the health condition of many patients, due to the inability of receiving treatment. Many medical cases were even not able to travel to regime areas for security reasons and fear of being prosecuted and arrested as a result of political affiliations and loyalties, or for not joining the mandatory military service since 2011.

7- The Spread of COVID-19:

The spread of Coronavirus in NES areas is one of the greatest and most fundamental challenges that threaten to collapse the health system. Moreover, it predicts a humanitarian catastrophe due to the fragile health and economic capabilities on the one hand and the high population density in light of the large numbers of displaced people on the other hand. In addition to the failure of many international organizations and actors in providing humanitarian and relief aid, especially in the health sector, to these areas.

Despite the preventive and precautionary measures taken by the Self-Administration and the awareness campaigns carried out by the media and many local organizations in the region, they are unable to effectively respond to this pandemic spread. As it requires highly advanced health systems, which are provided with the necessary devices, equipment and materials for the virus detection, protection and dealing with critical cases that require ICUs and artificial respirators. For they are lacking in all NES areas, especially in camps that are teemed with displaced people and lack the minimum levels of health care. The same applies to prisons that contain large numbers of ISIS prisoners.

Recommendations and Conclusions:

Data on the health reality in NES refer to the lack and deterioration of the health system, represented by health facilities, medical staff, devices and medical supplies. Furthermore, its inability to accommodate large numbers of patients and provide them with health care as required in light of the spread of epidemics within the context of conflicts and wars for more than 9 years that the region is still going through. The infrastructure destruction has negatively reflected on all service sectors, in addition to the Turkish military attacks and its cutoff of water to al-Hasaka city and its towns. This increases the spread of diseases and makes prevention and protection measures difficult in light of the spread of the virus in many areas of the Self-Administration. Thus, it calls for effective and urgent intervention and response by all actors, whether local or international, to avoid the dangers facing the region and prevent potential health disasters, through:

- 1- Setting strategic plans for the advancement and development of the health system at the level of all health facilities and medical staff.

- 2- Training of the medical staff on how to deal with critical cases and emerging epidemics.
- 3- Establishing medicines and medical supplies laboratories and obtain licenses from pharmaceutical companies to cover needs of the pharmaceutical sector in the region.
- 4- Contributing to develop prevention response plans, as well as to confront the spread of Coronavirus and its health and economic implications.
- 5- Intensifying media campaigns to disseminate correct medical information about the virus, increase health awareness and correct beliefs and misinformation.
- 6- Working to equip hospitals and quarantine centers and increase their number. Also, equip them with the necessary medical tools and sterilizers and provide more detection devices for Corona virus.
- 7- Increasing the number of ICUs and artificial respirators to accommodate more critical cases.
- 8- Coordination with all active bodies to provide service and support to limit the spread of Corona virus.



References:

- 1- Bridge Electronic Newspaper May 1, 2020.
<https://cutt.us/mpFhQ>
- 2- UN News March 7, 2020.
<https://news.un.org/ar/story/2020/03/1050791>
- 3- Syria Events of 2019, HRW.
<https://www.hrw.org/ar/world-report/2020/country-chapters/336770>
- 4- Independent Arabia March 30, 2020.
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