

# The Health Sector

## Current Situation and Response Enhancement Mechanisms

Deir Ezzor countryside, Autonomous Administration-controlled areas



Justice for Life Organization

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This paper is part of a series of policy papers in which the Justice for Life organization provides procedural recommendations to improve the performance of local institutions.

The views expressed in this paper do not necessarily reflect the opinions of the Justice for Life organization



The Justice for Life is a Syrian non-governmental and non-profit organization that has been active in northeastern Syria since 2015. It has been registered in Germany since 2019 and in France since 2023. JFL's mission is to collaboratively promote human rights, dialogue, and freedoms in Syria through documentation, advocacy, access efforts, and capacity building for communities and organizations. JFL operates on two strategic tracks, which are reviewed and adjusted every three years. These tracks focus on enhancing justice and defending human rights in Syria, and advocating for the right of Syrians to participate in political and civil life.

## TABLE OF CONTENTS

Introduction.....	5
Health Sector: Current Situation and Problems (Results of Focus Group Discussions).....	7
First: An overview of the current situation of the health sector in Deir Ezzor .....	7
Second: Key Challenges .....	7
Third: Root causes of the problems of the health sector.....	9
Lack of hospitals, equipment, and medical staff.....	9
The efforts of the Autonomous Administration in supporting the health sector.....	9
The role of international organizations and civil society in supporting the health sector.....	10
The security and economic conditions of the region and their effects.....	10
Fourth: Medicines and vaccines and their availability and adequacy.....	10
Fifth: The efficiency of the health sector during pandemics (Covid-19 and cholera as examples).....	11
Sixth: Meeting the needs of the most vulnerable groups.....	11
Seventh: Efforts to solve problems.....	12
Recommendations and Suggestions.....	13
Short-term measures to address immediate shortages of health services.....	13
Long-term strategies to sustainably improve the health sector.....	13
Strengthening cooperation between the Autonomous Administration and international organizations.....	13
Improving the conditions of medical staff in Deir Ezzor.....	13
Strengthening the capacity of the health sector to face future pandemics.....	14
Improving the availability and quality of medicines and vaccines.....	14
Better meet the needs of the most vulnerable .....	14

## Introduction

The years of conflict, military operations, and political implications have severely impacted many essential sectors in Syria, with the healthcare system being one of the hardest hits. Both the destruction and significant damage to infrastructure, along with the deterioration in the upkeep of medical equipment and scarcity of their spare parts, have compounded the crisis. Additionally, the migration, deaths, and arrests of many medical professionals, coupled with the collapse of the pharmaceutical industry, have exacerbated the situation.

The fragmentation of the country into various spheres of control has led to a fragmented health system, with conflicting parties setting up their health institutions, often lacking proper governance. In this challenging environment, civil society has played a role in providing health services, particularly in besieged areas. However, these organizations have been plagued by a lack of resources, poor coordination, and weak governance, all of which have limited their capacity to address the growing health needs<sup>1</sup>.

In northeastern Syria, the health sector has been affected much like other regions, though the intensity varies depending on the extent of fighting. Historically underserved, northeastern and northwestern Syria have faced severe shortages of health service centers, even before 2011, further worsening the population's access to healthcare. Since the Autonomous Administration assumed control, its Health Authority has overseen the healthcare system through various committees operating in new regions. However, these committees, particularly in Deir Ezzor, have limited influence. In Deir Ezzor, the health sector is predominantly managed by a coalition of NGO workers and UN representatives, coordinated by the Health Working Group under the Northeast Syria Forum, led by Relief International<sup>2</sup>.

The health sector in Deir Ezzor, under the control of the Autonomous Administration, remains one of the most devastated by years of conflict. The ongoing war and the involvement of multiple parties have severely compromised the sector's ability to provide basic healthcare. Many hospitals and medical centers have been destroyed, with some converted into shelters for displaced people. The loss of medical staff because of death, imprisonment, or displacement has created a significant shortage of staff, and there is a critical lack of essential medicines and medical equipment, putting even more pressure on an already fragile system.

At the start of 2019, noticeable improvements began to emerge in the health sector. Many health facilities were rehabilitated, and several new medical centers and hospitals became operational. While these advancements have positively impacted the healthcare system's ability to provide care, they have been unevenly distributed across regions. They are still insufficient to address the major challenges that persist fully. The unstable security situation in Deir Ezzor has further limited the effectiveness of these improvements, as ongoing conflicts and worsening security conditions hinder efforts to enhance and stabilize healthcare services.

Given these circumstances, there is a pressing need to assess the current damage to the health sector in Deir Ezzor and identify its primary needs and the barriers preventing access to healthcare for the population. This paper aims to gather and analyze insights from regional experts to create a comprehensive assessment of the health sector's status in Deir Ezzor and offer practical recommendations for improving it. These recommendations are intended to enhance healthcare accessibility and develop the governorate's medical infrastructure.

The significance of this paper lies in the essential role of the health sector as a cornerstone of any political, social, or economic system, given its direct impact on population health and its connection to the Sustainable Development Goals (SDGs).

Furthermore, the paper is crucial in evaluating the sector's damage in Deir Ezzor and determining its current needs. This assessment is part of a broader effort, specifically the Tawasul project, initiated by Justice for Life, which seeks to address service and administrative challenges in northeastern Syria. The project encourages multilateral dialogue and aims to engage citizens in policy-making processes, improving the efficiency, effectiveness, and fairness of reforms.

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<sup>1</sup> Syrian Center for Policy Research, *Wasting the Right to Health during the Syrian Conflict*, 2023, p. 17, available at: <https://2u.pw/VOP4BVnj>

<sup>2</sup> Doctors for Human Rights, *Destruction, Obstruction, and Inaction (The Making of a Health Crisis in Northern Syria)*, December 2021, p. 11, available at: <https://2u.pw/bn1SaIn6>

In light of the region's instability and growing challenges, this assessment seeks to develop actionable recommendations that support sustainable development and improve healthcare services for the local population. The paper focuses on achieving several key objectives, with the following primary goals:

1. **Damage Assessment and Identification of Needs:** This paper aims to offer a detailed evaluation of the damage sustained by the health sector in Deir Ezzor, covering the destruction of healthcare facilities, shortages in medicine, and the loss of medical staff. It also intends to pinpoint the key requirements for the rehabilitation and improvement of the healthcare infrastructure.
2. **Analysis of Service and Support Gaps:** The paper seeks to assess the current gaps in the provision of healthcare services and support, such as the shortage of medical equipment, the limited number of trained healthcare professionals, and the administrative challenges that hinder the sector's effectiveness.
3. **Offering Practical and Realistic Recommendations:** The paper aims to suggest feasible recommendations and solutions to tackle the challenges in Deir Ezzor's health sector. These include strengthening the infrastructure, improving access to medicines and medical equipment, and creating training programs for healthcare workers.
4. **Supporting Informed Decision-Making:** The paper provides critical information to help decision-makers and relevant authorities take effective actions to enhance the health situation in Deir Ezzor.
5. **Enhancing Collaboration Among Stakeholders:** As part of the Tawasul project, the paper seeks to improve coordination and collaboration between the Autonomous Administration, civil society organizations, and international bodies to advance health sector development in Deir Ezzor.

**This paper was based on two types of data sources, which were distributed as follows:**

1. **Primary Sources:** The paper primarily relied on data gathered from focus group sessions. Justice for Life organized three sessions in July 2024, held in the rural areas of Deir Ezzor (Al-Busaira, Al-Sa'wa, and Hajin). Each session included a sample of 8 participants representing various key stakeholders: doctors and healthcare workers, representatives from the Health Committee in Deir Ezzor of the Autonomous Administration, members of civil society organizations supporting the health sector, as well as local community representatives such as tribal elders and sheikhs. Efforts were made to ensure gender representation and the inclusion of women in the sample. These sessions were guided by a pre-developed questionnaire, which featured multiple questions aimed at assessing different facets of the health sector. The questionnaire targeted various segments and was informed by secondary data, along with a series of exploratory interviews conducted by the researcher with doctors in Deir Ezzor.
2. **Secondary Sources:** The paper also drew from a review of relevant reports published by both international and local organizations, in addition to press materials that discuss different aspects of the subject matter.

## Health Sector: Current Situation and Problems (Results of Focus Group Discussions)

Based on the focus group discussions conducted in the targeted areas and the comprehensive questionnaire that covered various aspects of the health sector, coupled with in-depth discussions from the different participants, the findings provide a general evaluation of the health sector in the Deir Ezzor regions under the control of the Autonomous Administration. The primary issues identified are categorized under the following key areas:

### First: An Overview of the Current Situation of the Health Sector in Deir Ezzor

The health sector in Deir Ezzor governorate has experienced severe devastation, exacerbated by the succession of various military authorities before 2019. The power struggles between these forces caused widespread damage, particularly to infrastructure, with numerous hospitals and health centers being destroyed. This destruction was notably intense during the clashes between opposition forces and the government forces before 2014, as the government forces bombarded several medical facilities and points. The damage escalated when the “Islamic State” sought to take control of the province, leading to more violent confrontations and battles with multiple factions. By the end of 2014, as “ISIS” consolidated its grip on most of the province, the medical sector deteriorated further. Support from both international and local organizations ceased, leaving just one hospital operational in the area, alongside a few medical points or dispensaries, all suffering from severe shortages of equipment and medicines—some of which were past their expiration date. Additionally, some health facilities, like al-Busaira Hospital, were repurposed as shelters for displaced people, with al-Busaira remaining closed for four years. The medical workforce also suffered significant losses, with many professionals killed, displaced, or arrested.

The collapse of the health sector infrastructure reached its peak after 2017 during the campaigns to expel “ISIS” from the province, which involved multiple forces (the Syrian government and its allies, the SDF, and the international coalition). These campaigns involved heavy bombardments that targeted several medical sites. While some organizations conducted partial assessments of the damage to medical facilities between 2018 and 2019, the Autonomous Administration did not conduct a comprehensive assessment of the overall health situation until the end of 2019, focusing mainly on infrastructure evaluations rather than a full sector-wide assessment.

After 2019, when the SDF consolidated control over parts of the Deir Ezzor countryside and declared it part of the Autonomous Administration, the health sector saw some improvements. Several health facilities were rehabilitated, with 32 health centers and 8 new hospitals becoming operational. However, these improvements were not evenly distributed across regions, leaving certain areas, like the eastern countryside, with significantly weaker health services. Persistent challenges, especially regarding logistical support, continued to hinder progress. Despite important contributions from NGOs, shortages of essential medical equipment, such as scanning devices and cardiac catheterization tools, remain a critical issue.

Additionally, health facilities are grappling with administrative pressures and limited autonomy in staffing decisions. Security concerns continue to impact the effectiveness of the health sector, with ongoing instability affecting medical staff. The shortage of trained medical professionals and expertise has slowed the sector’s development, underscoring the urgent need for additional support and resources to enhance the quality of healthcare.

### Second: Key Challenges

Based on the current situation, the health sector in Deir Ezzor is confronted with a range of complex challenges that have significantly impeded its progress and development. By conducting focus group discussions with experts and specialists, we can identify the key challenges at various levels:

#### Shortage of Hospitals and Health Facilities

The Deir Ezzor district currently has 8 primary hospitals (Kasra Public Hospital, City Hospital, Al-Jadeed Hospital, Al-Su’ar Hospital, Al-Busaira Hospital, Al-Shuhail Surgical Hospital, Al-Furat Hospital in Abu Hamam, and Hajin Hospital) and 32 secondary health centers across various areas, with an additional 21 centers equipped but not yet operational.

Doctors involved in focus group discussions have indicated that this number is inadequate due to a significant shortage of hospitals and health facilities relative to the population and service demand. For instance, Al-Jadeed Hospital handles approximately 600 to 700 patients daily, along with over 50 emergency cases, creating immense pressure and compromising the quality of care. The situation is worsened by the six-month suspension of the Al-Sabha Health Center and the limited services of Al-Busaira Hospital, which only provides first aid. Additionally, reduced support from some organizations has exacerbated the issue.

Despite the theoretically good geographic distribution of hospitals and health centers, the incomplete activation of some facilities worsens the shortage. Previous reports suggest that public hospitals in areas controlled by the Autonomous Administration typically see around 30 patients per hour, with waiting rooms often accommodating between 150 and 200 patients<sup>3</sup>. Moreover, low household incomes and high transportation costs further limit access to health services<sup>4</sup>.

### **Lack of Medical Staff and Equipment**

The region faces a significant shortage of medical staff according to World Health Organization standards. Currently, there are only 68 doctors across all specialties in the areas controlled by the Autonomous Administration in Deir Ezzor. In contrast, international standards suggest the region needs eight times this number to serve its population of approximately 600,000 adequately. This shortage impacts not just the quantity but also the range of medical specialties, with only one doctor available in critical areas such as neurology, dermatology, and ophthalmology. Additionally, there is a shortage of technicians and nurses, with around 950 nurses, 15% of whom are not employed in the public sector. Global health standards recommend one health center for every 15,000 residents and one hospital for every 80,000 residents. Still, the region falls short of these benchmarks, putting immense pressure on the existing medical staff.

The area also suffers from a lack of medical equipment. Although some devices, like the CT scanner, are available at the city's hospital, more are needed to meet local demand. There is also a complete absence of MRI machines in Deir Ezzor, where at least four are required to serve the hospitals properly. For example, the single CT scanner frequently breaks down, forcing patients to travel to other areas for essential care and incurring high travel costs.

### **Mechanisms of Training and Qualifying Medical Staff**

In response to the acute shortage of medical staff in the region, some NGOs are working to train specialized staff. However, these efforts are limited to specific areas and mainly focus on psychosocial and mental health training. The region still faces a critical deficit in medical expertise, with organizations often having to integrate underqualified individuals into medical teams due to the lack of adequately trained professionals.

These training efforts are insufficient, as they lack regularity and are limited in scope, benefiting only a small number of staff. This situation hampers the development of a well-rounded medical team capable of addressing the growing healthcare needs in the region. Participants emphasized the urgent need for the Autonomous Administration to support and expand medical training programs. This would involve developing a comprehensive annual plan by the Health Authority to enhance medical competencies, including the establishment of specialized training institutions to meet the region's medical needs.

### **The Role of the Private Health Sector**

Opinions vary regarding the role of the private health sector in addressing gaps in the public health system. On the one hand, the private sector helps alleviate pressure on public hospitals and health centers, potentially reducing the burden by up to 25%. It is generally more organized and precise in delivering health services compared to the public sector. However, the higher costs associated with private healthcare often exceed the financial means of a large portion of the population. Additionally, some doctors exploit the scarcity of certain specialties to increase their profits, further burdening patients.

<sup>3</sup> Doctors for Human Rights, op. cit., p. 16.

<sup>4</sup> Syrian Center for Policy Research, op. cit., p. 19.



Despite the private sector's efficiency, its high costs limit access for many, compelling the majority to rely on public hospitals, which often suffer from neglect and poor regulation. Sessions also highlighted the lack of price control in the private sector, leading to substantial increases in the costs of medical exams and services. Moreover, issues with regulating and providing medications in pharmacies have led to significant problems.

### Third: Root Causes of the Health Sector Problems

The issues affecting the health sector in the areas controlled by the Autonomous Administration in Deir Ezzor are symptomatic of deeper, underlying causes rooted in the existing institutions, their policies, and the region's administrative structure. These factors contribute to the worsening and complexity of the problems, making their potential solutions interconnected with various underlying reasons, including the most prominent ones such as:

#### **Lack of Hospitals, Equipment, and Medical Staff**

Attendees cited several reasons for the shortage of hospitals, equipment, and medical staff in the areas controlled by the Autonomous Administration in Deir Ezzor. A key issue highlighted was the lack of support from the Health Committee and humanitarian organizations, which directly impacts the expansion and development of health infrastructure. Additionally, the absence of financial incentives for health workers leads many doctors to prefer working with non-governmental organizations or leaving the medical field for other professions, such as free trade.

Furthermore, there is a noted deficiency in training and qualification programs for medical staff, compounded by the absence of local health academies or institutes to produce skilled professionals. An employee of the Health Office of the Autonomous Administration also pointed to poor organization and a lack of regulatory laws for organizations and workers in the health sector. This situation has allowed unqualified individuals, such as unlicensed pharmacists, to work in the medical field without proper oversight. He emphasized the need for a stringent legal framework to ensure adherence to health standards and protect patients.

#### **The Efforts of the Autonomous Administration in Supporting the Health Sector**

There was a consensus that the Autonomous Administration has made limited efforts to support the health sector. Despite reports and requests for assistance, the authorities often respond inadequately, frequently citing budget constraints. Focus group discussions revealed a stark contrast between the previous support provided by the Syrian government to various governorates and the current inability of the Autonomous Administration to support its controlled areas despite their relatively small size. Additionally, the limited international recognition of the Autonomous Administration hinders its ability to import advanced medical equipment and improve the health sector.

Attendees also observed a noticeable disparity in health services and support between Deir Ezzor and other areas under the Autonomous Administration's control. For instance, the law regarding workers in Deir Ezzor has yet to be enforced, and there is evident discrimination in wages and services. Decisions are often made without comprehensive field studies, leading to clear inequalities since the administration took control of the area. Some attendees suggested that the Autonomous Administration uses the security situation as a pretext to justify the lack of support, labelling Deir Ezzor as unsafe despite the situation being relatively stable.

Previous reports on the health situation in northeastern Syria have highlighted a "significant disparity in access to health services, with Hasakah being the most accessible and Raqqa and Deir Ezzor being the least accessible"<sup>5</sup>. Interviews with doctors in Deir Ezzor have also reflected a clear sense of discrimination<sup>6</sup>.

<sup>5</sup> Syrian Centre for Policy Research, *op. cit.*, p. 19.

<sup>6</sup> Doctors for Human Rights, *op. cit.*, p. 20.

### **The Role of International Organizations and Civil Society in Supporting the Health Sector**

Despite the efforts of international organizations, the support provided remains weak and inadequate. Attendees noted that one major issue is the lack of effective coordination between the Autonomous Administration and these organizations, resulting in unspecific and unsustainable support. Some organizations are focused solely on emergency responses without long-term planning, often discontinuing support when faced with initial problems.

An employee of the health office highlighted that “the support to the areas is uneven, with some being very limited”. He observed a reluctance from certain organizations to engage with these areas, citing security conditions as a “red line.” He emphasized that “managing health projects requires better organization and sustained effort to ensure continuous health services in the region”. Attendees noted that many organizations operate only in relatively secure areas and have withdrawn due to security concerns. However, following the Strengthening Security and Stability campaign, organizations have started to work more effectively as the security situation has improved.

The issue also extends to Autonomous Administration, which must be better prepared to independently develop and support the health sector if organizational support ceases. This includes better organizing and directing local resources. Some participants mentioned that “personal interests sometimes lead to the redirection of support projects from Deir Ezzor to other areas. Additionally, there is a reluctance from official bodies to engage with organizations, necessitating proactive coordination to secure their involvement”.

### **The Security and Economic Conditions of the Region and their Effects**

Most participants in the focus group sessions indicated that the security situation has profoundly impacted the health sector, particularly affecting the operations of organizations. Attacks on hospitals, threats to medical staff, and extortion of doctors by unknown groups have led to a significant emigration of medical staff, restricting the ability of organizations to operate effectively in hospitals and medical centers. The lack of security forces to protect these facilities and staff has resulted in a shortage of medical professionals, with a single doctor or midwife often covering multiple hospitals.

Participants also noted that, from the onset of clashes between SDF forces and tribal gunmen up until the “Strengthening Security and Stability” campaign, many health facilities in Deir Ezzor suffered damage. Crossings were closed, medicine imports ceased, and some health centers were closed for extended periods due to the security situation. The tribal nature of the area, along with the unstable security, has also led to attacks on hospitals and health centers, where medical staff have been threatened or attacked when treatment is unavailable. Additionally, the political climate has deterred doctors and medical staff from coming to the area. Contributing to the situation, the poor economic conditions have driven many medical staff to emigrate. The low wages for medical staff have pushed many to either work in the private sector or leave the country.

### **Fourth: Medicines and Vaccines: Availability and Adequacy**

Regarding the availability of medicines and vaccines in the areas controlled by the Autonomous Administration in Deir Ezzor, participants generally confirmed that while medicines are available, their prices are high. Vaccines are also available, but only to a limited extent. There is a shortage of some essential medicines, such as those for cancer and heart conditions, which are only accessible through orders from Damascus. While inflammatory and generic drugs are available, vital medications are often lacking.

To ensure the quality and safety of medicines and vaccines, most specialists noted that vaccines are preserved with high standards to ensure their safety. These vaccines usually enter through the World Health Organization, which provides cooling containers to maintain their quality. There is also a monitoring center in northeastern Syria responsible for checking the validity of vaccines, and medicine imports are conducted through licensed centers adhering to safety conditions.

However, some attendees raised concerns about the control and quality assurance of medicines. They pointed out that effective oversight is lacking, particularly in the harsh climatic conditions of Deir Ezzor, where temperatures can reach 50 degrees Celsius.

This extreme heat can compromise the quality of drugs that are not designed to withstand such conditions. Additionally, the storage warehouses in Deir Ezzor are not adequately equipped to ensure proper medicine storage, underscoring the need for stricter control to maintain appropriate storage conditions. Although organizations working in the region implement detailed procedures to monitor the quality of medicines and vaccines, there is inadequate oversight from the health committee regarding these processes.

#### **Fifth: The Efficiency of the Health Sector during Pandemics (Covid-19 and Cholera as Examples)**

Focus group discussions across various regions assessed the health sector's efficiency and capacity during pandemics, particularly COVID-19 and cholera. Participants noted that the health sector was in a recovery phase before the COVID-19 pandemic, but the pandemic was a major setback. Initially, the response was weak, marked by severe shortages of oxygen and medical equipment, which led to deaths, including among medical staff. Over time, the response improved with the introduction of vaccines, the hiring of foreign doctors enhanced precautionary measures, and the establishment of home oxygen production plants. The oxygen shortage was a significant challenge that negatively impacted the health sector's response, and the lack of shelters and necessary equipment also hindered the management of infected cases.

Regarding the cholera pandemic, the response was quicker than for COVID-19. Water was sterilized, and chlorine was added at water stations, which significantly reduced infections. Cooperation between the Health and Services Authority and civil society organizations helped contain the disease. However, a lack of public awareness contributed to the rapid spread of cholera. The situation improved following awareness campaigns and the distribution of informational brochures through organizations and social media.

Participants also highlighted that the initial months of the pandemic were marked by a catastrophic situation due to inadequate equipment, medicines, and hospital readiness, leading to a high death rate. They acknowledged the significant role of organizations in raising awareness and improving the health sector's response, though some interventions were delayed, affecting the overall effectiveness of the response.

#### **Sixth: Meeting the needs of the most vulnerable groups**

The focus group discussions across various regions specifically examined the health sector's response to vulnerable groups, including women, people with disabilities, and mental health needs, to evaluate how well their needs are met and identify the major challenges they face.

For women's health care in Deir Ezzor, participants generally agreed that resources are fairly adequate, with sufficient gynecologists available. Both cesarean and natural deliveries are performed, but there is a shortage of midwives relative to the population and birth rates, which could impact service quality. Statistics cited indicate there are 22 midwives in Deir Ezzor—9 in the public sector and 13 in the private sector and organizations.

Regarding health services for people with disabilities, an employee of the health office noted that care is managed through a dedicated office that coordinates with civil organizations to provide health services and assistance. Hospitals and health centers are equipped to accommodate people with disabilities, including accessible entrances, ramps, and elevators. Some "organizations have also supplied support items like wheelchairs and hearing aids".

In the area of mental health services, participants acknowledged significant efforts by civil organizations, though societal stigma sometimes discourages people from seeking help at mental health centers. They pointed out that the Autonomous Administration plays a limited role in mental health, while organizational support is often restricted to specific aspects like case management and seminars. Challenges include negative societal attitudes toward psychotherapy, economic barriers such as transportation costs, and a gap in understanding the role of psychological support between the public sector and organizations. Participants highlighted additional challenges that vulnerable groups face in accessing health care, including issues of administrative corruption and nepotism in service delivery.

These problems often result in discrimination against internally displaced persons (IDPs) and less connected or less knowledgeable groups within the health sector or Autonomous Administration institutions. Poverty and the inability to afford transportation also present significant obstacles, compounded by a lack of awareness among some individuals, which has led to the reliance on alternative medicine.

### Seventh: Efforts to Solve Problems

The focus group discussions explored current efforts to enhance the health sector and address its complex issues, which are primarily driven by non-governmental organizations (NGOs) and the Autonomous Administration.

NGO representatives reported that many organizations are actively working on health awareness campaigns, educating the public about hygiene and prevalent diseases like COVID-19 and cholera through home visits and brochures. Additionally, the World Health Organization has a plan to establish primary care clinics every 20 km, secondary care centers every 40 km, and tertiary care centers every 60 km.

The head of the health office from the Autonomous Administration mentioned notable initiatives aimed at improving the health sector. These include the construction and restoration of health centers, plans to expand Al Shuhail Hospital, convert the Hijna Center into a 24-hour secondary care center, and further expand and renovate other hospitals. There will also be a recruitment drive to fill medical vacancies, with an emphasis on hiring medical staff rather than administrative employees, and collaboration with organizations to provide training for medical staff.

Regarding the impact of these efforts on health services, participants had mixed opinions. Some felt that the ongoing initiatives are positively impacting the region by increasing the healthcare workforce, stimulating the local economy, reducing brain drain, and improving access to services, thereby alleviating the financial burden of travelling for treatment. They were hopeful that the plans of the Autonomous Administration would soon enhance service access and reduce suffering and costs.

Others, however, criticized the performance of the health committee in Deir Ezzor, noting that progress is slow, and centers should be evaluated and improved more frequently. They emphasized the need for faster responses, better service quality, well-trained medical staff, and the establishment of educational institutions for training nurses and doctors. They argued that simply increasing service delivery is insufficient; improving the quality of care is crucial. For instance, if a doctor spends only two minutes with a patient, it does not reflect adequate service quality.

Most respondents felt that the “Enhancing Security and Stability” campaign positively impacted various sectors, including health. Before the campaign, the health sector suffered from chaotic and illegal interventions. Post-campaign, security improved significantly, easing operations for organizations, although global political issues still affected the level of support. Some attendees highlighted improvements following the campaign, such as CARE beginning operations in the region after initially being deterred by security concerns. This progress facilitated regional development and eased organizational work. An employee of the health office noted that while organizational support improved after the campaign, the Autonomous Administration support remained limited due to delays in financial resources.

## Recommendations and Suggestions

In detailed discussions on the challenges facing the health sector in Deir Ezzor, the participants from the focus group discussions put forward several recommendations and proposals for the Autonomous Administration of Northeastern Syria. These recommendations reflect the aspirations of health workers, as well as civil society and local communities in the region, and are outlined as follows:

### Short-Term Measures to Address Immediate Shortages of Health Services

- **Backing up Support for Health Facilities:** Create a backup system to ensure that health facilities continue operating even if support from any civil organization is halted, preventing a shortage of essential medical services.
- **Promoting Health Awareness:** Launch intensive health awareness programs to educate the public on disease prevention and public health.
- **Conducting Recruitment Competitions:** Organize recruitment drives to increase the number of medical staff and address immediate needs in the health sector.
- **Activating the Complaints Mechanism:** Enhance the effectiveness of complaint mechanisms in civil organizations and Autonomous Administration to ensure issues are promptly and effectively addressed.
- **Activating Mobile Clinics:** Deploy mobile clinics to reach remote areas and provide healthcare services to underserved communities.
- **Supporting Projects to Address Malnutrition:** Promote and support initiatives aimed at combating malnutrition, particularly in areas with the greatest need.
- **Attracting Doctors:** Improve salaries and offer incentives such as housing and transportation to attract doctors from other regions, ensuring the availability of necessary medical staff.

### Long-term Strategies to Sustainably Improve the Health Sector

- **Medical Colleges and Institutes:** Set up medical colleges and institutes to train and graduate skilled medical professionals across various specialties, addressing future needs in the health sector.
- **Development of Health Infrastructure:** Renovate existing facilities and construct new ones, including specialized hospitals and centers for prosthetics and pharmaceuticals.
- **Develop Flexible Policies:** Create adaptable work policies and strategies to effectively respond to both daily and emerging needs in the health sector.

### Strengthening Cooperation between the Autonomous Administration and International Organizations

- **Improve Coordination and Communication:** Enhance coordination between organizations and the Autonomous Administration to ensure effective project alignment and prevent resource duplication.
- **Hold Periodic Meetings:** Conduct regular meetings to evaluate regional needs and coordinate among all relevant parties to achieve shared objectives.
- **Enhance Transparency and Credibility:** Increase transparency and credibility in collaborative efforts between organizations and the Autonomous Administration to ensure clear goals and plans.

### Improving the Conditions of Medical Staff in Deir Ezzor

- **Provide Continuous Training:** Offer regular training courses to enhance the skills of medical staff and, if needed, engage international trainers online.
- **Improve Material Conditions:** Raise wages, enhance working conditions and safety, and provide additional benefits to attract more professionals.

### **Strengthening the Capacity of the Health Sector to Face Future Pandemics**

- Formation of a Crisis Committee: Set up a crisis Committee to manage pandemics and health emergencies swiftly, ensuring a prompt and effective response.
- Establishment of Emergency Centers: Create specialized emergency centers to offer immediate support during disasters and crises.
- Coordination with Rapid Response Organizations: Collaborate with organizations that specialize in rapid response to ensure preparedness and effective coordination during pandemics.

### **Improving the Availability and Quality of Medicines and Vaccines**

- Careful Selection of Suppliers: Source medicines from reputable international companies to guarantee their quality and effectiveness.
- Storage Control: Enhance oversight of medicine storage to ensure they are kept under proper conditions, preserving their quality.
- Securing Vaccines Regularly: Ensure a consistent and regular supply of vaccines beyond just seasonal campaigns.
- Facilitation Agreements: Establish agreements with all relevant parties to facilitate the movement of medicines and vaccines as a humanitarian measure, ensuring they reach those in need.

### **Better Meet the Needs of the Most Vulnerable**

- Activating the Protection Policy: Develop and enforce specialized protection policies to safeguard the most vulnerable groups and effectively address their needs.
- Intensifying Health Awareness and Education: Implement widespread health awareness and education programs to reach marginalized groups and enhance their health.
- Establishing Women-Friendly and Safe Centers: Create centers that offer support and services to women in a secure and supportive environment.
- Coordinating with Relevant Offices and Centers: Collaborate with offices and centers for the people with disability to ensure they receive appropriate support and services.