

9 HEALTH SYSTEM REFORMS

9.1 Summary of Recent and planned reforms

The process of modernization of the health sector in Syria began in 2000.

The following main reform steps have been started:

1. Rethinking the role of the MOH and its organizational structure. Capacity building at MOH headquarters
2. Developing an integrated district delivery system (healthy district)
3. Implementing the Healthy Villages Program
4. Extending the degree of public hospital authorities, 9 hospitals received the status of a partially independent hospital through Presidential Decrees.
5. Establishing the national Health Research Center and preparation of the establishment of the Center for Strategic Health Studies (CSHS) with three main tasks: an advisory role towards the MOH, training and teaching, and a research function. The following four institutes will be established within the CSHS:
 - Institute of Population and Demographic
 - Center for Health System Management
 - Institute of Health Economics
 - Institute of Public Health.
6. Developing modern managerial skills: A Master Courses in Health System Management and short course in Hospital Management are developed and performed.
7. Developing a reliable Health Information System including a Decision Support Service.
8. Upgrading of Nurses Education System
9. Developing a Quality Assurance Program
10. Establishing the National Health Account program
11. Promoting the local Pharmaceutical Industry and introducing quality improvement measures such as the Good Manufacturing Practice (GMP).
12. Continuing the different programs in the health sector such as (Iodine deficiency control, Chronic and Non-communicable Diseases Control ,Heart diseases control ,Diabetes control ,Tumour control ,Domestic and Communicable Diseases Control Programs, National Immunisation Program to add additional vaccines such as Hepatitis (Hep A and B, H1b), Meningitis (ACWY), Rubella and Mumps;

European Commission started in 2002 a big project call Health sector Modernization program. They deal with the following areas:

- Policy, planning and regulation
- Health care delivery system
- Management capacity building
- Performance of hospitals
- Quality management

- Health care financing

The review should make recommendations at a minimum in the following points:

- Allocative efficiency of the health sector
- Institutional organization and capacity
- Private sector development and regulation
- Infrastructure investment policy
- Hospital policy and outpatient care policy
- Health promotion and public health activities
- Different aspects of management from financial management to management of health facilities
- Human resources development
- Management of quality and certification/accreditation of facilities
- Health care financing

It is very difficult to monitor and evaluate the impact of reforms in a complex, multi-product organization. If modernization objectives are not clearly stated or difficult to measure, evaluation of success or failure in achieving the objectives may be difficult or impossible.

The process of modernization must lead to changes in the behavior of providers and the patients before their net effect shows up in final impact indicators in terms of health outcomes, efficiency, equity and quality. Changes in the behavior of providers and patients provide proxies for impact.

Attention must be spent in "quick wins" that would increase public confidence in the reform process; shorter waiting lists, shorter waiting time, good availability of drugs, friendly staff, good guidance in the hospital, easy access, good parking space, friendly exterior and welcoming colors, good recreation areas with canteens, etc. It is indispensable to address and assess patient satisfaction and to ask patients/relatives, for the changes they greet most and identification of the most missed elements. The normally slow process of change may become visible and understandable to the patients and their relatives.

Changes have occurred in the relationship between care and cure, between nursing and medical personnel. Nursing care has become an equivalent part of patient care besides medical interventions. This means accepting nurses not as assistants of the physician but as an equal partner, having the common goals in helping the patient to pass through a stressful, often unpleasant time being hospitalized and getting the best health outcome for the patient.

Future reforms

Modernization of the Hospital Sector

Improve the performance of government-owned services, particularly hospitals, through organizational modernization of the service providers themselves. This modernization has included:

- Increasing the managerial autonomy of the health facility.
- Transforming the hierarchical and centralized bureaucracy into parasitical corporations that are exposed to market-like pressures.

- Changing the owner and/or holder by selling out entire health facility (privatization) or transferring the management from the public sector to the private company.

They are often referred to as “new public management” or “marketizing” reforms, which rely on the combination of increased independence, and market-based performance pressures. A core concern of these reforms is good hospital governance.

Even well designed modernization processes will fail without the political consensus to implement it, or if strong stakeholders as e.g. the medical profession and labor unions are not brought on board, or if the political cycle is too short and subsequent governments reverse or dilute the reform policies. Compromises on labor reforms and political interference with decision rights and accountability arrangements were among the most damaging factors for the process of modernization. Winning support from the medical profession and hospital management was critical to the more successful reforms.

Groups in society that have deep-rooted “anti-market” value systems can negatively influence the modernization environment especially in the case of complex reforms aimed at efficiency gains without easily identifiable “short-term wins”.

There is also a political governance which issues how the representative bodies (e.g. The Parliament) are holding ministries accountable for health sector and hospital performance and governance within the hospitals (how hospital managers are holding departments accountable).

The environment of private sector activities, especially, in terms of contracting and regulatory enforcement, directly influences the feasibility of autonomy and cooperation processes. It is particularly important to examine what is already going on in the private sector as an important predictor of what will be the outcome of hospital reforms.

It is not recommendable to go through the “big bang” and radical changes. The incremental approach – on the other side - runs the risk of going over at least five to ten years. But it passes through a process with a learning phase by using more limited hospital autonomy or piloting a limited number of hospitals, an approach which is actually applied in the hospital sector in Syria.