Syria

Health care services availability and accessibility in Damascus, Rural Damascus, Tartous and Latakia

Ministry of Immigration and Integration

The Danish Immigration Service

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This report is not, and does not purport to be, a detailed or comprehensive survey of all aspects of the issues addressed. It should thus be weighed against other country of origin information available on the topic.

The report at hand does not include any policy recommendations. The information does not necessarily reflect the opinion of the Danish Immigration Service.

Furthermore, this report is not conclusive as to the determination or merit of any particular claim to refugee status or asylum. Terminology used should not be regarded as indicative of a particular legal position.

The report is a synthesis of information gathered from different sources, and it brings together condensed information in a relevant manner for the reader's COI needs and it organises information together thematically to form a coherent whole of the topic in question, instead of listing or quoting information source by source.

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March 2022

Executive Summary

The present report describes health care services in the governorates of Damascus, Rural Damascus, Tartous and Latakia. Based on a survey conducted in 20 public and private health facilities, the report provides information on availability and accessibility of medicines and specialised treatment as well as of the existence of tattoo removal. The report also includes information about the existence of home-based care and nursing homes in the four above-mentioned governorates. Survey data has been collected in Syria by an external consultancy company.

After more than 10 years of ongoing conflict and violence, including destruction of health facilities and attacks on health workers, the state of the health sector in Syria has been described as fragmented and in a state of partial collapse. Specialised medical treatment and medicines are available in Damascus, Rural Damascus, Tartous and Latakia for the following chronic diseases: cancer, cardiac complications, diabetes type I and II, haematological diseases, kidney diseases, rheumatic diseases and chronic obstructive lung diseases. Treatment for HIV positive patients exists; including distribution of anti-retroviral medicines offered by the Global Fund to Fight AIDS, Tuberculosis and Malaria, however, it was not possible to collect data from the Centre for Infectious Disease Control since the centre declined an invitation to participate in the study. Access to treatment and medicines is particularly poor for patients with mental health problems in the four governorates included in this report. There is one public mental health hospital in Damascus, which offers psychiatric treatment, follow-up after discharge. The same hospital also offers treatment against addiction. However, it does not offer housing for chronic psychotic patients. No specialised care for psychiatric patients were found outside of Damascus. Damascus has the highest amount of specialised treatment options in Syria; however, Damascus also lacks essential medicines, medical supplies and health workers.

The capacity of the Syrian Ministry of Health (MoH), including detection and responding to health emergencies is weak. This was already the case before the Covid-19 pandemic outbreak, but the pandemic has been an added challenge for the Ministry. By January 2021, Syria had 50,552 confirmed cases; only 6,5 % of the population was fully vaccinated. An effect of Covid-19 is that up to 50 % of regular health care services has been stopped or postponed because health workers have been deployed to treat Covid-19 patients.

According to interviews conducted with health workers, women are not hindered in their access to health care services because of their gender; there was no information about discrimination based on marital status or age. The interviewed health workers were reluctant to answer questions in-depth about other forms of discrimination, including discrimination based on political affiliation. However, from secondary literature it appears that LGBTQ+ persons are experiencing discrimination in their encounters with the health care system.

There is no national health insurance scheme available in Syria. Patients may either seek health services, which are provided free of charge at specific public facilities where the government covers treatment and medication or patients will have to pay out of pocket at a private or an NGO managed health facility.

There are a limited number of nursing homes in Damascus, Rural Damascus, Tartous and Latakia and the capacity is low. Most nursing homes were found in Damascus, including a facility managed by the MoH.

There were no nursing homes in Rural Damascus managed by the government, whereas there are a few faith-based nursing homes in Tartous and Latakia, which are open to elderly people of Christian faith. Information on the existence of home based care was scarce.

There are services, which offer removal of tattoos in Damascus, Rural Damascus, Tartous and Latakia.

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Introduction

Purpose of report and methodology

The purpose of this report is to describe the health system[1] in four selected governorates of the Syrian Arab Republic and to present updated and reliable information on availability and accessibility of medicines and specialised treatment. The report focuses on access to specialised medical treatment in the governorates of Damascus, Rural Damascus, Tartous and Latakia, which means that information about basic health care services is not included in the present report.[2] The report is based on data collected via a survey conducted in selected health facilities, on interviews with key health sector actors, as well as on public health articles and country of origin information (COI) reports.

The Country of Origin Information (COI) Division of the Danish Immigration Service (DIS) has initiated the present report. The purpose of the report is to respond to the need for updated COI at a moment in time where there is little available information about medicines and specialised medical treatment in Syria. Since October 2014, EUAA-MedCOI,[3] the first instance European provider of medical information for the use of processing asylum cases and cases concerning humanitarian residence permits, has not had a reliable provider or local contact that could obtain any form of information about treatment and medication in Syria.[4] To address this lack of information, the COI Division, DIS in collaboration with the Ministry of Immigration and Integration have written this report.

This report is written in alignment with the methodology of the European Union Agency for Asylum (EUAA) – previously known as European Asylum Support Office's (EASO) – as well as with EUAA-MedCOI's standards for medical COI.[5]

Defining scope and terms of reference

The terms of reference (ToR) of the present report have been developed jointly by DIS and the Ministry of Immigration and Integration. In the process of preparing the ToR, the Secretariat of the Danish Refugee Appeals Board and the Asylum Division of DIS, identified a need for information about the following chronic diseases and medical conditions:

- Cancer
- Cardiac complications and hypertension (including post operation care)
- Diabetes type I and II
- Haematological diseases (including access to blood transfusion)

[1] Following WHO, 'health system' is defined as all the organisations, institutions, resources and people whose primary purpose is to improve health. WHO, *Monitoring the Building Blocks of Health Systems*, 2010, url, p. vi

[2] Specific information on health care services for Palestinian refugees in Syria is not included in the report. Information on this topic can be found in the following report: DIS – Danish Immigration Service, *Syria Palestinians in Damascus and Rural Damascus governorates*, October 2021, url, p.17

[3] EUAA MedCOI is a service, which collects medical information from countries and regions where asylum applicants come from, for the use of first instance migration authorities of the EU+ countries, EUAA MedCOI, *About MedCOI*, n.d., url

[4] EASO-MedCOI, *AVA 15156*, 21 July 2021

[5] EUAA, *EASO Country of Origin Information Report Methodology*, June 2019, url; EUAA MedCOI, *Guidelines for the Research and Use of Case-Specific MedCOI on Availability*, 2017; Project MedCOI - Belgian Desk on Accessibility, *Guidelines for the Research and Use of Case-Specific MedCOI on Accessibility and General MedCOI*, 2018

- Kidney diseases, including dialysis
- Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)
- Rheumatic diseases
- HIV/AIDS
- Chronic obstructive lung disease

To these diseases, the existence of home-based care for people in need of social care but without a family network was included as well as the existence of nursing home. Finally, the possibility of having a tattoo removed is also part of the ToR. The Secretariat of the Danish Refugee Appeals Board and the Asylum Division of DIS identified the four locations in the Syrian Arab Republic where health services should be surveyed: the governorates of Damascus, Rural Damascus, Tartous and Latakia.

In addition to questions about availability of medicines and treatments (whether they can be found at the surveyed facilities), the ToR also includes questions about the accessibility of medicines and treatments (information about prices, possible discrimination based on gender, marital status, political or religious affiliation and whether the security situation surrounding the health facilities is hindering access).

For the specific formulation of the ToR, please see annex 1 of this report.

Collection of information

Three main data sources have been used for the purpose of this report: (1) a survey of selected health facilities in the governorates of Damascus, Rural Damascus, Tartous and Latakia; (2) qualitative key informant interviews with health program implementers from international humanitarian organisations based in Syria; and (3) COI-literature, public health reports and academic articles.

Survey of health facilities

DIS has contracted an international consultancy company, Tana Copenhagen, (hereafter: Tana) and requested this company to design and carry out a survey of availability and accessibility of medicines and treatments for the above mentioned chronic diseases and conditions in health facilities in Damascus, Rural Damascus, Tartous and Latakia. Tana was selected among other candidates because the company could muster a gender-balanced list of data collectors/enumerators with a background in public health, knowledge of data collection, familiarity of the security situation inside Syria and with experience from, and the possibility to, conduct research in public and private health facilities inside Damascus, Rural Damascus, Tartous and Latakia. Tana conducted the four separate surveys from 21 October to 23 November 2022.

The survey was based on a questionnaire that followed EUAA MedCOI's definition of case-specific availability of medicines and specialised medical treatments as mentioned in the three items below. Assessment of the availability of medicines was based on the presence of the inquired medicines in the researched facilities as advised by the manager of the facility according to the following three MedCOI-categories:

- Medicine is <u>available</u>: the requested medicine is in principle registered in the country and available at a health facility in the selected town. At the time of investigation, there are no supply problems.

- Medicine is partly available ('current supply problems'): though the medicine might be licensed in a country and used to be available, it is now confronted with interruptions in supply. If there is a time horizon for re-supply, the expected delivery time should be noted as precisely as possibly.
- Medicine is not available: the medicine is neither registered nor available in any of the surveyed health facilities.

Availability refers to whether a given medicine or treatment is objectively obtainable in the country of origin without taking into consideration the individual circumstances of the applicant. **Accessibility**, by contrast, refers to whether a given medicine or treatment would in reality be accessible; that is whether financial (price), geographical (in terms of accessibility via air or road) or social issues (possibly discrimination in terms of gender based discrimination or discrimination based on marital status or political or religious affiliation) would constitute a barrier. Accessibility is always based on the fact that a given medicine or treatment is available in the country of research.[6]

The consultancy team used purpose sampling techniques to select the health facilities to be included in the survey. First, the teams conducted a mapping of the biggest and best-known public and private hospitals and pharmacies (including other types of facilities likely to offer tattoo removal) in each of the four survey locations.[7] Based on this list, managers of those health facilities offering specialised care for the included diseases and conditions were approached and invited to participate in the survey. Those who accepted the invitation were interviewed for the survey, either via a physical meeting at the health facility, via interviews outside of the health facility or online interviews, in situations where Covid-19 restrictions hindered a physical meeting. At each of the health facilities, one person was interviewed (most often a pharmacist); if that person did not have all the required information at hand, they consulted with relevant colleagues at the facility.

A number of those who were invited to participate in the survey declined referring to fear of their identity possibly being revealed to the authorities if they participated in the survey. Those health workers who did agree to participate in the survey had to be reassured by the data collectors that their identity would not be revealed and that the data collectors had no connection to the Syrian MoH. Those who were representing hospitals agreed to have the name of the hospital included in the report, whereas the names of the pharmacies are not included at the request of the persons interviewed there. For the same reason, the included pharmacies are not marked on the maps, which illustrate the location of the surveyed health facilities.

Data about availability of medicines and treatments as well as information about prices were collected systematically by the data collectors, and are reported in overview tables in the chapters about health care services in Damascus, Rural Damascus, Tartous and Latakia. It should be noted that during the time of data collection and immediately after, important fluctuations in foreign exchange rates took place, which means that prices reported in the report are not necessarily reflective of the actual prices after the publication of this report.

[6] Project MedCOI - Belgian Desk on Accessibility, *Guidelines for the Research and Use of Case-Specific MedCOI on Accessibility and General MedCOI*, 2018

[7] See a list of health facilities specialised in the areas of concern for ToR in the sub-study reports in annexes 6-9.

Key informant interviews

DIS and the Ministry of Immigration and Integration conducted semi-structured interviews with key informants between October and November 2021. Five major organisations within the humanitarian emergency response or health service implementing agencies in Syria were identified and invited to an interview. Out of the contacted organisations, one organisation preferred to do the interview via email and provided written answers and two organisations accepted to participate in an online interview (See annexes 2-4). WHO shared a technical brief in response to our request for an interview.

The sources were informed about the purpose of the interview and the fact that the information they provided would be included in a publicly available report. All interviewed sources are referred to as anonymous international organisations.

Immediately after each interview, a meeting note was written. It is not a full transcript of what was said, but rather a detailed summary with a focus on the elements of relevance for the ToR. These notes were forwarded to the interviewed for approval, providing the source an opportunity to amend, comment or correct the context of the minutes to reflect the information shared most accurately. All sources approved their statements. In the report, attention has been taken to present the views of the interviewed as accurately and transparently as possible and reference is made to the specific paragraphs of the meeting notes in the footnotes. All sources approved the their statements, which are included in their full extent in annexes 2-4 of this report.

The report is a synthesis of the sources' statements, survey data collected on the ground as well as relevant health system reports and academic articles.

Quality control

Quality control of the reliability and validity of the information in this report has been carried out in several ways. First, the consultancy company has used their own quality assurance staff member – who were not a part of the team on the ground in Syria – to check the quality of the survey, in particular the questionnaire. Then, an independent Syrian consultant was hired to double-check all collected data from two out of the six surveyed health facilities in Damascus. This consultant found a discrepancy in 12 % of the survey data when compared with the data collected by the Tana consultants. After discussing these discrepancies, the team revisited the health facilities to clarify the differences. Based on these learnings, the rest of the data collection was carried out. Finally, all four sub-studies have been quality assured by Tana's internal quality assurance expert.

Secondly, the Belgian COI-unit has peer reviewed first, the sub-report on Damascus and then the full report. This ensured that inputs from the peer reviewers regarding the project design could be integrated and shared with the consultants during the data collection process. Belgium was selected because their COI-unit has extensive experience as a founding member of the original MedCOI-project and because the unit has access to its own medical doctors that are capable of checking the accuracy of the medical information included in this report.

Finally, the report has been peer reviewed in form and content by DIS.

Limitations

The possible limitations of the present report are three-fold. First, not all of the approached health facilities accepted to participate in the study. There were health facilities offering specialised care and treatment that declined the invitation referring to fear of their identity possibly being revealed to the authorities if they participated in the survey. This means that information about those services, and whether they are available and accessibly or not, is not included in the present report. It was not possible to gain access to any HIV/AIDS facilities in the governorates of Damascus, Rural Damascus, Tartous or Latakia. The fact that the survey team did not get access to all the hospitals, that the survey team had wanted to include, is a shortcoming that DIS have sought to supplement with available data about public health hospitals from the HeRAMS/WHO project's reports about public hospitals in Syria.

Secondly, the interviewees in the different health facilities were hesitant to discuss issues of possible discrimination and did not contribute with detailed and substantial information on this topic. According to the survey team on the ground, their statements about the absence of all forms of discriminations should not be seen as an indication of the absence of any forms of discrimination in the Syrian health care system. To address this DIS has sought to integrate information from existing COI-publications. However, there was not a substantial amount of relevant literature available.

Thirdly, data collection took place during the Covid-19 pandemic, which put a strain on health system capacity, including on health workers' ability to care for patients and on managers availability for interviews. Much hospital capacity has been devoted to Covid-19 patients and data gathered during this period of hardship are not necessarily reflective of health system capacity in times without Covid-19.

Finally, it has not been possible to gather substantial and detailed information about the extent of possible stigmatisation of mental health care in the surveyed locations.

There has been no contact with the Syrian MoH for the purpose of data collection for the present report. Information about how the Syrian government has addressed health system challenges, including during the Covid-19 pandemic outbreak, has been found in secondary literature.

Structure of report and presentation of collected data

The report begins with a general introduction to the organisation of health care services in Syria with a specific focus on the situation in Damascus, Rural Damascus, Tartous and Latakia. This includes a brief description of the security situation directly related to access to the surveyed health facilities as well as information about possible discrimination.[8] Then the findings related to availability and accessibility of medicines and specialised treatment are reported in separate chapters for each of the four locations

[8] For further information on the general security situation in Damascus, Rural Damascus, Tartous and Latakia , please refer to the following reports:
DIS – Danish Immigration Service: S*yria: Security and socio-economic situation in the governorates of Damascus and Rural Damascus,* October 2020, url; DIS – Danish Immigration Service: *Syria Security and socio-economic situation in Tartous and Latakia governorates*, September 2021, url; Sweden – Migrationsverket, *Syrien Säkerhetssituationen och civilas utsatthet,* april–november 2021, url; EASO, *Syria Security situation Country of Origin Information Report*, July 2021, url

respectively. The annexes comprise the interview notes and the four sub-studies conducted by the consultancy company.

The drafting of the report was initiated in January 2022 and was finalised in March 2022. It is available on the website of DIS us.dk.

Acknowledgements

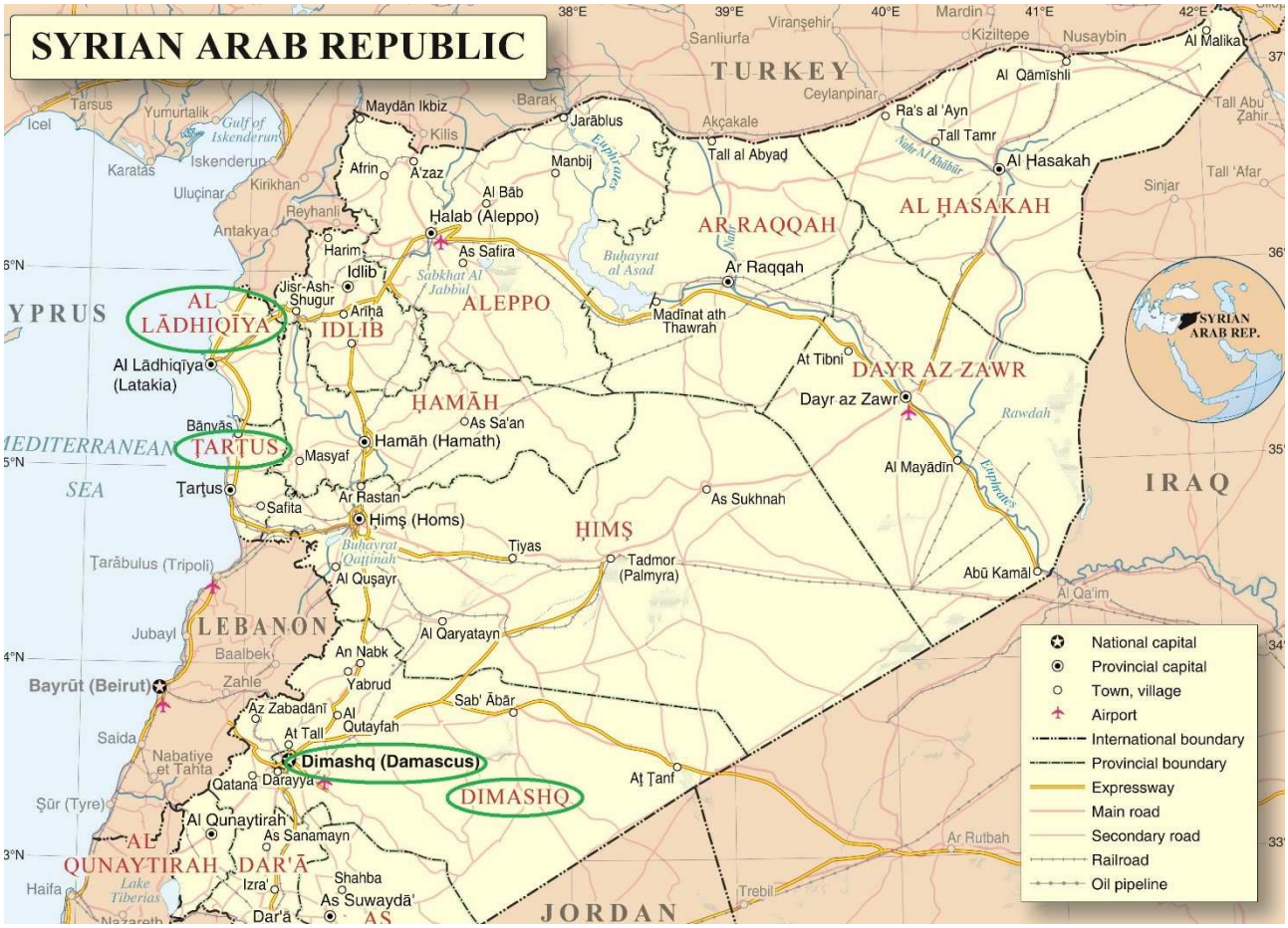
DIS wishes to acknowledge the Belgian COI-unit for their availability to peer review this report and for their detailed and technical comments and suggestions.

Abbreviations

COI	Country of Origin Information
DIS	Danish Immigration Service
EASO	European Asylum Support Office (now EUAA)
ECG	Electrocardiogram
EUAA	European Union Agency for Asylum (previously EASO)
HeRAMS	Health Resources & Services Availability Monitoring System
Hb	Haemoglobin
HIV	Human immunodeficiency virus
ICU	Intensive Care Unit
IDPs	Internally Displaced Persons
LGBTQ+	Lesbian, gay, bisexual, transgender and queer
MDGs	Millennium Development Goals
MedCOI	Medical Country of Origin Information
MoH	Ministry of Health
MoHE	Ministry of Higher Education
NGOs	Non-Governmental Organisations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PHR	Physicians for Human Rights
PSS	Psychosocial support
PTH	Parathyroid hormone
SYP	Syrian Pounds
UN	United Nations
UNICEF	United Nations Children's Fund
UNHRC	United Nations Human Rights Council
WBC	White blood cells
WHO	World Health Organization

Map of Syria

The highlighted locations the governorates of Damascus, Rural Damascus, Latakia and Tartous were selected to be part of the present study. DIS is solely responsible for the content of this map that is based on a map by the United Nations.



Brief overview of health care system

Organisation of health care services

Before the onset of the armed conflict in March 2011, the Syrian health care system was described as being in a good shape: '…Syria was covered by an accessible and extensive public healthcare system, in addition to a medicalized pattern of care with frequent recourse to specialist care.'[9] According to a public health study, the national health care system was 'robust', and it was 'led by the public sector, with a growing private sector and little reliance on civil society organizations'.[10] At that point of time, Syria was a middle-income country on the move towards accelerated achievement of United Nations' (UN) Millennium Development Goals (MDGs). Syria performed particularly well in vaccination coverage and routine immunisation of children, a central element of public health.[11] Thus, population health was improving. According to Ministry of Health (MoH) data quoted in an academic article published in 2012, life expectancy increased from 56 years in 1970 to 73.1 in 2009, infant mortality decreased from 132 per 1000 live births in 1970 to 17.9 in 2009 and maternal mortality dropped from 482 per 100,000 live births to 52 during the same period.[12] Furthermore, according to the World Health Organization (WHO), the pharmaceutical industry of Syria was considered among the largest growing and most successful sectors during the last two decades leading up to the current crisis;[13] and national pharmaceutical companies produced around 7,000 – 8,000 different medical products covering up to 93 % of the local market.[14] According to the observations of an international organisation with long time experience in humanitarian relief, Syria used to have a 'well-functioning universal healthcare system', which allowed Syrian citizens to access healthcare free of charge in all parts of the country.[15]

After more than 10 years of conflict, including destruction of health care facilities and attacks on health workers,[16] a study, which was published in 2020, describes the current health care sector in Syria as in a state of 'fragmentation' and 'partial collapse'.[17] The public health facilities have few medicines at its disposal and primarily offers routine immunisations. Damascus has the highest number of specialised health care services in Syria; however, according to one of the interviewed international organisations, the health facilities suffer from the lack of medical supplies, due to the international sanctions. This particularly affects the level of specialised care, e.g. surgery. Rural Damascus, has lost a high amount of health infrastructure during the unrest, and Latakia have fewer specialised health care services compared to Tartous and Damascus.[18]

[9] Akik, C., Semaan, A., Shaker-Berbari, L. et al., *Responding to health needs of women, children and adolescents within Syria during conflict: intervention coverage, challenges and adaptations*, p. 14, 2020, url
[10] Akik, C., Semaan, A., Shaker-Berbari, L. et al., *Responding to health needs of women, children and adolescents within Syria during conflict: intervention coverage, challenges and adaptations*, p. 2, 2020, url
[11] An international organisation, b: 2
[12] Kherallah, M., Alahfez, T., Sahloul, Z., Eddin, K. D., & Jamil, G., *Health care in Syria before and during the crisis*, 2012, url, p. 1
[13] WHO: 1
[14] Atlas Assistance, *Syria Monthly Report - July 2021*, 2021, p. 3, WHO, technical brief, 2021: 1
[15] An international organisation, a: 6
[16] IRC, *A Decade of Destruction: Attacks on health care in Syria*, 2 March 2021, url, p. 2
[17] Akik, C., Semaan, A., Shaker-Berbari, L. et al., *Responding to health needs of women, children and adolescents within Syria during conflict: intervention coverage, challenges and adaptations*, 2020, url, p. 2
[18] An international organisation, c: 3-5

Access to health care for the 20.3 million Syrians[19] is the responsibility of the Syrian MoH. The health care sector in Syria is composed of services provided by public health care centres,[20] private facilities, humanitarian organisations, a large number of non-governmental organisations (NGOs), faith-based organisations and United Nations (UN) specialised agencies.[21] The national health sector is organised as a pyramid with the MoH at the top, followed by its directorates, public hospitals and first responders (smaller health care units).[22] There are also public hospitals under the Ministry of Higher Education (MoHE). There are 113 public hospitals (MoH and MoHE) across all of Syria's 14 governorates.[23] Another international organisation with experience in humanitarian relief stated that MoH data indicate that there are 399 private/NGO run hospitals across Syria[24] (compared to the above-mentioned 113 public hospitals). The same organisation advised that the MoH is responsible for monitoring health care service provision and for offering technical support to the directorates, including supervision of existing standards of care. The same organisation found that albeit the MoH did have a set of quality standards, which health care providers across the countries are supposed to align with, the MoH lacks the capacity to monitor to which extent health facilities adhere to these standards.[25] Another organisation opined that the MoH's capacity to carry out effective monitoring is highest in Damascus and Rural Damascus.[26]

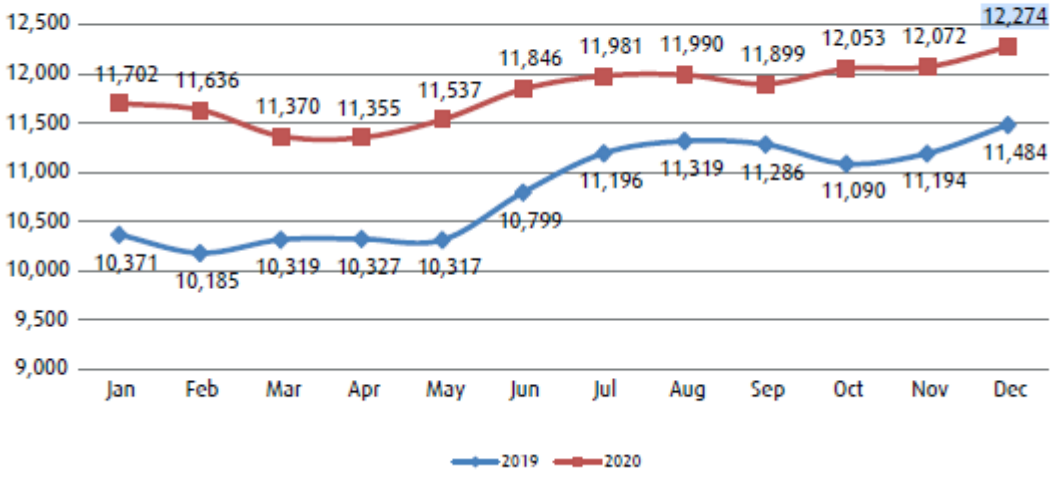
Before 2011, Syria initiated a process of decentralisation of the health sector,[27] but according to an international organisation the health care system is not yet fully decentralised. The MoH has initiated a partial decentralisation, and it operates through district-level directorates in each governorate. These directorates are administratively connected directly to the governor; the leadership of the directorates has some ability to take direct contact to external donors through the governor.[28]

Human resources

According to the Health Resources & Services Availability Monitoring System (HeRAMS), a data driven project under WHO, the number of medical doctors in public hospitals across Syria was 12,274 in December 2020, representing a slight increase as compared to 2019.[29] This includes different categories of doctors from general practitioners to specialist as well as dentists, as appears in the figure below. These doctors are all employed at functional (fully and partially) hospitals; the figure does not specify the distribution of medical doctors between government controlled areas and areas which are not controlled by the government.

[19] CIA, World Factbook, *Syria*, updated 17 April 2021, url
[20] WHO, *HeRAMS Annual Report: January – December 2020: Public Hospitals in the Syrian Arab Republic,* 2020, url, p. 8
[21] DIS, Security and socio-economic situation in the governorates of Tartous, Latakia and Quneitra, December 2020, url, p. 20; an international organisation, b: 6
[22] Gharibah, M. and Mehchy, Z., *COVID-19 pandemic: Syria's response and healthcare capacity*, LSE, 20 March 2020, url, p. 8
[23] HeRAMS, *Public Hospitals in the Syrian Arab Republic*, *January – December* 2020, Annual Report, 2020, url, p. 6
[24] An international organisation, a: 2
[25] An international organisation, a: 1
[26] An international organisation, c: 5
[27] Faisal WA., Saleh YA. and Sen K., *Syria: public health achievements and sanctions*, The Lancet, 16 June 2012, url
[28] An international organisation, c: 5
[29] HeRAMS – WHO, *Public Hospitals in the Syrian Arab Republic*, *January – December* 2020, Annual Report, 2020, url p. 26

Figure 21: Trend analysis of number of doctors (a total of general practitioner, specialists, emergency physicians, resident doctors, and dentists) in public hospitals during 2019 and 2020



Source: HeRAMS – WHO, *Public Hospitals in the Syrian Arab Republic*, *January – December* 2020, Annual Report, 2020, p. 26, url

Zooming in on the number of health workers divided between different categories in functional public hospitals in Damascus, Rural Damascus, Tartous and Latakia, it appears that the number of health workers is significantly higher in Damascus than in the three other governorates.[30] There are more nurses at the hospitals in Damascus (3,752) than in Rural Damascus (1,316), Tartous (2,405) and Latakia (2,602). There are also more specialist (of different categories) at the public hospitals in Damascus (772) compared to Rural Damascus (229), Tartous (402) and Latakia (487). By contrast, Tartous holds the highest number of medical doctors specialised in general surgery (58) compared to Damascus (47).[31] The number of doctors in public hospitals per 10,000 population was in 2020 21.1 in Damascus, 3.1 in Rural Damascus, 11.7 in Tartous and 15.9 in Latakia.[32]

[30] HeRAMS – WHO, *Public Hospitals in the Syrian Arab Republic*, *January – December* 2020, Annual Report, 2020, url, Figure 3, p. 24
[31] HeRAMS – WHO, *Public Hospitals in the Syrian Arab Republic*, *January – December* 2020, Annual Report, 2020, url, Figure 3, pp. 26-27
[32] HeRAMS – WHO, *Public Hospitals in the Syrian Arab Republic*, *January – December* 2020, Annual Report, 2020, url, Figure 3, p. 30

Table 4: Availability of human resources of functioning public hospitals, per governorate, December 2020

Governorate	General Practitioner	Orthopedic surgery	General surgery	Neurological surgery	Other Specialists	Emergency Physician	Resident Doctor	Dentist	Nurses	Laboratory	Midwives	Pharmacists	University*	Technicians	Others
Damascus	0	43	47	19	772	15	2,874	79	3,752	391	154	83	505	1,326	2,890
Rural Damascus	12	26	35	5	229	4	625	3	1,316	132	89	18	133	454	909
Lattakia	4	41	51	8	487	18	1,272	51	2,602	144	249	32	248	501	1,138
Tartous	4	38	58	9	420	22	502	31	2,405	235	116	28	245	908	1,581

Source: HeRAMS – WHO, *Public Hospitals in the Syrian Arab Republic*, *January – December* 2020, Annual Report, 2020, p. 24, url

The exact number of medical doctors in Syria is difficult to establish. According to the annual report issued by the Syrian MoH, quoted in a Lancet article, there were 29,927 doctors in Syria in 2009; it is not specified whether this also includes the private sector.[33] The number of nurses in public hospitals has fluctuated significantly during 2019 and 2020 and amounted to 17,072 by December 2020; a number that represents a slight increase over one year.[34] One key informant, interviewed by EASO, advised that in 2020 around 50 % of medical doctors in Damascus had left during that year; other sources claimed that the percentage of medical exodus had continued to grow during 2021.[35] The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) stated that by 2020 70 % of all health workers had left Syria.[36] There are no details in the HeRAMS data about the level of experience or qualifications of the health workers; but according to the *Lancet-American University of Beirut Commission Syria,* it is in particular the experienced health workers who have left the country.[37]

Since the onset of the Syrian crisis in March 2011, the United Nations (UN) has documented regular assaults on health facilities and on health care workers by the Syrian government and its allied. In 2018, the Secretary General of the UN submitted a report to the Security Council in which the UN had verified 343 attacks on hospitals and health clinics attributed to government as well as non-government forces. Those attacks led to 188 health workers being killed or injured during a period from 16 November 2013 to 30 June 2018.[38] In 2013, the United Nations Human Rights Council (UNHRC) wrote that government forces had deliberately targeted hospitals, medical personnel and transports since 2011. In the same report, UNHRC stated that from April to June 2011, 'a wave of arrests' against health care workers in Damascus took place. This wave included five doctors from two hospitals that were arrested and detained after they refused to

[33] Fouad M.F, Sparrow A., Tarakji A. et al., *Health workers and the weaponisation of health care in Syria: a preliminary inquiry for The Lancet –American University of Beirut Commission on Syria*, the Lancet, 2 December 2017, url, p. 2519
[34] HeRAMS, *Public Hospitals in the Syrian Arab Republic*, *January – December* 2020, Annual Report, 2020, url, pp. 26-27
[35] EASO, *Syria - Socio-economic situation: Damascus City*, April 2021, url, p. 48
[36] OCHA, *Syria anniversary press release*, 6 March 2020, url
[37] Fouad M.F, Sparrow A., Tarakji A. et al., *Health workers and the weaponisation of health care in Syria: a preliminary inquiry for The Lancet –American University of Beirut Commission on Syria*, the Lancet, 2 December 2017, url, p.2516
[38] UN Security Council, *Children and armed conflict in the Syrian Arab Republic;* Report of the Secretary-General [S/2018/969], 30 October 2018, p. 11 url

deny treatment to anti-government protesters; three doctors were tortured while in the custody of the Air Force intelligence service; and another two doctors were detained, ill-treated and interrogated about their support to protesters.[39] An analysis of data from four different sources of numbers of killed health workers in the Syria conflict from 2011-17 found that the total numbers of killed health workers was 814 (not counting the number of ill-treated, detained or tortured).[40] According to information in a report published by the Middle East Institute, the secret police have been assigned offices inside all major hospitals.[41]

As mentioned above a high number of health professionals have disappeared; that implies a loss of specialised health care workers in Syria. The MoH has responded with the introduction of a so-called task-shifting strategy. This means that health professionals with a general level of training (such as general practitioners), or a more basic level (such as nurses or midwives) have been trained to fill in the gaps for specialised health care workers. They have also been asked to rotate amongst the functioning health facilities. However, the quality and the efficacy of this attempt to fill out the gaps has been reported to be questionable.[42] According to a source interviewed by EASO, the unexperienced medical doctors who are filling in for specialised doctors in public hospitals are more likely to commit errors, which may have fatal consequences for the patients.[43] One of the interviewed international organisations opined that the government-controlled areas are left with approximately one third of the required human resources for a fully functioning health care sector.[44]

Medicines and the national pharmaceutical sector

Syria is both a producer and an importer of medicines and pharmaceutical products. In 2011, there were 70 pharmaceutical factories in the country, which exported their products to up to 44 foreign countries.[45] However, during the conflict, many pharmaceutical factories were damaged, destroyed and closed, and even though some factories are still operating, it is estimated that the production has dropped with 75 %.[46] The exchange rates dropped significantly since 2020; the Syrian pound (SYP) fell from 3,000 SYP/USD in early March 2021 to 4,000 in mid-March 2021. This drop led to an exchange rate adjustment, which forced pharmaceutical companies to buy dollars for imported raw materials at the 2,500 rated but still having to sell their products at a fixed price, which is set by the government.[47] Moreover, the economic sanctions are preventing the import of active ingredients and essential equipment, which is required for the manufacturing of medicines.[48] Furthermore, one of the interviewed organisations advised that the

[39] UNHRC, *"Assault on medical care in Syria"*, (A/HRC/24/CRP.2), September 17, 1,22 2013, url, p. 2, 5
[40] Fouad M.F, Sparrow A., Tarakji A. et al., *Health workers and the weaponisation of health care in Syria: a preliminary inquiry for The Lancet –American University of Beirut Commission on Syria*, the Lancet, 2 December 2017, p. 2518, url
[41] The Middle East Institute, *Ravaged by war, Syria's health care system is utterly unprepared for a pandemic*, 23 April 2020, url
[42] Akik, C., Semaan, A., Shaker-Berbari, L. *et al.*, *Responding to health needs of women, children and adolescents within Syria during conflict: intervention coverage, challenges and adaptations*, 2020, url, p. 10
[43] EASO, *Syria - Socio-economic situation: Damascus City*, April 2021, url, p. 48
[44] An international organisation, b: 4
[45] Atlas Assistance, *Syria Monthly Report - July 2021*, 2021, p. 3; WHO: 1
[46] Atlas Assistance, *Syria Monthly Report - July 2021*, 2021, p. 3
[47] Atlas Assistance, *Syria Monthly Report - July 2021*, 2021, p. 3
[48] An international organisation, c: 6, an international organisation, a: 5

medicines, which were still being produced locally, now was of lesser quality than medicines previously delivered from the same manufacturers in Syria.[49]

According to a technical brief shared by WHO, the Syrian population has had decreased access to medicines because of persistent poor regulations and weak management of the supply chain. Therefore, the country has suffered from endemic shortages of essential medicines and medical supplies.[50] This shortage includes very low stocks of vaccines as well as severe shortages of medicines for diabetes, tuberculosis and kidney disease. Furthermore, blood derivatives, laboratory reagents, anaesthetics, anti-neoplastic medicines, obstetric and maternal and child health medicines and supplies are lacking. WHO also notes that severe shortages of dressing materials, intravenous fluids and internal fixators for fractures have been reported.[51] According to the technical brief by WHO, medical supplies such as prostheses for amputees and wheelchairs are particularly scarce and expensive.[52]

WHO notes that out of 1,244 fully and partially functioning primary health care units (the facilities at the lowest level of the health sector pyramid) 642 do not have any antibiotics on the shelves; 824 lack diabetic treatments and 810 do not have medicines for non-communicable diseases.[53] According to information by Atlas Assistance, there is also a shortage of first-aid materials.[54]

The current Essential Medicines List is from 2019.[55]

According to interviews with managers of pharmacies and hospitals employees, the MoH does not have mechanisms to procurement medicines that are unavailable inside Syria from abroad. Pharmacies may make use of a special order mechanism to procure such medications for patients who can afford the price but this procedure is illegal and hospitals do not engage in this practice. The pharmacy will request the medication either via bus/taxi drivers who work on the Syrian-Jordan and/or Syrian-Lebanon border, or by requesting them from someone who plans to travel out of Syria to bring it when they return.[56]

Capacity

According to a technical brief issued by WHO, the health care system in Syria has been so adversely affected by the conflict that the capacity is compromised.[57] As mentioned above in the section 'Human resources', the poor capacity to deliver health care services to the population is a consequence of the reduced number of health care workers. The increased number of internally displaced persons (IDPs) in both Damascus, Tartous and Latakia has also put an extra burden on the remaining health care workers' capacity to treat more patients.[58]

[49] An international organisation, a: 5
[50] WHO: 5-7
[51] WHO: 6, 7
[52] WHO: 3
[53] WHO: 15
[54] Atlas Assistance, *Syria Monthly Report - July 2021*, p. 3, 2021
[55] WHO, *Syria's essential medicine list 2019*, Annex 1, Syrian Arab Republic, n.d., url
[56] Tana, *Health care services: Availability and accessibility in Damascus*, 2022, p. 10, annex 6
[57] WHO: 4
[58] An international organisation, c: 2, 3; an international organisation, b: 4

According to HeRAMS's annual rapport covering public hospitals in Syria, in 2020 there were 15 public hospitals in Damascus: 11 which were fully functioning; 4 were partially functioning. In Rural Damascus, there were 15 public hospital: 8 were fully functioning; 2 were partially functioning and 5 were non-functioning. In Tatous there were 7 public hospitals, all 7 are fully functioning. In Latakia, there were 7 public hospitals: 6 were fully functioning; 1 was partially functioning.[59] In the following four chapters, health care services, including prices of services, in selected public and private hospitals in Damascus, Rural Damascus, Tartous and Latakia will be described in detail.

Assuming that effective childhood immunisation may be perceived as a proxy indicator of a health system performance, as argued in a technical note published by the Inter-American Development Bank's Social Protection and Health Division,[60] the disruptions in the vaccination schedules and the decreased vaccine coverage rates in Syria is an indicator of poor public health capacity. Polio re-emerged during the war in 2013, and the MoH has tried to strengthen the national communicable disease surveillance system with support from WHO. In Damascus and in other government-controlled areas, the MoH has steered the immunisation efforts, yet immunisation against measles and DTP (diphtheria, tetanus, and pertussis - whooping cough) remained 'suboptimal' because of poor resources and inconsistency in the delivery of services.[61]

Fee structure and existence of a national health insurance scheme

The health care system in Syria before 2011 was built on the principles of free universal health care.[62] The country had a solid public health sector and a growing private sector and with little reliance on NGOs in health care service delivery.[63] Today, medical care provided by national facilities remain free of charge[64] whereas services – consultations, interventions and medicines – provided by private-for-profit services have to be paid out-of-the pocket by the patient.[65]

An international organisation with experience in implementing public health programs in Syria advised that vaccinations and primary health care services are free-of-charge in Syria. Consultations provided through UN implementing partners in the 14 governorates of Syria are also free-of-charge for the patient. According to another source representing a UN specialised agency, health care services offered through private-for-profit clinics are expensive for people in Syria; private health care providers may charge 30,000 SYP for a specific service and patients in need of specialised care not provided by government run hospitals may try to obtain these services at an NGO-run clinic.[66]

[59] HeRAMS – WHO, *Public Hospitals in the Syrian Arab Republic*, *January – December* 2020, Annual Report, 2020, url url, Figure 3, p. 10, url
[60] IDB/John Colston, *The Use of Effective Coverage in the Evaluation of Maternal and Child Health Programs*, Technical Notes, June 2011, url
[61] Akik, C., Semaan, A., Shaker-Berbari, L. et al., *Responding to health needs of women, children and adolescents within Syria during conflict: intervention coverage, challenges and adaptations*, p. 12, box 2, 2020, url
[62] An international organisation, a: 6
[63] Akik, C., Semaan, A., Shaker-Berbari, L. et al., *Responding to health needs of women, children and adolescents within Syria during conflict: intervention coverage, challenges and adaptations*, 2020, url
[64] EASO, *Syria - Socio-economic situation: Damascus City*, April 2021, url, p. 47
[65] An international organisation, b: 6, 10
[66] An international organisation, c: 13

There is no general insurance scheme, which covers the expenditures to services provided by private health facilities for patients who do not find adequate services within the national hospitals.[67]

According to information gathered by DIS in 2020, prices for medicines almost tripled between August and November 2020. According to information in a household survey conducted in October 2020 45 % of the 1,387 interviewed households reported that they were not able to purchase the medicines they needed. Around two-thirds of these households indicated that this was due to lack of sufficient funds.[68]

In December 2021, after the completion of the survey of health facilities, the head of the Syrian pharmacist association announced a 30 % increase in prices of medicines, following the announcement by President Bashar al-Assad that salaries for civilian and military public-sector workers would increase by 30 %.[69] In a communication with the consultancy company after the end of data collection, the consultancy company notified that by January 2022 all prices of goods in Syria have increased, including medicines and medical services due to fluctuations in foreign exchange rates.[70]

Impact of Covid-19

On 22 March 2020, the Syrian government reported the first Covid-19 case in Syria.[71] By January 12, 2022, there were 50,552 confirmed Covid-19 cases and 2,933 deaths; only 6,5 % of the population has been reported to be fully vaccinated.[72] According to UNICEF, there has been 166,848 confirmed cases of Covid-19 in Syria since the start of the pandemic until the end of October 2021. UNICEF also noted that the actual number of cases is likely to exceed the confirmed number of cases.[73]

The government responded to the first cases of Covid-19 by introducing restrictive measures in March 2020. These measures included a travel ban across governorates, curfew and shutting down businesses. By the second half of May 2020, all restrictions were lifted.[74] One of the interviewed international organisations opined that by December 2021 a new wave of Covid-19 cases had put additional pressure on an already weak and strained health system; no clear measures had been taken to curb the spread of the pandemic as of December 2021.[75] Damascus has the highest number of confirmed cases in Syria. Overall, Covid-19 affected the livelihood and the economic situation of the population in a negative way; 33 % of the population reported that they were suffering from food shortages between March and August 2020.[76]

In March 2020, the number of available intensive care unit (ICU) beds with ventilators (in public and private facilities combined) was estimated to amount to 96 in Damascus, 11 in Rural Damascus, 77 in Latakia and 30 in Tartous. This is much below the estimated capacity threshold for Covid-19 cases in these four

[67] An international organisation, a: 6; an international organisation, c: 13
[68] DIS, *Security and socio-economic situation in the governorates of Tartous, Latakia and Quneitra*, December 2020, url, p. 22
[69] COAR, *Syria Update, Damascus Raises Salaries, alongside Medicine Prices*, 20 December 2021, url, pp. 6-7
[70] Email of 18 January 2021, sent by Tana, item 11
[71] EASO, *Syria - Socio-economic situation: Damascus City*, April 2021, url, p. 21
[72] Johns Hopkins University & Medicine, Corona Virus Resource Center, *Syria*, 12 January 2022, url; WHO, *Health Sector Bulletin*, February 2022, url, p. 3
[73] UNICEF, *Whole of Syria: Humanitarian Situation Report*, October 2021, url, p. 2
[74] EASO, *Syria - Socio-economic situation: Damascus City*, April 2021, url, p. 21
[75] An international organisation, a: 4
[76] EASO, *Syria - Socio-economic situation: Damascus City*, April 2021, url, p. 22

locations.[77] The effect on the provision of all types of health care services is notable. According to an international organisation about 50 % of regular health care services have been stopped or postponed because some hospitals have had to carry out Covid-19 response during the spike of the pandemic.[78]

Sources quoted in a study published by London School of Economics (LSE) claim that the Syrian authorities have lacked 'transparency and prevarication' in their management of the COVID-19 response. It is also suggested that the public health response has been weakened by the fact that intelligence agencies have interfered '…in healthcare policies, attempting to control the media narrative about the pandemic, threating private doctors and health facilities, and restricting the ability of civil society organisations and NGOs to implement social response plans.'[79]

Lack of access to testing for Covid-19 at public hospitals has been reported to be a problem in the government-controlled areas of Syria. A study published by LSE in 2020 documents that patients in public hospitals in Damascus were required to pay a relatively large amount of money (up to 50,000 SYP) per test, despite the fact that the tests were provided by WHO.[80] In an article published by Al Jazeera in October 2020, it was stated that prices went as high as 126,000 SYP for a Covid-19 test.[81]

Impact of conflict on access to health care services for patients in government-controlled areas

The background of the armed conflict in Syria and the general security situation in Damascus, Rural Damascus, Tartous and Latakia will not be addressed in this report.[82] Instead, the associated impact of the conflict on access to health services in the four specific governorates are described in the following sections. However, the information shared by the interviewed health facility managers on this topic was scarce.

According to observations carried out at hospitals or information gathered via interviews by the consultants who visited the researched health facilities in Damascus, Rural Damascus, Tartous and Latakia, there were security forces at the entrances of the hospitals. People entering the facilities are subject to a security search in the form of verification of identification documents and sometimes a physical search. The

[77] Gharibah, M. and Mehchy, Z., *COVID-19 pandemic: Syria's response and healthcare capacity*, LSE, 20 March 2020, url, p. 6
[78] An international organisation, c: 10
[79] Gharibah, M. and Mehchy, Z., *COVID-19 pandemic: Syria's response and healthcare capacity*, LSE, 20 March 2020, url, p. 8
[80] Gharibah, M. and Mehchy, Z., *COVID-19 pandemic: Syria's response and healthcare capacity*, LSE, 20 March 2020, url, p. 7
[81] Al Jazeera, *In COVID-hit Syria, people 'prefer to die than come to hospital'*, 5 October 2020, url
[82] For further information on the general security situation in Damascus, Rural Damascus, Tartous and Latakia , please refer to the following reports:
DIS – Danish Immigration Service: S*yria: Security and socio-economic situation in the governorates of Damascus and Rural Damascus,* October 2020, url; DIS – Danish Immigration Service: *Syria Security and socio-economic situation in Tartous and Latakia governorates*, September 2021, url; Sweden – Migrationsverket, *Syrien Säkerhetssituationen och civilas utsatthet,* april–november 2021, url; EASO, *Syria Security situation Country of Origin Information Report*, July 2021, url

government security forces are mandated to protect government buildings.The hospitals were accessible by road for people from governorates under government control.[83]

Physicians for Human Rights (PHR) has stated that security agents began to be present in public as well as in some private health facilities after March 2011. Here the security forces, military as well as civil police, monitored emergency rooms and the patients admitted with injuries that might indicate that the patient had taken part in actions against the government.[84] The presence of security services and intelligence inside in the state-run health facilities is also mentioned in an article published by Al Jazeera in October 2020.[85]

General information about discrimination in access to health care services

All health services staff who participated in the survey in Damascus, Rural Damascus, Tartous and Latakia were asked about their knowledge of discrimination occurring in the health facilities. They all answered that discrimination based on sexual orientation, gender, ethnicity, marital status or political affiliation in access to health care services did not occur at their facilities.[86] However, a recent study on the situation of LGBTQ+ persons in Syria shows that this particular social group is exposed to difficulties in their access to health care. The study shows that LGBTQ+ persons encounter hostilities at clinical settings where 'a vocabulary of deviance, illness or mental disturbance' may be used to describe homosexuality.[87] Their vulnerable status is reinforced by the fact that the Syrian penal code criminalises same-sex relations with up to three years of imprisonment. The same study emphasises that LGBTQ+ persons face a particular burden in terms of mental health issues and HIV/AIDS risk.[88]

The consultants visited the health facilities included in this study and here they observed that a significant number of the people entering health facilities were adult, single or unaccompanied women. According to findings in the consultancy reports, a female patient is able to visit health facilities and obtain a needed service without being accompanied by a man, regardless of her age or marital status in Damascus, Rural Damascus, Tartous and Latakia.[89]

[83] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, pp. 12-13, *Health Care Services: Availability and Accessibility in Rural Damascus*, January 2022, p. 11, *Health Care Services: Availability and Accessibility in Tartous,* January 2022, p. 10, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, p. 10
[84] PHR, *The Survivors, the Dead, and the Disappeared: Detention of Health Care Workers in Syria, 2011-2012, November 2021*, url, pp. 5-7
[85] Al Jazeera, *In COVID-hit Syria, people 'prefer to die than come to hospital'*, 5 October 2020, url
[86] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 14 , *Health Care Services: Availability and Accessibility in Rural Damascus*, January 2022, pp. 11-12, *Health Care Services: Availability and Accessibility in Tartous,* January 2022, p. 11, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, p. 11
[87] COAR, *LGBTQ+ Syria: Experiences, Challenges, and Priorities for the Aid Sector*, June 2021, url, p. 17
[88] USDOS, 2020 Country Report on Human Rights Practices: *Syria*, 30 March 2021, url
[89] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 14, *Health Care Services: Availability and Accessibility in Rural Damascus*, January 2022, p. 11, *Health Care Services: Availability and Accessibility in Tartous,* January 2022, p. 11, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, p. 11

Health care services in Damascus

This chapter describes the availability and accessibility of specific medication and treatment (including tattoo removal, home-based care and nursing homes) in the governorate of Damascus. The information and data presented in this chapter is primarily based on findings from interviews with hospital and pharmacy managers as well as direct observations carried out by the survey team on the ground. As the data has been collected from six specific health care facilities, this chapter does not provide a comprehensive list of all medication and treatment available in Damascus. There may therefore be more health facilities in Damascus providing different and other kinds of health care services. It was not possible for the survey team to access any of the existing HIV/AIDS facilities in Damascus and information about HIV/AIDS treatment is therefore not included in this chapter. This does not mean that there are no facilities or treatment for HIV/AIDS patients in Damascus.

The six surveyed facilities were chosen by the consultants in dialogue with DIS in order to represent variation in health care delivery in the capital of Syria. Further information about the method and the choice of facilities can be found in the section *Methodology*.

Overview of health facilities in Damascus and surveyed facilities

Below is a table illustrating health facilities specialised in each of the researched specialisations that the Tana team of consultants has identified for the purpose of this report.[90] It was not possible for the team to survey all the below mentioned specialised facilities (see table 1) as not all facilities were willing to participate.[91] When it is specified that there are 'no specialised centre' it means that there is no independent health facility, public or private, specialised in the specific illness. However, some public and private hospitals have a department for the specific illness.[92] It was not possibly for the consultants to negotiate access to the mentioned hospital specialised in cancer treatment or the centre specialised in treatment of HIV/AIDS. It should be noted, that according to an interviewed organisation, the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) has supported Syria with medicines and capacity building within HIV/AIDS and Tuberculosis (TB) since 2009 and until now. There is a national programme, which offers anti-retroviral treatment. The Global Fund is expected to continue its funding for HIV/AIDS treatment in Syria.[93]

Table 1: Health facilities in Damascus specialised in each of the researched specialisations

[90] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, pp. 5-6
[91] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, pp. 8, 11
[92] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 5
[93] An international organisation, c: 20

Specialised centres	Health facilities
Cancer	Peronist University Hospital (second branch)[94]
Cardiac complications and hypertension (including post-operation care)	Martyr Bassel Al Assad Heart Hospital
Diabetes type I and II	No specialised centre
Haematological diseases (including access to blood transfusion)	Blood bank, Assad University Hospital
Kidney diseases, including dialysis	No specialised centre
Mental health (including PTSD, psychotic disorders, mental retardations, dementia, and Downs syndrome)	Ibn Rushd Psychiatric Hospital
Rheumatic diseases	No specialised centre
HIV/AIDS	Centre for Infectious Diseases Control
Chronic obstructive lung disease	No specialised centre

Surveyed health facilities

In Damascus a sample of six health facilities were included in the survey. The survey team began by collecting information about the selected health facilities from the websites before conducting the survey. The results of the survey are presented in the tables and represents the most updated information. Further information on the choice of facilities and limitations hereto can be found in the section *Methodology.*

Damascus Hospital Al Mujtahed: This is a public hospital and pharmacy, managed by the MoH. It is the oldest and largest MoH-managed hospital in Damascus city and it has been operating since 1955. It serves the capital as well as the southern governorates. It consist of nine main medical departments with 20 specialised medical divisions. These include among others internal medicine, paediatric medicine and surgery, general surgery, urology, pulmonology, nephrology and intensive care. The hospital further has a laboratory department and a physical therapy department. There is also an external emergency department connected to the hospital. Since the onset of Covid-19, many of the medical departments has been converted into isolation and care departments for infected patients.[95] The hospital provides all available treatments and medicines free of charge for hospitalised patients while the outpatients have to pay a symbolic fee (175 SYP). The facility is open to the public, but especially people from the poorer socio-economic class are visiting the facility, as the treatment is free for all citizens. According to the survey team

[94] Peronist University Hospital has two branches: one in Damascus and one in Rural Damascus. According to the survey team, the branch located in Damascus did not wish to cooperate in this survey. Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 5

[95] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, pp. 8-9

this however, causes severe overcrowding throughout the year, which negatively affects the quality of services provided, especially in the emergency department.[96]

Al Shifa Hospital: This is a private hospital, which has been operating since 1960. It consists of several internal and external medical departments including a paediatric department, a surgery department, an intensive care unit and a laboratory department. The hospital has medical specialists employed including one cardiologist, one endocrinologist, one gynaecologist and obstetrician, one pulmonologist and several urologists, internists and general practitioners.
The hospital is open to the public, but is mainly used by the upper-socio economic-class (high-level of income), as both medication and treatment are paid out of pocket by patients or their families. According to the survey team, the facility is one of the most expensive hospitals in Damascus.[97]

Ibn Rushd Mental Health Hospital: This is a public mental health hospital managed by the MoH. It consist of several departments including an inpatient clinic, psychiatric outpatient clinic and an addiction clinic. The facility employs and trains psychiatrists. It is specialised in treating mental health illness and addiction. It further provides continuous follow-up of psychiatric patients after their discharge from the inpatient department. There is a pharmacy connected to the facility. The facility is open to the public and the treatment is provided free of charge to all citizens.[98]

Private pharmacy (asked to be anonymous): This private pharmacy employs pharmacists and pharmacist's assistants. All the available medication is paid out of pocket by the clients.[99]

Private drugstore (asked to be anonymous): This private drugstore employs pharmacist and pharmacist's assistants. All the available medication is paid out of pocket by the clients. The drugstore caters medication to public and private hospitals and medical centres in Damascus.[100]

Barina Beauty Clinic: This private beauty clinic offers tattoo removal as well as other services. The services are paid out of pocket by the clients, and the facility caters to middle and upper-socioeconomic class.[101]

Location of surveyed health facilities

The location of four out of the six surveyed health facilities is illustrated in the map below. Furthermore, the location of the international airport is marked on the map. The location of facilities is of relevance for patients' and their families' access to health care and treatment.

[96] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 12
[97] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 9
[98] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, pp. 9, 26
[99] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 9
[100] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 10
[101] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, pp. 10, 25

Map of Damascus and four of the researched facilities[102]

Map of Damascus and four out of six health facilities surveyed: Damascus Hospital Al Mujtahed, Dar Al Shifa Hospital, Ibn Rushd Mental Health Hospital and Barina Beauty Clinic. The location of the pharmacy and the drugstore is confidential. The map is provided by Tana based on Google maps.

Security issues related to access the health facilities

According to observations done by the survey team, the overall security situation in the area where the health facilities are located is overall good.[103] There are security forces at the entrance of the researched hospitals and people who enter the facilities are subject to a security search in the form of verification of identification documents and sometimes a physical search. The government security forces are mandated to protect government buildings. People from almost all other governorates can travel to the health care facilities by road, but the governorates that are out of the Assad regime control (such as Idlib, Deir Al Zur, and Al Raqqah) are not able to enter Damascus legally.[104] There are no security search at the private pharmacy, and there are no security officer at the entrance. At the private drugstore, there is a security officer at the entrance of the facility, but the people entering are not subject to a security check. There is a security officer at the entrance of Barina Beauty Clinic.[105]

Treatment and medication prices for specific diseases

This chapter presents findings in the following tables from interviews with key personnel at six health facilities in Damascus gathered on the ground by the survey team. The findings are presented as per

[102] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 10
[103] Tana, Health Care Services: *Availability and Accessibility in Damascus*, January 2022, pp. 11-12
For further information on the general security situation in Damascus, please refer to the following reports:
DIS – Danish Immigration Service: S*yria: Security and socio-economic situation in the governorates of Damascus and Rural Damascus,* October 2020, url; Sweden – Migrationsverket, *Syrien Säkerhetssituationen och civilas utsatthet,* april–november 2021, url; EASO, *Syria Security situation Country of Origin Information Report*, July 2021, url
[104] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, pp. 12-13
[105] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, pp. 12-13

specialised disease and contain information about:

- availability of medical doctors relevant for the treatment of the specific disease at the surveyed hospitals;
- prices and government coverage of consultations for out-and inpatient treatment respectively;
- devices, laboratory research and other procedures relevant for the specific disease;
- information about the availability and price of medication relevant to the specific disease.

The availability of treatment are only researched at the hospitals and not at the pharmacy and drugstore, as they do not provide any treatments. The respondents were asked to specify whether the treatment is fully, partly or not available in this facility. Partly available refers to treatments that are not available immediately at the hospital and requires on-call or visiting specialist doctors. In cases where the medication was available at more than one facility, the first line of the *Price* column refers to the price, dosage and number of units in the container of the cheapest available medication. The bottom line refers to the price, dosage and number of units in the container of the most expensive available medication at the researched facilities. N/A means that the treatment or medication was not available at the specific health facility at the time of the survey. If a column is left empty it means that the survey team did not consider it relevant to ask for the availability of the concerned treatment, medication or other procedure at the specific facility (which for example is the case for Ibn Rushd Mental Health Hospital, as it only treats mental health conditions and has no other specialisations). If a given medication is available free of charge, it is because it is provided at one of the surveyed hospital as all medication available at the pharmacy and drugstore is provided for a cost.[106] The table of medication does not include medicines that are illegally imported to the country. All prices are given in Syrian pound (SYP).

Cancer

This section describes the availability and the prices of medicines and treatment for patients who suffer from oncological diseases.

Table 3: Cost of treatment

	Public outpatient treatment Damascus Hospital Al Mujtahed	Public inpatient treatment Damascus Hospital Al Mujtahed	Private outpatient treatment Dar Al Shifa Hospital	Private inpatient treatment Dar Al Shifa Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	175		N/A		Paid out of pocket
Internist	175	Free	N/A	135,000	Inpatient treatment covered by government in public facilities

[106] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, pp. 8-10

Oncologist	175	Free	N/A	N/A	Inpatient treatment covered by government in public facilities
Pulmonologist	175	Free	N/A	150,000	Inpatient treatment covered by government in public facilities
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	1,000	1,000	25,000	25,000	Paid out of pocket
Devices					
Medical devices pulmonology: spacer (with mask) for inhaler with asthma/KOL medication[107]	Free		30,000	12,000	Free in public facilities
Medical devices pulmonology: nebulizer/equipment that turns liquid medicine into a mist	Free		30,000	17,000	Free in public facilities

Table 4: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Cancer			
Available cancer medications	Carboplatin injection	Free, 10 units per container, 10 mg/ml each	Available
	Tocilizumab injection	Free, 10 units per container, 80 mg/ml each	Available
	Vincristine injection	1,000,000, 1 unit per container, 5 mg/ml each	Available
	Oxaliplatin injection	Free, 10 units per container, 5 mg/ml	Available

[107] The survey team investigated the general availability of this device in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that a spacer (with mask) for asthma/KOL medication is general available in both drugstores and some pharmacies for the cost of 7,000 SYP.

	Bendamustine injection	Free, 10 units per container, 100 mg/vial	Available
Immunotherapy	Rituximab injection	Free, 10 units per container, 100 mg each	Available
Radiation therapy	N/A	N/A	N/A

Cardiac complications and hypertension

This section describes the availability and the prices of medicines and treatment, including post operation care, for patients who suffer from cardiac complications and hypertension.

Table 5: Cost of treatment

	Public outpatient treatment Damascus Hospital Al Mujtahed	Public inpatient treatment Damascus Hospital Al Mujtahed	Private outpatient treatment Dar Al Shifa Hospital	Private inpatient treatment Dar Al Shifa Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	175		N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	135,000	Inpatient treatment covered by government in public facilities
Cardiologist	175	Free	N/A	150,000	Inpatient treatment covered by government in public facilities
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	1,000	1,000	25,000	25,000	Paid out of pocket
Other procedures					
Diagnostic imaging by means of ECG	1,600	1,600	12,000	12,000	Paid out of pocket
Diagnostic imaging by means of ultrasound of the heart	1,600	1,600	17,000	17,000	Paid out of pocket

Table 6: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Cardiac complications and hypertension			
Digoxin	Tablet Injection	1,800, 2 units per container, 250 mcg each 5,000, 100 units per container, 500 mcg/ 2ml each	Available
Furosemide	Tablet	1,000, 2 units per container, 40 mg each 1,300, 2 units per container, 40 mg each	Available
Spironolactone	Tablet	1,500, 2 units per container, 25 mg each 3,000, 2 units per container, 100 mg each	Available
Acetylsalicylic acid	Tablet	3,400, 1 unit per container, 81 mg 3,500, 5 units per container, 81 mg each	Available
Clopidogrel	Tablet	2,000, 3 units per container, 30 mg each 3,200, 3 units per container, 75 mg each	Available
Warfarin	Tablet	3,500, 10 units per container, 5 mg each 3,500, 100 units per container, 5 mg each	Available
Anti-hypertensive medication			
Amlodipine	Tablet	1,000, 3 units per container, 5 mg each 1,500, 3 units per container, 5 mg each	Available

Bisoprolol	Tablet	1,300, 2 units per container, 2,5 mg each 1,700, 2 units per container, 5 mg each	Available
Enalapril	Tablet	1,100, 2 units per container, 5 mg each 1,500, 3 units per container, 5 mg each	Available
Lisinopril + Amlodipine	N/A	N/A	N/A
Lisinopril + Hydrochlorothiazide	Tablet	1,400, 2 units per container, 20 mg each	Available
Losartan	Tablet	1,500, 2 units per container, 50 mg each 2,800, 2 units per container, 80 mg each	Available
Losartan + Hydrochlorothiazide	Tablet	2,000, 2 units per container, 25 mg each 2,300, 2 units per container, 100 mg each	Available
Lipid-lowering medicine			
Simvastatin	Capsule	1,400, 2 units per container, 20 mg each	

Diabetes type I and II

This section describes the availability and the prices of medicines and treatment, including relevant devices for patients who suffer from diabetes type I and II.

Table 7: Cost of treatment

	Public outpatient treatment Damascus Hospital Al Mujtahed	Public inpatient treatment Damascus Hospital Al Mujtahed	Private outpatient treatment Dar Al Shifa Hospital	Private inpatient treatment Dar Al Shifa Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	175		N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	135,000	Inpatient treatment covered by government in public facilities
Endocrinologist	175	Free	N/A	135,000	Inpatient treatment covered by government in public facilities
Devices					
Blood glucose meter for self-use by patient[108]	N/A	N/A	N/A	N/A	N/A
Blood glucose self-test strips for use by a patient[109]	N/A	N/A	N/A	N/A	N/A
Insulin pump[110]	N/A	N/A	N/A	N/A	N/A
Laboratory research					
Research of blood glucose (incl.: HbA1C/ glyc.Hb)	10,000	10,000	30,000	30,000	Paid out of pocket

[108] The survey team investigated the general availability of this device in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that a blood glucose meter for self-use is general available in drugstores in Syria for the cost of 50,000 SYP.
[109] The survey team investigated the general availability of blood glucose strips in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that they are general available in drugstores for the cost of 40,000 SYP.
[110] The survey team investigated the general availability of this device in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that an insulin pump is generally available in major drugstores upon request. They were not informed about the price of it.

Table 8: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Diabetes type I and II			
Fast-acting: Insulin Aspart, Insulin glulisine, Insulin lispro, Insulin human	Insulin human Injection	14,000, 1 units (vial) per container, 100 IU/ml– 10 ml each 45,000, 1 unit (vial) per container, 100 IU/ml – 10 ml each	Available
Insulin injections: Intermediate-acting: Insulin isophane	Injection	15,000, 1 unit (vial) per container, 100 mg/ml – 10 ml each	Partly available
Insulin injections: Long acting: Insulin detemir, Insulin glargine, Insulin degludec	N/A	N/A	N/A
Oral hypoglycaemic agents/blood glucose-lowering medication: Metformin	Tablet	2,000, 2 units per container, 0,85 g each 2,400, 4 units per container, 0,5 g each	Available
Oral hypoglycaemic agents/blood glucose-lowering medication: Gliclazide	Tablet	1,700, 3 units per container, 30 mg each 1,900, 2 units per container, 80 mg each	Available

Haematological diseases

This section describes the availability and the prices of medicines and treatment, including access to blood transfusion, for patients who suffer from haematological diseases.

Table 9: Cost of treatment

	Public outpatient treatment Damascus Hospital Al Mujtahed	Public inpatient treatment Damascus Hospital Al Mujtahed	Private outpatient treatment Dar Al Shifa Hospital	Private inpatient treatment Dar Al Shifa Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	175		N/A	N/A	Paid out of pocket

Internist	175	Free	N/A	135,000	Inpatient treatment covered by government in public facilities
Haematologist	175	Free	N/A	150,000	Inpatient treatment covered by government in public facilities
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	1,000	1,000	25,000	25,000	Paid out of pocket
Devices					
Blood transfusion		Free	N/A	N/A	Covered by government in public facilities

Table 10: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Haematological diseases			
Folic acid	Tablet	2,000, 3 units per container, 5 mg each 4,000, 3 units per container, 5 mg each	Available
Ferrous sulfate	Tablet	1,600, 2 units per container, 150 mg each 1,800, 2 units per container, 0,375 g each	Available
Tranexamic acid	N/A	N/A	N/A

Kidney diseases

This section describes the availability and the prices of medicines and treatment, including access to dialysis, for patients who suffer from kidney diseases.

Table 11: Cost of treatment

	Public outpatient treatment Damascus Hospital Al Mujtahed	Public inpatient treatment Damascus Hospital Al Mujtahed	Private outpatient treatment Dar Al Shifa Hospital	Private inpatient treatment Dar Al Shifa Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	175		N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	135,000	Inpatient treatment covered by government in public facilities
Nephrologist	175	Free	N/A	150,000	Inpatient treatment covered by government in public facilities
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	1,000	1,000	25,000	25,000	Paid out of pocket
Renal/kidney function (creatinine, ureum, sodium, potassium levels)	10,000	10,000	20,000	20,000	Paid out of pocket
PTH, calcium, phosphate	15,000	15,000	40,000	40,000	Paid out of pocket
Renal / kidney function (creatinine, ureum, proteinuria, sodium, potassium levels)	15,000	15,000	30,000	30,000	Paid out of pocket
Other procedures					
Chronic haemodialysis (3 times a week)	Free	Free	90,000	90,000	Covered by government in public facilities
Peritoneal dialysis/dialysis through the peritoneum	Free	Free	30,000	30,000	Covered by government in public facilities

Table 12: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Kidney diseases			
Intraperitoneal dialysis solution	Solution	Free, 1 unit per container, 5l each[111]	Available

Mental health

This section describes the availability and the prices of medicines and treatment for patients who suffer from PTSD, psychotic disorders, mental retardations, dementia and Downs's syndrome.

Table 13: Cost of treatment

	Public outpatient treatment Damascus Hospital Al Mujtahed	Public inpatient treatment Damascus Hospital Al Mujtahed	Private outpatient treatment Dar Al Shifa Hospital	Private inpatient treatment Dar Al Shifa Hospital	Public outpatient treatment Ibn Rushd Psychiatric Hospital	Public inpatient treatment Ibn Rushd Psychiatric Hospital	Reimbursement / Special programme / Free of charge
Price of consultation							
General practitioner	175		N/A	N/A			Paid out of pocket
Internist	175	Free	N/A	135,000			Inpatient treatment covered by government
Psychiatrist	N/A	N/A	N/A	N/A	Free	Free	In- and outpatient provided for free at the public facility
Psychologist	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Special housing for chronic psychotic patients with outpatient care	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Assisted living/care at home by	N/A	N/A	N/A	N/A	N/A	N/A	N/A

[111] Intraperitoneal dialysis solution is provided for free when the patient is hospitalized and receiving dialysis

psychiatric nurse							

Table 14: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Mental health			
Olanzapine	Tablet	Free, 3 units per container 10 mg each 3,100, 5 units per container, 10 mg each	Available
Chlorpromazine	N/A	N/A	N/A
Haloperidol	Tablet	Free, 2 units per container, 5 mg each 28,100, 1 unit per container, 100 mg each	Available
Risperidone	Tablet	Free, 2 units per container, 2 mg each	Available
Clozapine	Tablet	Free, 3 units per container, 100 mg each 2,000, 2 units per container, 2 mg each	Available
Aripiprazole depot injection	N/A	N/A	N/A
Amitriptyline	Capsule	Free, 2 units per container, 25 mg each 1,500, 2 units per container, 25 mg each	Available
Sertraline	Tablet	1,000, 3 units per container, 5 mg each 1,500, 3 units per container, 5 mg each	Available
Fluoxetine	Tablet	1,300, 2 units per container, 2,5 mg each 1,700, 2 units per container, 5 mg each	Available
Diazepam	Tablet	1,100, 2 units per container, 5 mg each 1,500, 3 units per container, 5 mg each	Available
Lorazepam	N/A	N/A	N/A

Rheumatic diseases

This section describes the availability and the prices of medicines and treatment for patients who suffer from rheumatic diseases.

Table 15: Cost of treatment

	Public outpatient treatment Damascus Hospital Al Mujtahed	Public inpatient treatment Damascus Hospital Al Mujtahed	Private outpatient treatment Dar Al Shifa Hospital	Private inpatient treatment Dar Al Shifa Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	175		N/A		Paid out of pocket
Internist	175	Free	N/A	135,000	Inpatient treatment covered by government in public facilities
Rheumatologist	175	Free	N/A	145,000	Inpatient treatment covered by government in public facilities

Table 16: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Rheumatic diseases			
Hydroxychloroquine	Tablet	23,500 3 units per container, 200 mg each	Available
Azathioprine	N/A	N/A	N/A
Methotrexate	Tablet	7,000, 10 units per container, 0,5 g each	Available
Sulfasalazine	N/A	N/A	N/A
Cyclophosphamide	N/A	N/A	N/A
Mycophenolic acid	N/A	N/A	N/A

Chronic obstructive lung disease

This section describes the availability and the prices of medicines and treatment and relevant devices for patients who suffer from chronic obstructive lung diseases.

Table 18: Cost of treatment

	Public outpatient treatment Damascus Hospital Al Mujtahed	Public inpatient treatment Damascus Hospital Al Mujtahed	Private outpatient treatment Dar Al Shifa Hospital	Private inpatient treatment Dar Al Shifa Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	175		N/A		Paid out of pocket
Internist	175	Free	N/A	135,000	Inpatient treatment covered by government in public facilities
Pulmonologist	175	Free	N/A	150,000	Inpatient treatment covered by government in public facilities
Infectiologist	200 (not HIV/AIDS related)	25,000 (not HIV/AIDS related)	N/A	N/A	Paid out of pocket
Oncologist	175	Free	N/A	N/A	Inpatient treatment covered by government in public facilities
Devices					
Spacer (with mask) for inhaler with asthma/KOL medication[112]	Free		30,000		Covered by government in public facilities
Nebulizer/equipment that turns liquid medicine into a mist	Free		30,000		Covered by government in public facilities

Table 19: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Chronic obstructive lung disease			

[112] The survey team investigated the general availability of this device in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that a spacer (with mask) for asthma/KOL medication is general available in both drugstores and some pharmacies for the cost of 7,000 SYP.

Formoterol	Inhaler	4,500, 1 unit per container, 6/250 µg each	Available
Budesonide	Inhaler	4,500, 1 unit per container, 200 mg each	N/A
Fluticasone propionate	Inhaler	4,500, 1 unit per container, 200 mg each 7,000, 1 unit per container, 50 mg each	Available
Prednisolone	Tablet	2,200, 3 units per container, 5 mg each	Available

Home-based care and nursing homes

The survey team investigated the availability of home based care and nursing homes in Damascus. They did so by asking personnel at the surveyed hospitals and they further visited Dar Al Saadah, which is a public nursing home providing care for the elderly. According to the survey team, Dar Al Saadah is run by the Ministry of Health and it has been operating since 1990, providing care for people aged 70 and above. The facility does not provide accommodation for people suffering from Alzheimer's disease. The residents has to pay 250,000-360,000 Syrian pound per month for accommodation, which also includes medical consultations and meals. According to the survey team, this is affordable for middle-class Syrians.[113]

Some NGOs and volunteer organisations also offer these services, but not on a systematic basis. Most of these are religious entities. The team tried to visit a private facility, but the specific facility did not wish to participate in this survey.[114]

Tattoo removal services

The survey team surveyed Barina Beauty Clinic that, among other services, offer tattoo removal services. The cost of a consultation and regularly follow up, including necessary devices is 30,000 Syrian pound, which is paid out of pocket by the clients. According to the survey team, this is accessible only for people of middle or upper socioeconomic classes.[115]

[113] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 26
[114] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 26
[115] Tana, *Health Care Services: Availability and Accessibility in Damascus*, January 2022, p. 25

Health care services in Rural Damascus

This chapter describes the availability and accessibility of specific medication and treatment (including tattoo removal, home-based care and nursing homes) in the governorate of Rural Damascus. The information presented in this chapter is primarily based on findings from interviews with hospital and pharmacy managers as well as direct observations carried out by the survey team on the ground. As the data is collected from four specific health care facilities, the chapter does not provide a comprehensive list of all medication and treatment available in Rural Damascus. There may therefore be more health facilities in Rural Damascus providing different and other kinds of health care services. It was not possible for the survey team to access any of the existing HIV/AIDS facilities in Rural Damascus and information about HIV/AIDS treatment is therefore not included in this chapter. This does not mean that there are no facilities or treatment for HIV/AIDS patients in Rural Damascus.

The four surveyed facilities were chosen by the consultants in dialogue with DIS in order to represent variation in health care delivery in Rural Damascus. Further information about the method and the choice of facilities can be found in the section *Methodology*.

Overview of health facilities in Rural Damascus and surveyed facilities

Below is a table illustrating health facilities specialised in each of the researched specialisations as collected by the team of consultants.[116] It was not possible for the team to survey all the below mentioned specialised facilities (see table 21) as not all facilities were willing to participate.[117] When specified that there are no specialised centre it means that there is no independent health facility specialised in the specific illness. However, some public and private hospitals have a department for the specific illness.[118]

[116] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, pp. 5-6
[117] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, pp. 7-9
[118] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, p. 5

Table 21: Health facilities in Rural Damascus specialised in each of the researched specialisations

Specialised centres	Health facilities
Cancer	Peronist University Hospital
Cardiac complications and hypertension (including post-operation care)	No specialised centre
Diabetes type I and II	No specialised centre
Haematological diseases (including access to blood transfusion)	No specialised centre
Kidney diseases, including dialysis	No specialised centre
Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)	No specialised centre
Rheumatic diseases	No specialised centre
HIV/AIDS	No specialised centre
Chronic obstructive lung disease	No specialised centre
Tattoo removal	Several different beauty centers across the governorate

Surveyed health facilities

In Rural Damascus a sample of four facilities were surveyed. The survey team began by collecting information about the selected health facilities from the websites before conducting the survey. The results of the survey are presented in the tables and represents the most updated information. Further information on the choice of facilities and limitations hereto can be found in the section *Methodology.*

Peronist University Hospital: This is a public hospital and pharmacy managed by the MoH. The hospital has been operating since 2006. The hospital is specialised in oncology and it provides diagnostics, treatment and follow up-services. The provided services are free of charge to all citizens. It is the only hospital specialised in treating cancer in Rural Damascus.[119]

Private pharmacy (asked to be anonymous): This private pharmacy employs pharmacist and pharmacist's assistants. The medication is paid out of pocket by the population.[120]

Private drugstore (asked to be anonymous): This private drugstore employs pharmacist and pharmacist's assistants. The medication is paid out of pocket by the population. It further caters to private hospitals, pharmacies, medical centres as well as the population.[121]

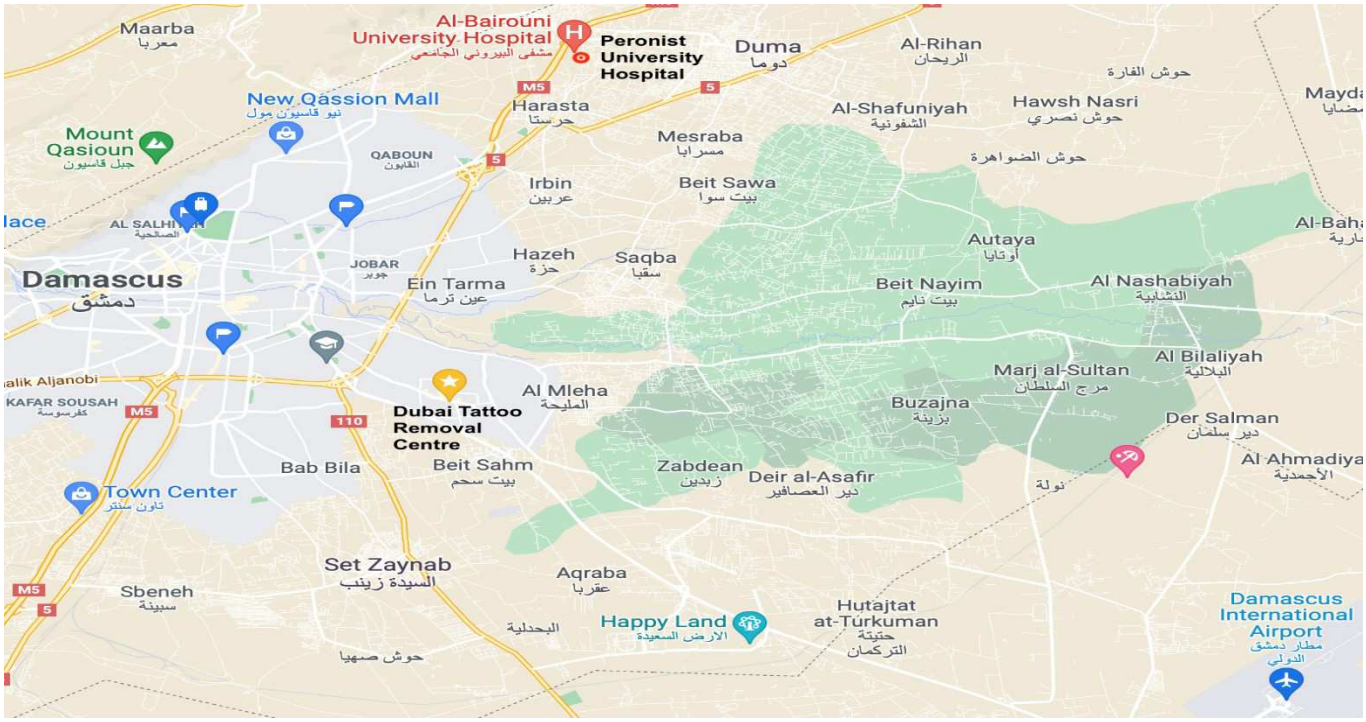
[119] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, p. 8
[120] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, p. 8
[121] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, p. 8

Dubai Tattoo Removal Centre: This private beauty clinic offers tattoo removal services.[122]

Location of surveyed health facilities

The map below illustrates the location of two of the surveyed health facilities. Furthermore, the location of the international airport[123] is marked on the map. The location of facilities is of relevance for patients' and their families' access to health care and treatment.

Map of Rural Damascus and two of the researched facilities[124]



Map of Rural Damascus and two out of four health facilities surveyed: Peronist University Hospital and Dubai Tattoo Removal Centre. The location of the pharmacy and the drugstore is confidential. The map is provided by Tana based on Google map.

Security issues related to access to health facilities

According to the survey team, the areas where the surveyed health facilities are located is generally safe.[125] There are security forces at the entrance to the hospital and all people entering the facility are subject to a security search in the form of verification of identification documents and sometimes a physical search. The government security forces are mandated to protect government buildings. There are no security forces at

[122] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, pp. 8-9

[123] For further information on the road security between the international airport and Damascus city, please refer to DIS – Danish Immigration Service: S*yria: Security and socio-economic situation in the governorates of Damascus and Rural Damascus,* October 2020, url, pp. 14-15

[124] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, p. 9

[125] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, p. 10.
For further information on the general security situation in Rural Damascus, please refer to the following reports: DIS – Danish Immigration Service: S*yria: Security and socio-economic situation in the governorates of Damascus and Rural Damascus,* October 2020, url; Sweden – Migrationsverket, *Syrien Säkerhetssituationen och civilas utsatthet,* april–november 2021, url; EASO, *Syria Security situation Country of Origin Information Report*, July 2021, url

the entrance to the pharmacy, drugstore or tattoo removal centre; people can easily walk in from the street.[126]

Consultation and medication prices for specific diseases

This chapter presents findings from interviews with key personnel at four health facilities in Rural Damascus gathered on the ground by the survey team. The findings are presented as per specialised disease and contain information about:

- the availability of medical doctors relevant for the treatment of the specific disease at the researched hospitals;
- prices and government coverage of consultations for respectively out-and inpatient treatment;
- devices, laboratory research and other procedures relevant for the specific disease;
- information about the availability and price of medication relevant to the specific disease.

The availability of treatment is only researched at the hospital and not at the pharmacy and drugstore, as they do not provide any treatments. This chapter will only provide prices of cancer treatment, as the hospital surveyed by the survey team only provides oncological care. The survey team further explained that patients in Rural Damascus are often referred to Damascus for treatment, as there are more treatment options there.[127] As stated above, the survey team did survey a pharmacy and a drugstore and there are therefore information about medication for all specialties addresses in this report. The respondents were asked to specify whether the treatment is fully, partly or not available at the facility. 'Partly available' refers to the treatment that are not available immediately at the hospital and requires on-call or visiting specialist doctors. In cases where the medication was available at more than one facility, the first line of the *Price* column refers to the price, dosage and number of units in the container of the cheapest available medication. The bottom line refers to the price, dosage and number of units in the container of the most expensive available medication at the researched facilities. N/A means that the treatment or medication was not available at the specific health facility at the time of the survey. If a column is empty it means that the survey team did not consider it relevant to ask for the availability of the concerned treatment, medication or other procedure at the specific facility. All prices are given in SYP.

Cancer

This section describes the availability and the prices of medicines and treatment for patients who suffer from oncological diseases.

Table 22: Cost of treatment

Cost of treatment	Public outpatient treatment – Peronist University Hospital	Public inpatient treatment – Peronist University Hospital	Reimbursement / special programme / Free of charge
Consultation			

[126] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, pp. 10-12
[127] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, pp. 8-9

General practitioner	N/A	N/A	N/A
Internist	N/A	N/A	N/A
Specialist consultations			
Oncologist	N/A	Free	Covered by government
Laboratory research			
Cancer: monitoring of full blood count; e.g. Hb, WBC & platelets	Free	Free	Covered by government

Table 23: Cost of medicines

	Name of medicine	Price	Available / partly available / not available (N/A)
Name of illness			
Cancer			
Available cancer medication[128]	Carboplatin injection	Free, 1 unit per container, 150 mg each	Available
	Irinotecan injection	Free, 1 unit per container, 100 mg each	Available
	Cyclophosphamide injection	Free, 1 unit per container, 1 g each	Available
	Doxorubicin injection	Free, 1 unit per container, 50 mg each	Available
	Bendamustine injection	Free, 1 unit per container, 25 mg each	Available
	Vinflunine (ditartrate) injection	Free, 1 unit per container, 50 mg each	Available
	Nab-paclitaxel albumin injection	Free, 1 unit per container, 100 mg each	Available
	Epirubicin injection	Free, 1 unit per container, 50 mg each	Available
	Etoposide injection	Free, 1 unit per container, 100 mg each	Available
Immunotherapy	Trastuzumab injection	Free, 1 unit per container, 150 mg each	Available
Radiation therapy	N/A	N/A	N/A

[128] The person surveyed at Peronist University Hospital shared an additional list of available cancer medication with the survey team. This list can be found in the report: Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, pp. 19-22.

Cardiac complications and hypertension

This section describes the availability and the prices of medicines and treatment, including post operation care, for patients who suffer from cardiac complications and hypertension.

Table 24: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available (N/A)
Name of illness			
Cardiac complications and hypertension			
Digoxin	Tablet	1,100, 2 units per container, 250 mcg each	Available
Furosemide	Tablet	1,100, 2 units per container, 40 mg each	Available
Spironolactone	Tablet	1,700, 2 units per container, 25 mg each	Available
Acetylsalicylic acid	Tablet	3,400, 50 units per container, 81 mg each	Available
Clopidogrel	Tablet	2,480, 3 units per container, 75 mg each 3100, 2 units per container, 75 mg each	Available
Warfarin	Tablet	3,300, 100 units per container, 2 mg each	Available
Anti-hypertensive medication			
Amlodipine	Tablet	1,175, 2 units per container, 5 mg each 1,500, 3 units per container, 5 mg each	Available

Bisoprolol	Tablet	1,495, 3 units per container, 5 mg each 1,800, 3 units per container, 5 mg each	Available
Enalapril	Tablet	1,183, 3 units per container, 5 mg each	Available
Lisinopril + Amlodipine	N/A	N/A	N/A
Lisinopril + Hydrochlorothiazide	N/A	N/A	N/A
Losartan	N/A	N/A	N/A
Losartan + Hydrochlorothiazide	Tablet	1,530, 2 units per container, 4 mg each 2,100, 3 units per container, 4 mg each	Available
Lipid-lowering medicine			
Simvastatin	N/A	N/A	N/A

Diabetes type I and II

This section describes the availability and the prices of medicines and treatment, for patients who suffer from Diabetes type I and II.

Table 25: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Diabetes type I and II			
Fast-acting: Insulin Aspart, Insulin glulisine, Insulin lispro, Insulin human	N/A	N/A	N/A
Insulin injections: Intermediate-acting: Insulin isophane	N/A	N/A	N/A
Insulin injections: Long-acting: Insulin detemir, Insulin glargine, Insulin degludec	N/A	N/A	N/A

Oral hypoglycaemic agents/blood glucose-lowering medication: Metformin	Tablet	1,370, 2 units per container, 0,85 g each 2,400, 5 units per container, 0,5 g each	Available
Oral hypoglycaemic agents/blood glucose-lowering medication: Gliclazide	Tablet	1,560, 2 units per container, 80 mg each 1,700, 2 units per container, 60 mg each	Available

Haematological diseases

This section describes the availability and the prices of medicines and treatment, including access to blood transfusion, for patients who suffer from haematological diseases.

Table 26: Cost of medicines

Name of medicine	Form	Price	Available / party available / not available
Name of illness			
Haematological diseases			
Folic acid	Tablet Capsule	1,400, 3 units per container, 5 mg each 1,628, 2 units per container, 5 mg each	Available
Ferrous sulfate	N/A	N/A	N/A
Tranexamic acid	N/A	N/A	N/A

Kidney diseases

This section describes the availability and the prices of medicines and treatment, including access to dialysis, for patients who suffer from kidney diseases.

Table 27: Cost of medicines

Name of medicine	Form	Price	Available / party available / not available
Name of illness			
Kidney diseases			
Intraperitoneal dialysis solution	Solution	N/A	N/A

Mental health

This section describes the availability and the prices of medicines and treatment for patients who suffer from PTSD, psychotic disorders, mental retardations, dementia and Downs's syndrome.

Table 28: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Mental health			
Olanzapine	Tablet	2,400, 5 units per container, 5 mg each	Available
Chlorpromazine	N/A	N/A	N/A
Haloperidol	Tablet	2,600, 3 units per container, 20 mg each	Available
Risperidone	Tablet	1,300, 2 units per container, 4 mg each	Available
Clozapine	Tablet	1,600, 2 units per container, 100 mg each	Available
Aripiprazole depot injection	N/A	N/A	N/A
Amitriptyline	N/A	N/A	N/A
Sertraline	Tablet	3,900, 2 units per container, 100 mg each	Available
Fluoxetine	N/A	N/A	N/A
Diazepam	Tablet	1,600, 2 units per container, 5 mg each	Available
Lorazepam	Tablet	1,200, 20 units per container, 2 mg each	Available

Rheumatic diseases

This section describes the availability and the prices of medicines and treatment for patients who suffer from rheumatic diseases.

Table 29: Cost of medicines

Name of medicine	Form	Price	Available / party available / not available
Name of illness			
Rheumatic diseases			
Hydroxychloroquine	N/A	N/A	N/A

Azathioprine	N/A	N/A	N/A
Methotrexate	N/A	N/A	N/A
Sulfasalazine	Tablet	3,100, 2 units per container, 0,5 g each	Available
Cyclophosphamide	N/A	N/A	N/A
Mycophenolic acid	N/A	N/A	N/A

Chronic obstructive lung disease

This section describes the availability and the prices of medicines and treatment and relevant devices for patients who suffer from chronic obstructive lung diseases.

Table 30: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Chronic obstructive lung disease			
Formoterol	Inhaler	7,500, 1 unit per container, 0,024 µg each	Available
Budesonide	Inhaler	5,400, 1 unit per container, 200 µg each	Available
Fluticasone propionate	Inhaler	2,400, 1 unit per container, 15 ml each	Available
Prednisolone	Tablet	915, 2 units per container, 5 mg each 2,200, 3 units per container, 20 mg each	Available

Home-based care and nursing homes

The survey team also investigated whether home-based care and nursing homes are available in Rural Damascus. They did so by asking key actors at the surveyed facilities. They found that it is not available through the Ministry of Health or official facilities. The team were informed that some volunteer organisations offer these services but not on a systematic basis. It was not possible for the survey team to visit any relevant facility.[129]

[129] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, p. 18

Tattoo removal services

According the survey team, Dubai Tattoo Removal Centre offers tattoo removal services among other services. The clinic charge 280,000 SYP. This price includes consultation, follow up and necessary devices. According to the survey team, the price is only accessible for people of middle or upper socioeconomic classes.[130]

[130] Tana, *Health Care Services: Availability and Accessibility in Rif Damascus*, January 2022, p. 17

Health care services in Tartous

This chapter describes the availability and accessibility of specific medication and treatment (including tattoo removal, home-based care and nursing homes) in the governorate of Tartous. The information presented in this chapter was primarily based on findings from interviews with hospital and pharmacy managers as well as direct observations carried out by the survey team on the ground. As the data is collected from five specific health care facilities, the chapter does not provide a comprehensive list of all medication and treatment available in Tartous. There may therefore be more health facilities in Tartous providing different and other kinds of health care services. It was not possible for the survey team to access any of the existing HIV/AIDS facilities in Tartous and information about HIV/AIDS treatment is therefore not included in this chapter. This does not mean that there are no facilities or treatment for HIV/AIDS patients in Tartous.

The five surveyed facilities were chosen by the consultants in dialogue with DIS in order to represent variation in health care delivery in Tartous. Further information about the method and the choice of facilities can be found in the section *Methodology*.

Overview of health facilities in Tartous and surveyed facilities

Below is a table illustrating health facilities specialised in each of the researched specialisations as collected by the Tana team of consultants.[131] It was not possible for the team to survey all the below mentioned specialised facilities (see table 32) as not all facilities were willing to participate.[132] When it is specified that there are 'no specialised centre' it means that there is no independent health facility specialised in the specific illness. However, some public and private hospitals have a department for the specific illness.[133]

Table 32: Health facilities in Tartous specialised in each of the researched specialisations

Specialised centres	Health facilities
Cancer	No specialised centre
Cardiac complications and hypertension (including post-operation care)	No specialised centre
Diabetes type I and II	No specialised centre
Haematological diseases (including access to blood transfusion)	Blood bank, Al-Basel Hospital
Kidney diseases, including dialysis	No specialised centre
Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)	No specialised centre

[131] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, pp. 6-7
[132] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, p. 6
[133] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, pp. 7-9

Rheumatic diseases	All Hospitals
HIV/AIDS	No specialised centre
Chronic obstructive lung disease	No specialised centre
Tattoo removal	Several different beauty centres / clinics across the governorate

Surveyed health facilities

In Tartous a sample of five health facilities were included in the survey. The survey team began by collecting information about the selected health facilities from the websites before conducting the survey. The results of the survey are presented in the tables and represents the most updated information. Further information on the choice of facilities and limitations hereto can be found in the section *Methodology.*

Al Basel Hospital: The MoH manages this public hospital. It is one of the largest hospitals specialised in the governorate and has several departments including general surgery, urology, neurology and pulmonology. It further has an internal medicine department, an external emergency department, a paediatric medicine, intensive care unit, a laboratory department and a pharmacy. The hospital has further internist as well as general practitioners employed. The available treatments and medications are free of charge to the population.[134]

Razi Hospital: This is a private hospital, managed by the MoH. It has several departments including general surgery, obstetrics and gynaecology, external emergency department, a laboratory department and a pharmacy. It is specialised in general surgery, urology, neurology, pulmonology and otorhinolaryngology. The hospital has internists as well as general practitioners employed. According to the survey team, the hospital has a good reputation in doing surgical operations. The services are paid out of pocket by the population and according to the survey team; it is mostly people from the middle- and upper classes that use the services provided. [135]

Private drugstore (asked to be anonymous): This pharmacy employs pharmacist and pharmacist assistants. It further caters to private hospitals, pharmacies and medical centres as well as the population. It is one of the largest drugstores in the governorate.[136]

Private pharmacy (asked to be anonymous): This pharmacy employs pharmacists and pharmacist's assistants. The medication is bought out of pocket by the population.[137]

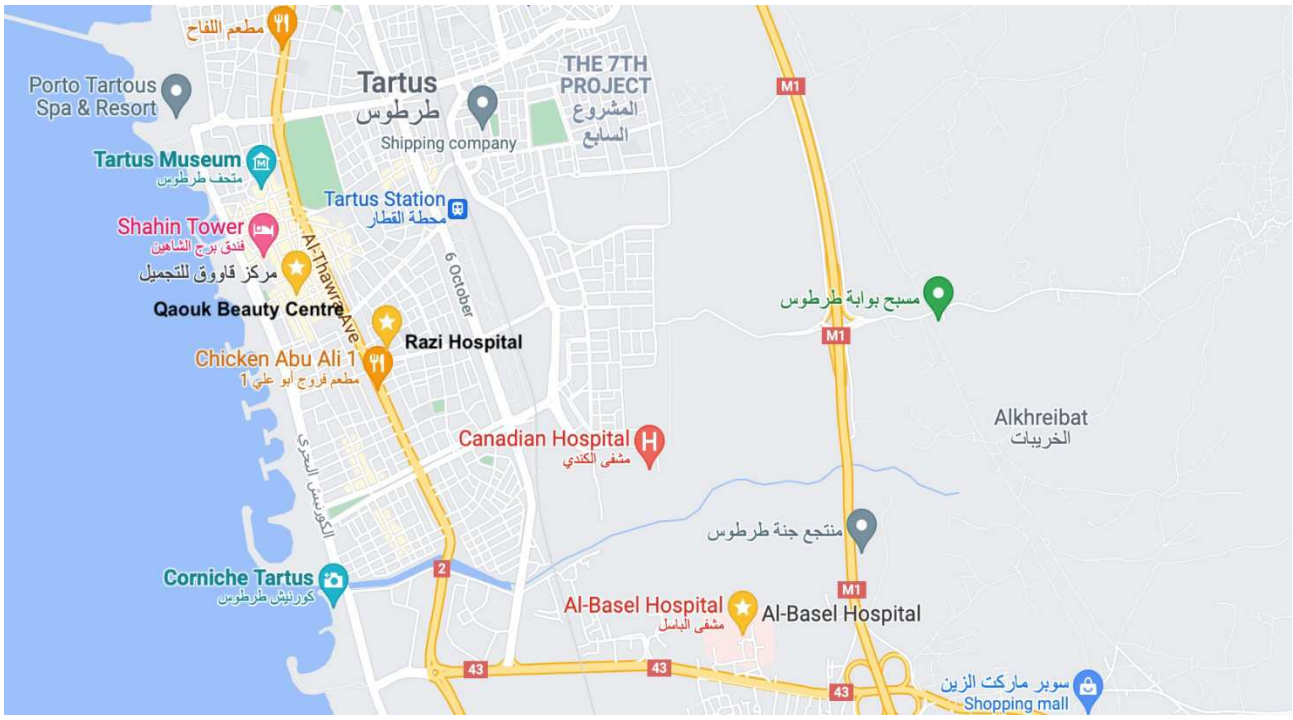
[134] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, pp. 8, 10
[135] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, pp. 8, 10
[136] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, p. 8
[137] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, p. 8

Qaouk Beauty Centre: This clinic offers tattoo removal.[138]

Location of surveyed health facilities

The map below illustrates the location of three of the surveyed health facilities. To access Tartous via air, the nearest airport is Bassel Al-Assad International Airport in Latakia governorate. The location of facilities is of relevance for patients' and their families' access to health care and treatment.

Map of Tartous and three of the researched facilities[139]



Map of Tartous and the three facilities surveyed: Al-Basel Hospital, Razi Hospital and Qaouk Beauty Centre (the drugstore and pharmacy asked to not be geographically identified). The map is provided by Tana and based on Google maps.

Security issues related to access to health facilities

According to the survey team, the overall security situation in the areas where the facilities are located are generally stable.[140] There are security forces at the entrances to the two hospitals and all people entering the facilities are subject to a security search in the form of verification of identification documents and

[138] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, p. 8
[139] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, p. 9
[140] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, p. 9
For further information on the general security situation in Tartous, please refer to the following reports:
DIS – Danish Immigration Service: *Syria Security and socio-economic situation in Tartous and Latakia governorates*, September 2021, url; Sweden – Migrationsverket, *Syrien Säkerhetssituationen och civilas utsatthet,* april–november 2021, url; EASO, *Syria Security situation Country of Origin Information Report*, July 2021, url

sometimes a physical search. The government security forces are mandated to protect government buildings. There is no security officer at the entrance to the pharmacies and beauty clinic.[141]

Consultation and medication prices for specific diseases

This section presents findings from interviews with key personnel at five health facilities in Tartous gathered on the ground by the survey team. The findings are presented as per specialised disease and contain information about:

- the availability of medical doctors relevant for the treatment of the specific disease at the researched hospitals;
- prices and government coverage of consultations for respectively out-and inpatient treatment;
- devices, laboratory research and other procedures relevant for the specific disease;
- information about the availability and price of medication relevant to the specific disease.

The availability of treatment are only researched at the hospitals and not at the pharmacy and drugstore, as they do not provide any treatments. The respondents were asked to specify whether the treatment is fully, partly or not available in this facility. 'Partly available' refers to treatments that are not available immediately at the hospital and requires on-call or visiting specialist doctors. In cases where the medication was available at more than one facility, the first line of the *Price* column refers to the price, dosage and number of units in the container of the cheapest available medication. The bottom line refers to the price, dosage and number of units in the container of the most expensive available medication at the researched facilities. N/A means that the treatment or medication was not available at the specific health facility at the time of the survey. If a column is left empty, it means that the survey team did not consider it relevant to ask for the availability of the concerned treatment, medication or other procedure at the specific facility. The table of medication does not include medicines that are illegally imported to the country. All prices are given in Syrian pounds (SYP).

Cancer

This section describes the availability and the prices of medicines and treatment for patients who suffer from oncological diseases.

Table 33: Cost of treatment

	Public outpatient treatment – Al Basel Hospital	Public inpatient treatment – Al Basel Hospital	Private outpatient treatment – Razi Hospital	Private inpatient treatment – Razi Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	210	N/A	N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	N/A	Inpatient covered by government in public facilities

[141] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, pp. 9-10

Oncologist	210	Free	N/A	N/A	Inpatient covered by government in public facilities
Pulmonologist	210	Free	N/A	N/A	Inpatient covered by government in public facilities
Devices					
Spacer (with mask) for inhaler with asthma/KOL medication[142]	Free	Free	N/A	N/A	
Nebulizer/equipment that turns liquid medicine into a mist	Free	Free	N/A	N/A	
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	1,000	1,000	1,000	1,000	Paid out of pocket

Table 34: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Cancer			
Available cancer medication	Bendamustin injection	Free, 1 unit per container, 90 mg/vial	Available
	Ibrutinib capsules	Free, 90 units per container, 140 mg each	Available
Immunotherapy	N/A	N/A	N/A

[142] The survey team investigated the general availability of this device in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that a spacer (with mask) for asthma/KOL medication is general available in both drugstores and some pharmacies for the cost of 7,000 SYP.

Cardiac complications and hypertension

This section describes the availability and the prices of medicines and treatment, including post operation care, for patients who suffer from cardiac complications and hypertension.

Table 35: Cost of treatment

	Public outpatient treatment – Al Basel Hospital	Public inpatient treatment – Al Basel Hospital	Private outpatient treatment – Razi Hospital	Private inpatient treatment – Razi Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	210	N/A	N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	N/A	Inpatient covered by government in public facilities
Cardiologist	210	Free	N/A	N/A	Inpatient covered by government in public facilties
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	1,000	1,000	1,000	1,000	Paid out of pocket
Other procedures					
Diagnostic imaging by means of ECG	1,000	1,000	12,000	12,000	Paid out of pocket
Diagnostic imaging by means of ultrasound of the heart	1,000	1,000	10,000	10,000	Paid out of pocket

Table 36: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			

Cardiac complications and hypertension			
Digoxin	Tablet	Free, 20 units per container, 0,25 mg each 2,000, 2 units per container, 0,25 mg each	Available
Furosemide	Tablet	Free, 2 units per container, 40 mg each 1,700, 2 units per container, 40 mg each	Available
Spironolactone	N/A	N/A	N/A
Acetylsalicylic acid	Tablet	2,500, 2 units per container, 81 mg each 3,800, 50 units per container, 81 mg each	Available
Clopidogrel	N/A	N/A	N/A
Warfarin	Tablet	6,500, 100 units per container, 5 mg each	Available
Anti-hypertensive medication			
Amlodipine	Tablet	1,300, 2 units per container, 5 mg each 1,500, 2 units per container, 5 mg each	Available
Bisoprolol	Tablet	1,600, 2 units per container, 5 mg each	Available
Enalapril	Tablet	1,800, 3 units per container, 5 mg each	Available
Lisinopril + Amlodipine	N/A	N/A	N/A
Lisinopril + Hydrochlorothiazide	N/A	N/A	N/A
Losartan	N/A	N/A	N/A
Losartan + Hydrochlorothiazide	Tablet	2,000 – 3 units per container, 3 mg each 2,300, 3 units per container, 3 mg each	Available
Lipid-lowering medicine			
Simvastatin	N/A	N/A	N/A

Diabetes type I and II

This section describes the availability and the prices of medicines and treatment, including relevant devices for patients who suffer from diabetes type I and II.

Table 37: Cost of treatment

	Public outpatient treatment – Al Basel Hospital	Public inpatient treatment – Al Basel Hospital	Private outpatient treatment – Razi Hospital	Private inpatient treatment – Razi Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	210	N/A	N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	N/A	Inpatient covered by government in public facilities
Endocrinologist	210	Free	N/A	N/A	Inpatient covered by government in public facilities
Devices					
Blood glucose meter for self-use by patient	N/A	N/A	N/A	N/A	N/A
Blood glucose self-test strips for use by a patient	N/A	N/A	N/A	N/A	N/A
Insulin pump	N/A	N/A	N/A	N/A	N/A
Laboratory research					
Research of blood glucose (incl.: HbA1C/ glyc.Hb)	2,000	2,000	10,000	10,000	Paid out of pocket

Table 38: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Diabetes type I and II			

Fast-acting: Insulin Aspart, Insulin glulisine, Insulin lispro, Insulin human	Human insulin Injection	12,000, 1 unit (vial) per container, 100 IU/ml each – 10 ml each	Available
Insulin injections: Intermediate-acting: Insulin isophane	N/A	N/A	N/A
Insulin injections: Long-acting: Insulin detemir, Insulin glargine, Insulin degludec	N/A	N/A	N/A
Oral hypoglycaemic agents/blood glucose-lowering medication: Metformin	Tablet	1,800, 3 units per container, 0,5 g each 2,000, 3 units per container, 0,5 g each	Available
Oral hypoglycaemic agents/blood glucose-lowering medication: Gliclazide	Tablet	2,200, 3 units per container, 60 mg each 2,300, 3 units per container, 60 mg each	Available

Haematological diseases

This section describes the availability and the prices of medicines and treatment, including access to blood transfusion, for patients who suffer from haematological diseases.

Table 39: Cost of treatment

	Public outpatient treatment – Al Basel Hospital	Public inpatient treatment – Al Basel Hospital	Private outpatient treatment – Razi Hospital	Private inpatient treatment – Razi Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	210	N/A	N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	N/A	Inpatient covered by government in public facilities
Haematologist	210	Free	N/A	N/A	Inpatient covered by government in public facilities
Laboratory research					

Monitoring of full blood count; e.g. Hb, WBC & platelets	1000	1000	1000	1000	Paid out of pocket

Table 40: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Haematological diseases			
Folic acid	Tablet	2,500, 3 units per container, 5 mg each 3,000, 3 units per container, 5 mg each	Available
Ferrous sulfate	N/A	N/A	N/A
Tranexamic acid	Injection Tablet	Free, 6 units per container, 100 mg/ml each 15,000, 6 units per container, 0,5 g each	Available

Kidney diseases

This section describes the availability and the prices of medicines and treatment, including access to dialysis, for patients who suffer from kidney diseases.

Table 41: Cost of treatment

	Public outpatient treatment – Al Basel Hospital	Public inpatient treatment – Al Basel Hospital	Private outpatient treatment – Razi Hospital	Private inpatient treatment – Razi Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	210	N/A	N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	N/A	Inpatient covered by government in public facilities
Nephrologist	210	Free	N/A	N/A	Inpatient covered by government in public facilities
Laboratory research					

Monitoring of full blood count; e.g. Hb, WBC & platelets	1,000	1,000	1,000	1,000	Paid out of pocket
PTH, calcium, phosphate	7,500	7,500	20,000	20,000	Paid out of pocket
Renal/ kidney function (creatinine, ureum, proteinuria, sodium, potassium levels)	3,500	3,500	11,000	11,000	Paid out of pocket
Other procedures					
Chronic haemodialysis (3 times a week)	Free	Free	N/A	N/A	Covered by government in public facilities
Peritoneal dialysis/dialysis through the peritoneum	Free	Free	N/A	N/A	Covered by government in public facilities

Table 42: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Kidney diseases			
Intraperitoneal dialysis solution[143]	Solution	Free, 1 unit per container, 5l each	Available

Mental health

This section describes the availability and the prices of medicines and treatment for patients who suffer from PTSD, psychotic disorders, mental retardations, dementia and Downs's syndrome.

Table 43: Cost of treatment

	Public outpatient treatment – Al Basel Hospital	Public inpatient treatment – Al Basel Hospital	Private outpatient treatment – Razi Hospital	Private inpatient treatment – Razi Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					

[143] Given for free in connection with dialysis

General practitioner	210	N/A	N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	N/A	Inpatient covered by government in public facilities
Psychiatrist	N/A	N/A	N/A	N/A	N/A
Special housing for chronic psychotic patients with outpatient care	N/A	N/A	N/A	N/A	N/A
Assisted living/care at home by psychiatric nurse	N/A	N/A	N/A	N/A	N/A

Table 44: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Mental health			
Olanzapine	N/A	N/A	N/A
Chlorpromazine	N/A	N/A	N/A
Haloperidol	N/A	N/A	N/A
Risperidone	N/A	N/A	N/A
Clozapine	N/A	N/A	N/A
Aripiprazole depot injection	N/A	N/A	N/A
Amitriptyline	N/A	N/A	N/A
Sertraline	N/A	N/A	N/A
Fluoxetine	N/A	N/A	N/A
Diazepam	Injection	Free, 3 units per container, 5 mg/ml	Partly available
Lorazepam	Tablet		N/A

Rheumatic diseases

This section describes the availability and the prices of medicines and treatment for patients who suffer from rheumatic diseases.

Table 45: Cost of treatment

	Public outpatient treatment – Al Basel Hospital	Public inpatient treatment – Al Basel Hospital	Private outpatient treatment – Razi Hospital	Private inpatient treatment – Razi Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	210	N/A	N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	N/A	Inpatient covered by government in public facilities
Rheumatologist	210	Free	N/A	N/A	Inpatient covered by government in public facilities

Table 46: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Rheumatic diseases			
Hydroxychloroquine	Tablet	23,500, 3 units per container, 200 mg each 23,500, 30 units per container, 200 mg each	Available
Azathioprine	N/A	N/A	N/A
Methotrexate	N/A	N/A	N/A
Sulfasalazine	N/A	N/A	N/A
Cyclophosphamide	N/A	N/A	N/A
Mycophenolic acid	N/A	N/A	N/A

Chronic obstructive lung disease

This section describes the availability and the prices of medicines and treatment and relevant devices for patients who suffer from chronic obstructive lung diseases.

Table 47: Cost of treatment

	Public outpatient treatment – Al Basel Hospital	Public inpatient treatment – Al Basel Hospital	Private outpatient treatment – Razi Hospital	Private inpatient treatment – Razi Hospital	Reimbursement / Special programme / Free of charge
Price of consultation					
General practitioner	210	N/A	N/A	N/A	Paid out of pocket
Internist	175	Free	N/A	N/A	Inpatient covered by government
Pulmonologist	210	Free	N/A	N/A	Inpatient covered by government in public facilities
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	1,000	1,000	1,000	1,000	Paid out of pocket
Devices					
Spacer (with mask) for inhaler with asthma/KOL medication[144]	Free	Free	N/A	N/A	Covered by government
Nebulizer/equipment that turns liquid medicine into a mist	Free	Free	N/A	N/A	Covered by government

Table 48: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Chronic obstructive lung disease			
Formoterol	N/A	N/A	N/A

[144] The survey team investigated the general availability of this device in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that a spacer (with mask) for asthma/KOL medication is general available in both drugstores and some pharmacies for the cost of 7,000 SYP.

Budesonide	Inhaler	4,800, 1 unit per container, 0,03 mg each	Available
Fluticasone propionate	Inhaler	4,500, 1 unit per container, 0,024 mg each	Available
Prednisolone		3,200, 1 unit per container, 5 mg each	Available

Home-based care and nursing homes

The survey team investigated the availability of home based care and nursing homes in Tartous. They did so by asking personnel at the surveyed facilities. They found that there are no official nursing homes or any home-based care available in Tartous. However, there are nursing homes available belonging to the Christian church, but these only host Christians.[145]

Tattoo removal services

According to the survey team, Dubai Tattoo Removal centre offer among other things tattoo removal. The price is 150,000 SYP, which includes six sessions.[146]

[145] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, p. 20
[146] Tana, *Health Care Services: Availability and Accessibility in Tartous*, January 2022, p. 19

Health care services in Latakia

This chapter describes the availability and accessibility of specific medication and treatment (including tattoo removal, home-based care and nursing homes) in the governorate of Latakia. The information presented in this chapter is primarily based on findings from interviews with hospital and pharmacy managers as well as direct observations carried out by the survey team on the ground. As the data was collected from five specific health care facilities, the chapter does not provide a comprehensive list of all medications and treatment available in Latakia. There may therefore be more health facilities in Latakia providing different and other kinds of health care services. It was not possible for the survey team to access any of the existing HIV/AIDS facilities in Latakia and information about HIV/AIDS treatment is therefore not included in this chapter. This does not mean that there are no facilities or treatment for HIV/AIDS patients in Latakia.

The five surveyed facilities were chosen by the consultants in dialogue with DIS in order to represent variation in health care delivery in Latakia. Further information about the method and the choice of facilities can be found in the section *Methodology*.

Overview of health facilities in Latakia and surveyed facilities

Below is a table illustrating health facilities specialised in each of the researched specialisations as collected by the team of consultants.[147] It was not possible for the team to survey all the below mentioned specialised facilities (see table 50) as not all facilities were willing to participate.[148] When it is specified that there are 'no specialised centre' it means that there is no independent health facility specialised in the specific illness. However, some public and private hospitals have a department for the specific illness. [149]

[147] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, p. 5
[148] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, pp. 4, 7, 9
[149] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, p. 5

Table 50: Health facilities in Damascus specialised in each of the researched specialisations

Specialised centres	Health facilities
Cancer	No specialised centre
Cardiac complications and hypertension (including post-operation care)	No specialised centre
Diabetes type I and II	No specialised centre
Haematological diseases (including access to blood transfusion)	Blood bank, Tishreen University Hospital
Kidney diseases, including dialysis	No specialised centre
Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)	No specialised centre
Rheumatic diseases	All hospitals
HIV/AIDS	No specialised centre
Chronic obstructive lung disease	No specialised centre
Tattoo removal	Several different beauty centres/clinics across the governorate

Surveyed health facilities

In Latakia a sample of five health facilities were surveyed. The survey team began by collecting information about the selected health facilities from the websites before conducting the survey. The results of the survey are presented in the tables and represents the most updated information. Further information on the choice of facilities and limitations hereto can be found in the section *Methodology.*

Al Othman Surgical Hospital: This private hospital has been operating since 2003. The hospital is specialised in general surgery, cardiac surgery, thoracic surgery, neurosurgery, breast surgery and endocrine surgery. The facility has several departments including general surgery, external emergency, a laboratory department and a pharmacy. According to the survey team, it is one of the best private hospitals doing surgery in the governorate. The survey team further states, that due to the prices of the services provided, it is mostly people from the middle and upper class that use the services provided at this hospital.[150]

[150] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, pp. 8, 10

Tishreen University Hospital: This is a public hospital, which is managed by the MoH. The facility has been operating since 2000 and it is the largest hospital in the governorate. It is specialised in general surgery, urology, neurology, oncology and pulmonology. It has further internists as well as general practitioners employed. It has several departments: general surgery, obstetrics and gynecology, external emergency, a laboratory department and a pharmacy. The services are provided free of charge to the patients.[151]

Private pharmacy (asked to be anonymous): This private pharmacy employs pharmacist and pharmacist's assistants. It caters to private hospitals, pharmacies, medical centres as well as to the public. It is one of the largest pharmacies in the governorate. All medication are paid out of pocket by the client.[152]

Private drugstore (asked to be anonymous): This private drugstore employs pharmacist and pharmacist's assistants. It caters to the public and the services are paid out of pocket by the clients.[153]

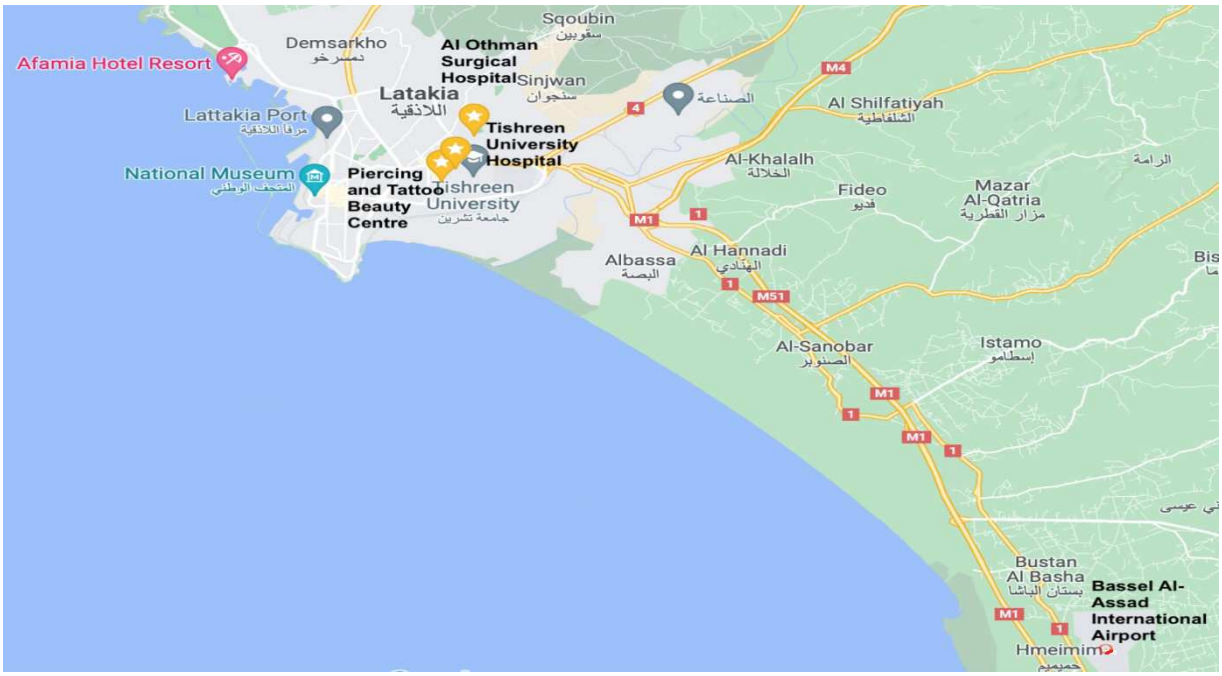
Piercing and Tattoo Beauty Centre: A private beauty clinic offering among other services tattoo removal.[154]

Location of surveyed health facilities

The map below illustrates the location of three of the five surveyed health facilities. Furthermore, the nearest airport, Bassel Al-Assad International Airport, is indicated in the bottom right corner. The location of facilities is of relevance for patients' and their families' access to health care and treatment.

[151] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, pp. 8, 10
[152] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, pp. 8, 11
[153] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, pp. 8, 11
[154] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, pp. 8, 11

2. **Map of Latakia and the three of the researched facilities**[155]



Map of Latakia and three of the facilities surveyed: Al Othman Surgical Hospital, Tishreen University Hospital, and Piercing and Tattoo Beauty Centre. The private pharmacy and drugstore did not wish to be identified on a map. The map is provided by Tana and based on Google map.

Security issues related to access to health facilities

According to observations done by the survey team, the overall security in the areas where the facilities are located are overall good.[156] There are security forces at the entrance to the two hospitals researched and all people entering are subject to a security search in the form of verification of identification documents and sometimes a physical search. The government security forces are mandated to protect government buildings. There are no security officers at the entrance to the private pharmacy, private drugstore and Piercing and Tattoo Beauty Centre.[157]

Consultation and medication prices

This chapter presents findings from interviews with key personnel at six health facilities in Latakia gathered on the ground by the survey team. The findings are presented as per specialised disease and contain information about

[155] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, p. 9
[156] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, p. 10
For further information on the general security situation in Latakia , please refer to the following reports:
DIS – Danish Immigration Service: *Syria Security and socio-economic situation in Tartous and Latakia governorates*, September 2021, url; Sweden – Migrationsverket, *Syrien Säkerhetssituationen och civilas utsatthet,* april–november 2021, url; EASO, *Syria Security situation Country of Origin Information Report*, July 2021, url
[157] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, pp. 10-11

- the availability of medical doctors relevant for the treatment of the specific disease at the researched hospitals;
- prices and government coverage of consultations for respectively out-and inpatient treatment;
- devices, laboratory research and other procedures relevant for the specific disease;
- information about the availability and price of medication relevant to the specific disease.

The availability of treatment are only researched at the hospitals and not at the pharmacy and drugstore, as they do not provide any treatments. The respondents were asked to specify whether the treatment is fully, partly or not available in this facility. 'Partly available' refers to treatments that are not available immediately at the hospital and requires on-call or visiting specialist doctors. In cases where the medication was available at more than one facility, the first line of the *Price* column refers to the price, dosage and number of units in the container of the cheapest available medication. The bottom line refers to the price, dosage and number of units in the container of the most expensive available medication at the researched facilities. N/A means that the treatment or medication was not available at the specific health facility at the time of the survey. If a column is empty it means that the survey team did not consider it relevant to ask for the availability of the concerned treatment, medication or other procedure at the specific facility. The table of medication does not include medicines that are illegally imported to the country. All prices are given in SYP.

Cancer

This section describes the availability and the prices of medicines and treatment for patients who suffer from oncological diseases.

Table 51: Cost of treatment

	Private outpatient treatment – Al Othman Surgical Hospital	Private inpatient treatment – Al Othman Surgical Hospital	Public outpatient treatment – Tishreen University Hospital	Public inpatient treatment – Tishreen University Hospital	Reimbursement / special programme / Free of charge
Price of consultation					
General practitioner	N/A	N/A	225	Free	Inpatient treatment covered by government in public facilities
Internist	N/A	150,000	225	Free	Inpatient treatment covered by government at Tishreen University Hospital
Oncologist	N/A	N/A	225	Free	Inpatient treatment

					covered by government in public facilities
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	N/A	N/A	800	800	Paid out of pocket
Devices					
Spacer (with mask) for inhaler with asthma/KOL medication[158]	N/A	N/A	Free	Free	Covered by government
Nebulizer/equipment that turns liquid medicine into a mist	N/A	N/A	Free	Free	Covered by government

Table 52: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Cancer			
Available cancer medication	Fluorouracil injection	160,000, 1 unit per container, 50 mg/ml each	Available
	Bleomycin injection	150,000, 1 unit per container, 30 units per vial	Available
	Gemcitabine injection	Free, 1 unit per container, 1 g each 170,000, 1 unit per container, 1 g each	Available
	Oxaliplatin injection	165,000, 1 unit per container, 5 mg/ml each	Available

[158] The survey team investigated the general availability of this device in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that a spacer (with mask) for asthma/KOL medication is general available in both drugstores and some pharmacies for the cost of 7,000 SYP.

	Imatinib tablet	Free 3 units per container, 0,4 g each	Available
	Irinotecan injection	Free 1 unit per container, 100 mg/5 ml each	Available
	Triptorelin injection	Free 1 unit per container, 3,75 mg each	Available
	Zoledronic acid injection	Free 1 unit per container, 4 mg/5 ml each	Available
	Ifosfamide injection	Free 1 unit per container, 1 g each	Available
Immunotherapy	Rituximab injection	Free 1 unit per container, 0,5 g each	Available
	Bevacizumab injection	Free	Available
Radiation therapy		Free	Available[159]

Cardiac complications and hypertension

This section describes the availability and the prices of medicines and treatment, including post operation care, for patients who suffer from cardiac complications and hypertension.

Table 53: Cost of treatment

	Private outpatient treatment – Al Othman Surgical Hospital	Private inpatient treatment – Al Othman Surgical Hospital	Public outpatient treatment – Tishreen University Hospital	Public inpatient treatment – Tishreen University Hospital	Reimbursement / special programme / Free of charge
Price of consultation					
General practitioner	N/A	N/A	225	Free	Inpatient treatment covered by

[159] According to the survey team, the informant at Tishreen Hospital said it was available for free but did not provide more details.

					government in public facilities
Internist	N/A	150,000	225	Free	Inpatient treatment covered by government in public facilities
Cardiologist	N/A	150,000	225	Free	Inpatient treatment covered by government in public facilities
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	N/A	N/A	800	800	Paid out of pocket
Other procedures					
Diagnostic imaging by means of ECG	12,000	12,000	1,000	1,000	Paid out of pocket
Diagnostic imaging by means of ultrasound of the heart	10,000	10,000	1,000	1,000	Paid out of pocket

Table 54: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Cardiac complications and hypertension			
Digoxin	Injection Tablet	Free, 1 unit per container, 0,5 mg/2 ml each 4,000, 5 units per container, 0,25 mg each	Available
Furosemide	Injection	Free, 2 units per container, 10 mg/ml 1,700, 2 units per container, 40 mg each	Available
Spironolactone	N/A	N/A	N/A

Acetylsalicylic acid	Tablet	Free, 50 units per container, 81 mg each 3,800, 50 units per container, 81 mg each	Available
Clopidogrel	Tablet	3,200, 3 units per container, 75 mg each	Available
Warfarin	N/A	N/A	N/A
Anti-hypertensive medication			
Amlodipine	Tablet	Free, 2 units per container, 5 mg each 1,500, 2 units per container, 5 mg each	Available
Bisoprolol	Tablet	1,300, 2 units per container, 5 mg each	Available
Enalapril	Tablet	Free, 2 units per container, 10 mg each 1,100, 2 units per container, 5 mg each	Available
Lisinopril + Amlodipine	N/A	N/A	N/A
Lisinopril + Hydrochlorothiazide	N/A	N/A	N/A
Losartan	Tablet	2,900, 2 units per container, 50 mg each	Available
Losartan + Hydrochlorothiazide	Tablet	2,000, 2 units per container, 50 mg each 3,000, 3 units per container, 3 mg each	Available
Lipid-lowering medicine			
Simvastatin	N/A	N/A	N/A

Diabetes type I and II

This section describes the availability and the prices of medicines and treatment, including relevant devices for patients who suffer from diabetes type I and II.

Table 55: Cost of treatment

	Private outpatient treatment – Al Othman Surgical Hospital	Private inpatient treatment – Al Othman Surgical Hospital	Public outpatient treatment – Tishreen University Hospital	Public inpatient treatment – Tishreen University Hospital	Reimbursement / special programme / Free of charge
Price of consultation					
General practitioner	N/A	N/A	225	Free	Inpatient treatment covered by government in public facilities
Internist	N/A	150,000	225	Free	Inpatient treatment covered by government in public facilities
Endocrinologist	N/A	150,000	225	Free	Inpatient treatment covered by government in public facilities
Laboratory research					
Research of blood glucose (incl.: HbA1C/ glyc. Hb)	10,000	10,000	3,500	3,500	Paid out of pocket
Devices					
Blood glucose meter for self-use by patient[160]	N/A	N/A	N/A	N/A	N/A

[160] The survey team investigated the general availability of this device in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that a blood glucose meter for self-use is general available in drugstores in Syria for the cost of 50,000 SYP.

Blood glucose self-test strips for use by a patient[161]	N/A	N/A	N/A	N/A	N/A
Insulin pump[162]	N/A	N/A	N/A	N/A	N/A

Table 56: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Diabetes type I and II			
Fast-acting: Insulin Aspart, Insulin glulisine, Insulin lispro, Insulin human	Insulin human Injection	Free, 1 unit (vial) per container, 100 IU/ml – 10 ml each 120,000, 1 unit (vial) per container, 100 IU/ml – 10 ml each	Available
Insulin injections: Intermediate-acting: Insulin isophane	N/A	N/A	N/A
Insulin injections: Long-acting: Insulin detemir, Insulin glargine, Insulin degludec	N/A	N/A	N/A
Oral hypoglycaemic agents/blood glucose-lowering medication: Metformin	Tablet	1,700, 2 units per container, 60 mg each	Available

[161] The survey team investigated the general availability of blood glucose strips in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that they are general available in drugstores for the cost of 40,000 SYP.

[162] The survey team investigated the general availability of this device in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that an insulin pump is generally available in major drugstores upon request. They were not informed about the price of it.

Oral hypoglycaemic agents/blood glucose lowering medication: Gliclazide	Tablet	1,700, 2 units per container, 60 mg each 3,400, 2 units per container, 80 mg each	Available

Haematological diseases

This section describes the availability and the prices of medicines and treatment, including access to blood transfusion, for patients who suffer from haematological diseases.

Table 57: Cost of treatment

	Private outpatient treatment – Al Othman Surgical Hospital	Private inpatient treatment – Al Othman Surgical Hospital	Public outpatient treatment – Tishreen University Hospital	Public inpatient treatment – Tishreen University Hospital	Reimbursement / special programme / Free of charge
Price of consultation					
General practitioner	N/A	N/A	225	Free	Inpatient treatment covered by government in public facilities
Internist	N/A	150,000	225	Free	Inpatient treatment covered by government in public facilities
Haematologist	N/A	N/A	225	Free	Inpatient treatment covered by government in public facilities
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	N/A	N/A	800	800	Paid out of pocket
Other procedures					
Blood transfusion	N/A	N/A	N/A	Free	Inpatient treatment covered by government

Table 58: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Haematological diseases			
Folic acid	Tablet	53, 3 units per container, 5 mg each 2,600, 5 units per container, 5 mg each	Available
Ferrous sulfate	N/A	N/A	N/A
Tranexamic acid	Injection	5,500, 1 unit per container, 100 mg/ml each	Available

Kidney diseases

This section describes the availability and the prices of medicines and treatment, including access to dialysis, for patients who suffer from kidney diseases.

Table 58: Cost of treatment

	Private outpatient treatment – Al Othman Surgical Hospital	Private inpatient treatment – Al Othman Surgical Hospital	Public outpatient treatment – Tishreen University Hospital	Public inpatient treatment – Tishreen University Hospital	Reimbursement / special programme / free
Price of consultation					
General practitioner	N/A	N/A	225	Free	Inpatient treatment covered by government in public facilities
Internist	N/A	150,000	225	Free	Inpatient treatment covered by

					government in public facilities
Nephrologist	N/A	N/A	225	Free	Inpatient treatment covered by government in public facilities
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	N/A	N/A	800	800	Paid out of pocket
Renal/ kidney function (creatinine, ureum, sodium, potassium levels)	12,000	12,000	5,500	5,500	Paid out of pocket
Renal/ kidney function (creatinine, ureum, proteinuria, sodium, potassium levels)	12,000	12,000	5,500	5,500	Paid out of pocket
Other procedures					
Chronic haemodialysis (3 times a week)	N/A	N/A	Free	Free	Covered by government in public facilities
Peritoneal dialysis/dialysis through the peritoneum	N/A	N/A	Free	Free	Covered by government in public facilities

Table 59: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Kidney diseases			

Intraperitoneal dialysis solution[163]	Solution	Free 1 unit per container, 5 l each	Available

Mental health

This section describes the availability and the prices of medicines and treatment for patients who suffer from PTSD, psychotic disorders, mental retardations, dementia and Downs's syndrome.

Table 60: Cost of treatment

	Private outpatient treatment – Al Othman Surgical Hospital	Private inpatient treatment – Al Othman Surgical Hospital	Public outpatient treatment – Tishreen University Hospital	Public inpatient treatment – Tishreen University Hospital	Reimbursement / special programme / Free of charge
Price of consultation					
General practitioner	N/A	N/A	225	Free	Inpatient treatment covered by government in public facilities
Internist	N/A	150,000	225	Free	Inpatient treatment covered by government in public facilities
Psychiatrist	N/A	N/A	N/A	N/A	N/A
Psychologist	N/A	N/A	N/A	N/A	N/A
Special housing for chronic psychotic patients with outpatient care	N/A	N/A	N/A	N/A	N/A
Assisted living/care at home by psychiatric nurse	N/A	N/A	N/A	N/A	N/A

Table 61: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			

[163] Given for free when receiving dialysis

Mental health			
Olanzapine	N/A	N/A	N/A
Chlorpromazine	N/A	N/A	N/A
Haloperidol	Injection	Free 1 unit per container, 50 mg/ml each	Available
Risperidone	Tablet	Free 5 units per container, 2 mg each	Available
Clozapine	N/A	N/A	N/A
Aripiprazole depot injection	N/A	N/A	N/A
Amitriptyline	Tablet	2,000, 2 units per container, 25 mg each	Available
Sertraline	N/A	N/A	N/A
Fluoxetine	Tablet	Free, 3 units per container, 20 mg each 3,200, 2 units per container, 20 mg each	Available
Diazepam	Tablet	1,500, 2 units per container, 10 mg each	Available
Lorazepam	Tablet	2,000, 2 units per container, 2 mg each	Available

Rheumatic diseases

This section describes the availability and the prices of medicines and treatment for patients who suffer from rheumatic diseases.

Table 62: Cost of treatment

	Private outpatient treatment – Al Othman Surgical Hospital	Private inpatient treatment – Al Othman Surgical Hospital	Public outpatient treatment – Tishreen University Hospital	Public inpatient treatment – Tishreen University Hospital	Reimbursement / special programme / free of charge
Price of consultation					
General practitioner	N/A	N/A	225	Free	Inpatient treatment covered by government in public facilities
Internist	N/A	150,000	225	Free	Inpatient treatment covered by government in public facilities
Rheumatologist	N/A	N/A	225	Free	Inpatient treatment covered by government in public facilities
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	N/A	N/A	800	800	Paid out of pocket

Table 63: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Rheumatic diseases			
Hydroxychloroquine	Tablet	23,500, 3 units per container, 200 mg each	N/A

Azathioprine	Tablet	Free, 10 units per container, 50 mg each 3,000, 2 units per container, 0,5 g each	N/A
Methotrexate	N/A	N/A	N/A
Sulfasalazine	N/A	N/A	N/A
Cyclophosphamide	N/A	N/A	N/A
Mycophenolic acid	N/A	N/A	N/A

Chronic obstructive lung disease

This section describes the availability and the prices of medicines and treatment and relevant devices for patients who suffer from chronic obstructive lung diseases.

Table 64: Cost of treatment

	Private outpatient treatment – Al Othman Surgical Hospital	Private inpatient treatment – Al Othman Surgical Hospital	Public outpatient treatment – Tishreen University Hospital	Public inpatient treatment – Tishreen University Hospital	Reimbursement / special programme / Free of charge
Price of consultation					
General practitioner	N/A	N/A	225	Free	Inpatient treatment covered by government in public facilities
Internist	N/A	150,000	225	Free	Inpatient treatment covered by government in public facilities
Pulmonologist	N/A	N/A	225	Free	Inpatient treatment covered by government
Laboratory research					
Monitoring of full blood count; e.g. Hb, WBC & platelets	N/A	N/A	800	800	Paid out of pocket
Devices					
Spacer (with mask) for inhaler with	N/A	N/A	Free	Free	Covered by the government in public facilities

asthma/KOL medication[164]					
Nebulizer/equipment that turns liquid medicine into a mist	N/A	N/A	Free	Free	Covered by the government in public facilities

Table 65: Cost of medicines

Name of medicine	Form	Price	Available / partly available / not available
Name of illness			
Chronic obstructive lung disease			
Formoterol	Inhaler	7,500, 1 unit per container, 125 mg each	Available
Budesonide	Inhaler	4,500, 1 unit per container, 200 ml each	Available
Fluticasone propionate	Inhaler	Free, 1 unit per container, 125 mg each 1,950, 1 unit per container, 18 ml each	Available
Prednisolone	Tablet	2,100, 2 units per container, 5 mg each	Available

Home-based care and nursing homes

The survey team investigated whether home-based are generally available in Latakia. They did so by asking key personnel at the researched facilities. They found that there are no official home-based care service or nursing homes available in Latakia. However, the survey team were informed, that there are nursing homes available, but these belong to the Christian church and only host elderly who are Christians.[165]

[164] The survey team investigated the general availability of this device in Syria. They were informed by a representative at the Ministry of Health Procurement Committee, that a spacer (with mask) for asthma/KOL medication is general available in both drugstores and some pharmacies for the cost of 7,000 SYP.

[165] Tana, *Health Care Services: Availability and Accessibility in Latakia*, January 2022, p. 23

Tattoo removal services

According to the survey team, Piercing and Tattoo Beauty Centre offers removal services for 150,000 SYP, which is paid out of pocket by the clients. The price includes five-sessions.

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Annexes

Annex 1, Terms of References

Medical Country of Origin information (MedCOI) from Syria

Medication

1. Availability, including electrified storage facilities, of medicines for patients suffering from:
    - Cancer
    - Cardiac complications and hypertension (including post operation care)
    - Diabetes type I and II
    - Hematological diseases (including access to blood transfusion)
    - Kidney diseases, including dialysis
    - Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)
    - Rheumatic diseases
    - HIV/AIDS
    - Chronic obstructive lung disease

    1.1. The supply of these medicines will be assessed in Damascus and Rural Damascus as well as the provinces of Tartous and Latakia
    1.2. The supply will be assessed for generic names of medicines which are either registered as legal in the country or which is legally available through licensed pharmacies

2. Extent of interruption in supply of the above mentioned medicines

Treatment

3. Availability of relevant treatment for patients suffering from the above-mentioned diseases from public or private health facilities located in Damascus and Rural Damascus as well as in the provinces of Tartous and Latakia
4. Availability of home-based care (including for those without a family based network)
5. Availability of nursing homes (e.g. for patients diagnosed with Alzheimer's diseases and dementia as well as for persons with reduced physical capabilities and people with age-related disabilities)
6. Possibility of tattoo removal

Accessibility

7. Accessibility of medicines and treatment for the above mentioned conditions in terms of:
    7.1. Geographical access in terms of accessibility via road and in relation to day/night security
    7.2. Price
    7.3. Cost recovery mechanisms for selected groups (e.g. the elderly and those without employment)
    7.4. Discrimination in terms of:

7.4.1. Gender (women, single women)
7.4.2. Ethnic or religious affiliation
7.4.3. Political affiliation
7.4.4. People from opposition-controlled areas
7.4.5. LGBT-persons

Annex 2, An international organisation, a

International Organisation

E-mail interview with an international organisation with experience in humanitarian aid in Syria.

1 November 2021

1. Could you describe the capacity of the Syrian Ministry of Health (MoH)?

a. How and to which extent does the MoH have the capacity to regulate and control the quality of health care services provided in Damascus, Rif Damascus, Tartous and Latakia?

The MoH have a set of quality standards that healthcare providers are supposed to align with, however the capacity to monitor this is lacking during present times.

b. To what extent does the MoH monitor the quality of medicines and medical supplies?

The MoH regulates and controls the quality of locally produced as well as imported medical devices and pharmaceuticals through a registration/licensing system. Producers and suppliers can register with MoH to obtain a status as recognized by the MoH, on an item-by-item basis. Furthermore, the MoH has a list of items, which do not require additional quality certification, which for example includes items for rehabilitation etc.

2. How is the division between public healthcare services, private for-profit health care services, NGO-run services and other health care services?

a. Which type of health care provider is dominant (public or private-for-profit or private-not-for profit?)

The crisis has had a severe impact on the health system, and according to WHO only 46 % of the healthcare facilities in Syria are operational at best. The destruction of key hospitals and clinics has rendered the public systems incapable of meeting the needs of the Syrian population and international and local humanitarian actors are now covering most of these gaps. According to MoH, out of 510 hospitals distributed through the 14 Governorates, 399 are private/NGO run hospitals and 111 are public hospitals. Still, the available health services do not fully meet the needs of the Syrian population.

b. To which extent is the private sector regulated by the MoH?

The private sector healthcare providers have to obtain certification from MoH and abide by the MoH medical protocol.

3. How is the capacity of the public hospitals and clinics in the mentioned areas in terms of health workers?

a. Is the number of health care professionals sufficient?

Syria is experiencing an acute shortage of qualified healthcare workers as many have fled the country or been killed as a result of the conflict. It is especially hard to find qualified staff in remote areas or areas

severely impacted by the conflict. As an estimate, approx. 70% of the healthcare workers have left the country.

b. If not, which staff categories are particularly insufficient in number?

The shortage of staff affects all categories of healthcare workers

4. How is Covid-19 affecting the health care system, including access to medicine?

a. What are the availability of facilities treating Covid-19 cases today in the mentioned provinces?
At the time of writing, Syria is experiencing a new wave of COVID cases and the hospitals in Damascus, Latakia and Homs are at their full capacity. The COVID 19 pandemic has put additional pressure on an already weak and strained health system and vaccination levels remain low in the country. Initial lockdown measures during spring 2020 were abolished after a few months to mitigate the impact on the economic situation in the country and since then, no clear measures have been put in place to curb the spread of the pandemic.

5. How is the capacity of the pharmaceutical industry?

a. What are the current state of the pharmaceutical industry in Syria?

The pharmaceutical industry in Syria is still operating but has been heavily affected by the crisis including destruction of factories. Additionally, the economic sanctions are preventing import of active ingredients and essential equipment which is affecting the manufacturing capacity.

b. To which extent is Syria importing medicines and medical supplies or being self-sufficient?

Medicines are still being manufactured locally, but the country is not self-sufficient and relies on the import of both medicines and medical supplies for the health care system to function.

Syrian based medical producers struggle to get hold of raw material for their production, due to sanctions on supply to Syria. They are mainly importing from the countries not following the sanctions against Syria.

The quality of locally produced medical items is of unpredictable quality, and the lack of better raw materials is causing the final products to be of a lesser quality than previous delivered from the same manufacturers in Syria.

Access to medication and treatment

6. Is there any form of health insurance or cost recovery scheme in Syria for patients (e.g. elderly and those without employment)?

a. If so, how does it function?

There is no universal health insurance scheme as the Syrian system was built on the principle of free universal health care. Before the crisis, Syria had a well-functioning universal healthcare system, which allowed people to access healthcare free of charge in all parts of the country. The crisis has had a critical impact of the availability of these services, and reports of patients now having to pay out of pocket for services are not uncommon.

7. **Are home-based care available (including for those without a family based network)?**
   a. If so, could you explain the procedure for admission to home-based care?

No

8. **Are nursing homes available (e.g. for patients diagnosed with Alzheimer's disease and dementia as well as for persons with reduced psychical capabilities and people with age-related disabilities)?**
   a. If so, could you explain the procedure for referral to a nursing home?

Before the crisis nursing homes were available but at the time of writing these services do not exist

9. **Provision of healthcare services for specific chronic diseases**

Could you explain the availability of treatment for the following disease?

   a. Mental health diseases

Whereas needs are immense, there is a lack of availability of mental health services, partially caused by an acute lack of qualified psychiatrists and psychologists.

Annex 3, An international organisation, b

Interview conducted 11 November 2021 via Microsoft Teams

The state of health care service delivery

1. As of 2021, 13.4 million people are estimated to be in need of humanitarian assistance, according to UN OCHA, Humanitarian Needs Overview and they have a high unmet for health care services.

2. The state of the health care system in Syria is affected by the fact that the health care infrastructure has been partially destroyed after 11 years of war and crisis. Before the crisis, Syria was a middle-income country and on the move towards accelerated achievement of the Millennium Development Goals (MDGs). One of the areas of public health in which Syria performed very well was vaccination coverage and routine immunisation of children; as a result, infant mortality rates were decreasing. However, 11 years of war have jeopardised these achievements. Currently, it is estimated that 40 % of all health facilities across the country are non-functioning; 30 % are partially functioning and the rest is fully functioning.

3. In Tartous and Latakia governorates, the infrastructure is relatively in a better state compared to other parts of the country. However, there has been a high influx of internally displaced persons (IDPs) and refugees with needs for health care services further straining the health system.

Human resources

4. A large number of medical doctors have left the country due to the crisis, and some have died during the war. Therefore, Syria is left with approximately a third of the needed human resources for a fully functioning health care sector in the government-controlled areas.

Division between public and private health care service providers

5. The public health care sector is primarily focusing on routine immunisation. Few medicines are available apart from vaccinations and the public health care sector has only few specific drugs at its disposal. In parallel, the UN, the NGOs and faith-based organisations support health facilities that offer free-of-charge primary health care interventions and medicines.

6. Currently, the larger part of primary health care services is provided through NGOs or private service providers. Based on anecdotal accounts, the private sector has more types of medication to offer to patients who are able to pay out-of-pocket for health care services.

The pharmaceutical sector

7. Based on anecdotal accounts, there is very limited national production of medicines and medical supplies inside Syria. The private sector operating in Syria used to procure medicines, and medical supplies through Lebanon or other countries in the region. Currently, access to medicines, including medicines needed for advanced and complicated diseases such as cancer, is difficult, especially since the major point of import used to be Lebanon. The current crisis in Lebanon has made that import difficult.

8. The government is attentive to standards of imported medicines, medical supplies and other therapeutic supplies, such as micronutrient supplements, and is performing control of these supplies when they are imported by partners.

9. Another area with a high level of quality control assurance by the Syrian authorities is the import of vaccines. Syria is a beneficiary of the COVAX mechanism – a vaccine distribution mechanism, which is co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI), UNICEF and WHO – and should receive Covid-19 vaccines free-of-charge. UNICEF is procuring COVID-19 vaccines through its Supply Division in Denmark and is supporting the cold chain and demand generation in Syria.

Health insurance schemes

10. According to the interviewee, vaccinations and primary health care services are free-of-charge. Consultations provided through UNICEF's implementing partners in the 14 governorates of Syria are free-of-charge for the patient. However, the public sector is not fully able to cover the health care needs of all of the population. The private sector requires payment for consultations, interventions and medicines.

Access to health care services without discrimination

11. The deterioration of the economic situation, including the inflation of the Syrian pound, has led to more and more people living below the poverty line; some estimates indicate that more than 90% of the population. It is thus difficult to pinpoint specific vulnerable groups as the majority of the population is experiencing difficulties in their access to health care.

Annex 4, An international organisation, c

Interview conducted on the 28th of October 2021 via Google Meet

1. This international organisation is present in Damascus, Rif Damascus, Tartous and Latakia. The activities in Tartous and Latakia are supervised by the organisation's sub-office in Homs governorate. The interviewee stated that the state of the health care service delivery is not uniform across these four areas, as they have been differently affected by the situation in the past years. The interviewee advised that since 2014-16 Tartous has received a huge number of displaced people from Homs, Aleppo and other governorates, which has put health care services delivery under pressure. Some of the displaced persons have returned to their place of origin, others have stayed in Tartous where they are placed in shelters, schools or in rental houses. Now, there are no more shelters for internally displaced persons in Tartous. Social-economic factors (i.e. people's inability to pay for services) is also a barrier to people's access to services.

The state of health care service delivery

2. In Latakia and Damascus, the problem is not lack of health care services, but rather the issue of the availability of specialised health care services. The interviewee stated that before the crisis, there were sufficient services. However, now the high number of internally displaced people has led to a situation, where the capacity of health care services is insufficient to meet the demand of the population. Furthermore, people's inability to afford health care services is also a barrier to for people to access needed health care services. Previously the population of Damascus was one million, now it is estimated to be over six million. This means that the health care infrastructure cannot fully cover the demand and that affects the hygiene of the population, which further has a negative impact on the control of infectious diseases such as Covid-19.

3. Rural Damascus has experienced a loss of health facilities and more than 40 % of all health care facilities were fully or partially damaged during the crisis. Some of the remaining infrastructure is in a very bad shape. Thus, the capacity to offer health care services is insufficient. In this location, the interviewee opined that the issue of housing and the provision of water and sanitation is a priority in order to reduce the spread of infectious diseases, and further to promote a healthy lifestyle. Rural Damascus is, together with Latakia, the locations with the least number of specialised health care services compared to Tartous and Damascus, where the number of specialised facilities is higher.

4. Damascus is the location with most specialised health care services in Syria. However, the provision of medical supplies to hospitals and other health facilities has suffered due to sanctions. This was exemplified by the interviewee with reference to an obstetrician-gynaecologist employed at the University Hospital at Damascus, who stated that this hospital is experiencing a shortage of all types of medical supplies required for hospital-based deliveries. For any type of surgery, the hospital may ask the patient to buy the supplies outside of the hospital; even sometimes, the doctors will pay for the supplies out of their own pocket, which is not a sustainable solution. This situation is not related to Covid-19 cases but to regular patients with obstetrical-gynaecological needs.

Supervision of standards of care

5. The health care system in Syria is not fully decentralised. The Ministry of Health (MoH) has initiated a partial decentralisation, and it operates through district-level directorates in each governorate in Syria. These directorates are administratively connected directly to the governor and they have some ability to take direct contact to e.g. donors through the governor. It is the MoH that is making an effort to monitor and offer technical support to the directorates, including supervision of existing standards of care. The efficiency of this monitoring mechanism is highest in Damascus and Rural Damascus because of the geographical proximity to the MoH. Before 2018 there was no, or very little, monitoring. Since 2018, this has improved because the ability to move from one area to another is better. Lack of fuel and transportation is an important barrier to efficient monitoring across health directorates as well as lack of human resources and their low salaries. Therefore, the number of regular site visits is reduced. Furthermore, Covid-19 has been the priority of the whole sector.

The pharmaceutical sector

6. Syrian is both a producer and an importer of medicines. Previously, Syria used to have about 90 pharmaceutical companies, but during the crisis, more than 50 of these closed or were damaged. The national need for medicines and medical supplies can therefore no longer be covered by in-country production. During the period of the crisis, the UN supported Syria, but now the UN does not provide specific type of medicines in need for advanced cases, such as cancer, cardiac diseases and infectious diseases such as hepatitis. These medicines are high cost and the MoH does not have sufficient funds to procure this on their own from the outside, regardless of the sanctions. Therefore, the medication and medical supplies that is available are procured by the UN, international organisations and by private companies. The interlocutor explained that there is a general lack of medicines for patients suffering from chronic diseases.

7. The current *List of Essential Medicines* in Syria is from 2019. However, it may be updated in 2021.

Distribution of public, private and other types of health care services

8. Before the conflict, the public sector was providing 25 – 35 % of all health care services; the rest was provided through private service providers, according to one study. Now, the private sector, and because of the crisis and Covid-19, the private sector is very expensive. Now, around 40 % of services for general health is being provided through the private sector, 20 % through the public sector and the rest through NGOs and other entities.

Covid-19 situation

9. During the pandemic outbreak of Covid-19, the control of Covid-19 has been a priority for the MoH. Syria has not received a sufficient number of vaccines. As of October 2021, only 2.2 % of the Syrian population is fully vaccinated compared to a target set in 2020 of reaching a vaccine coverage of 20 % by 2021. Syria has received the Russian Sputnik-V Covid-19 vaccine and China's Sinopharm vaccines. Syrians with a need for travel outside of the country prefers to be vaccinated with vaccines that are accepted by the European countries and the US. During Covid-19, the UN provided all the personal protection equipment (PPE) needed for the country. However, now even the UN agencies may face shortage in their ability to provide PPE.

10. According to a health cluster survey on the impact of Covid-19 on health services in April 2020, more than 50 % of health services has stopped or been postponed until the situation is better, for RH only 45 % of services is now being provided through available facilities. Now the situation with the fourth wave of Covid-19, which sat-off in August 2021, Syria is experiencing the highest number of infected population, as announced by the government. The country has only six public laboratories, which can do PCR tests with a capacity to do between 100-150 tests per day compared to a 20 million population. The announcements of confirmed cases is thus not reflective of the real number of suspected cases in the country. The capacity to care for Covid-19 patients is limited and some hospitals have stopped to provide their regular services because they are supposed to carry out Covid-19 response during the spike of the epidemic.

11. In addition to the MoH, the Ministry of Defence and the Ministry of Internal Affairs are also involved in providing Covid-19 health care services. Via the Syrian Arab Red Crescent Society, the MoH has established two field hospitals devoted to Covid-19, one located in Rural Damascus near the airport, and one to in Aleppo.

12. Since August 2020, an initiative of young people has formed a mobile team of people with health backgrounds or other types of background, who has received training in offering care to Covid-19 patients as home based care. They operate via a hotline where they offer counselling and they provide services at home. They also refer cases to hospitals and do follow-up one month after the patient has been discharged from the hospital. They all provide psychosocial support. This initiative is supported by UNFPA through the Syrian Family Planning Association.

Health insurance schemes

13. According to the interviewee, there is, in general, no insurance mechanism available to the population. For public employees, there is insurance but it is limited in terms of amount, services available and location of these services. Because of the high prices charged for services in the private sector, many doctors in the private sector have stopped accepting patients who seek to pay for services with their health insurance. The price for a consultation with a doctor in the private sector is estimated to be 6,000 SYP by the insurance company; the private sector is likely to ask as much as 30,000 SYP for the same service. Thus, they stopped receiving patients covered by insurance. People therefore go to NGOs where they can afford the services. People believe that the quality of services is higher with NGOs than in the public sector.

Access to health services without discrimination

14. UNFPA has not faced gender-based discrimination in access to services at UNFPA's clinics; all women and girls can access. However, adolescents cannot access RH service alone without the company of a family member. Unmarried girls cannot go without the company of a sister, a mother or a grandmother in public facilities because of religious and cultural issues. In public services, a young girl needs to bring proof that she is married and that she will use contraceptive for family planning purposes, if she needs contraceptives.

15. LGBT-persons will ask for services without letting anybody know that they are homosexual, so in that sense they may go and obtain access to health care services.

Home-based care for the elderly

16. NGOs may offer home-based care for the elderly; the interviewee referred to a local NGO in Damascus and in Rural Damascus doing so. There is also a new initiative offering care for people with disabilities and people with Downs Syndrome. It is free of charge if offered by an NGO or a UN agency but in the private sector the price per month was 25,000 Syrian Pounds in 2019. It is likely to be much more expensive now because of inflation.

17. The home base care is available in the private sector and through some NGOs. There are some private company that have health professional and assistant who can provide the services 24/7 and the cost can be per hour per staff member (25,000YP) to per day per staff member (150,000 SYP) depending on the case. On the other hand the health workers in the private hospitals are offering the home care services without being deployed by any companies or organizations. Some NGOs provide this services but the cost is covered by donor from the local community and it is usually less than the unit price mentioned above.

Nursing homes

18. Faith-based organisations, especially the church, are running nursing homes; some are under the Ministry of Religions Affairs.

19. It is also available through private, public faith based organization and NGOs for elderly people, and PWD. The cost in the public institution is for free depending on the budget of nursing centers of MOSAL, in the private sector in 2020 was 100,000 SYP per month for each clients while in the NGOs and Faith based organization is depending on the capacity of the organisation some offering for free of charge because they have sources and regular donation to support, others cover 20-50/5 of the cost while the remaining should be paid by the client.

HIV/AIDS

20. Since 2009 and until now, The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) has supported Syria with medicines and capacity building within HIV/AIDS and Tuberculosis (TB). There is a national programme, which offers anti-retroviral treatment. The Global Fund is expected to continue its funding for HIV/AIDS treatment in Syria.

Mental health care

21. The number of health staff specialised in mental health in Syria is around 50 and more than 90 % of these are located in Damascus, a few is in Aleppo. One is in Tartous/Latakia; none is to be found in rural Damascus. Mental health has become an important concern for all UN agencies even before the crisis, and a number of initiatives has been put in place, including an interagency group who is developing a mental health strategy. The number of psychiatrists and psychologists is in shortage in Syria, and alternative health care staff need to provide these services. In collaboration with the Ministry of Social Affairs, UNFPA offers training in psychosocial support (PSS) training to staff working at children's centres and the centres for homeless people. During the crisis, the number of reported mental health cases has grown considerably.

Annex 5, Technical brief shared by WHO

16 December 2021

This technical brief was shared by WHO Syria.

Situation with availability of essential medicines, Syria, December 2021

1. The pharmaceutical industry of Syria was considered among the largest growing and most successful sectors during the two decades leading up to the current crisis. The private sector was first authorized to build pharmaceutical factories in 1987, and within just four years, 28 factories had been established, by 2006 the number reached 56, and by the start of the 2011, there were a total of 70 such factories. The industry went into 2011 with high economic indicators and was covering approximately 93% of local market needs. The pharmaceutical market was worth at the time an estimated $400 million; $350 million of this was made up of local production, while the remaining $40-50 million came from foreign imports – mostly cancer medication, vaccines and other kinds of medicine not manufactured locally, usually given out to patients for free in specialist state hospitals. Alongside this was the country's rising pharmaceutical exports, which had reached the markets of over 56 countries worldwide.

2. With the gradual deterioration of the events of 2011 into a tragic conflict which devastated four decades of development, the pharmaceutical industry found itself in a bind. Firstly, as with all other economic and service facilities in the country, the industry was subject to varying degrees of damage, extending to its infrastructure, equipment and production lines. A total of 19 factories went out of service, the majority of which swiftly returned to functionality as the security situation stabilized. Over the past two years, this has encouraged other investors to obtain licenses to build new factories, bringing the total number of licensed factories up to 92 by the end of 2019. However, owing to the impact of the conflict and the inaction of economic sanctions, only a few of these are currently functioning at full capacity. The economic sanctions, levied gradually since mid-2011, have had both a direct and indirect impact on the industry, related to the manufacture of drugs, the sourcing of their raw materials, and pricing. As per the latest pricing regulation by the Ministry of Health, issued over two years ago, prices have gone up by 50%, forcing many Syrian families to choose between securing food and purchasing medicine, the latter of which, prior to 2011, made up only 1.5 % of a family's average household expenditure.

3. Procurement difficulties have been a key barrier to obtaining medication and equipment. In the instances where medical equipment was available, it was often in serious need of maintenance or replacement. Prostheses for amputees and wheelchairs for paralyzed people were particularly scarce or very expensive.

4. Syria's health care system has been adversely affected and seriously compromised by the conflict and armed violence since 2011. At present, Syria' health system is a reflection of low-income countries, largely as a result of the conflict, insecurity, migration of significant numbers of skilled health workforce and a disrupted governance system. The endeavors are to plan, mobilize health resources and ensure access to basic health care services which continue to face major constraints including shortcomings in capacity, lack of information for decision making and availability of skilled professional and sustainable

supply of quality medicines and medical technology. Decades of neglected institutional capacity, hence the health system has been weakened forcing Syrians to find their way to pursue health services from the neighboring countries omitting investment in their national health security. As such Syria has relatively high risks of emergence of serious illnesses, epidemics and unforeseen medical crises.

5. The gaps in the medical supply chain management include (a) a lack of drug legislation and regulation; (b) out-dated licensing, registration and pricing procedures, which enables a huge fluctuation in international and Syria market pricing; (c) poorly regulated procurement with insufficient involvement of health care specialists in the process; (d) lack of capacity of Ministry of Health staff in standardized procurement, storage and distribution; (e) insufficient capacity of the MoH to monitor and control aspects of the medical supply chain; (f) unclear roles and responsibilities in the planning and regulative process of the supply chain between the various health and pharmaceutical authorities; (g) lack of guidelines and monitoring for drugs use; and (h) poor warehousing conditions and procedures.

6. The persistence of poor regulations, weak planning and management and lack of quality procedures in the field of supply chain management resulted in the population's decreased access to medicines.

7. Syria has suffered from endemic shortages of essential medicines and medical supplies, with very low stocks of vaccines and severe shortages of medicines for a wide range of diseases including diabetes, tuberculosis and kidney disease. Blood derivatives, laboratory reagents, anaesthetics, anti-neoplastic medicines, obstetric and maternal and child health medicines and supplies are lacking. Severe shortages of dressing materials, intravenous fluids and internal fixators for fractures have been reported.

8. These gaps have been further widened by the looting and destruction of key warehouses across the country. The logistic difficulties of importing medicines and medical supplies and transporting them inside Syria have increased dramatically. Since the beginning of crisis, the lack of funds to procure essential medicines has added a new layer to the problem.

9. The supply chain coordination as a mechanism for coordinating national supply chain activities as well as supply chain investments of government agencies is not in place. Minimum guidance, expertise and technical assistance on all matters concerning supply chain operations and improvement initiatives are provided while key stakeholders should be engaged in the process to share information, evidence, and lessons learned; to identify and overcome program bottlenecks; to explore opportunities for innovation; and to make optimal use of resources. Key elements of the national supply chain strategy that will work towards ensuring the availability of effective medicines for children and adults at all levels of the health system are weakened.

10. Latest rapid assessments of medicine quantification and forecasting in key public health facilities illustrated that:
11. Average Monthly Consumption (AMC) is the only method was used for quantification and forecasting of drug needs. No availability of proper records for actual drug needs. No medicine usage records However, daily patient visits were found to be available at the 3 health facilities.
12. Availability of Data: No availability of current and accurate records of medicine needs; No availability of current and accurate records of drug consumption; Data and reports are not maintained regularly on outpatient attendances; for many diseases, there is no reliable information exists on number of cases

reported or treated annually. Patient registration done only on specialty pattern. No availability of Policies, guidelines and Procedures Manual (SOPs) for forecasting and quantification of drugs.

13. Forecasting and quantification management: No formal work plan and schedule for quantification and forecasting. There is no quantification committee in place with all round involvement of all stakeholders. Quantification is done by chief pharmacist. No computerized quantification and inventory records, all paper based.

14. Annually WHO has been providing technical support to the Ministry of Health to develop Essential Medicine List and the required funding estimates which would stand between 100-135 million USD (minimum) per year only to cover the needs for essential pharmaceutical products. On its side, the MoH would estimate its regular needs at 400 million USD per year. In the situation of protracted emergency, the MoH is not in the position to allocate the required amount from the annual national budget (which remains a closed information).

15. WHO supported HeRAMS illustrates that out of 1244 fully and partially functioning PHC facilities, 642 do not have any antibiotics, 638 – anti-allergic medicines, 824 – diabetic treatments, 1227 – obstetric-gynecologic medicines, 810 – NCD medicines.

16. The current supply chain practices by delaying actual public procurement close to the end of the year even with the use of limited national financial resources does not enable a situation of predictable and sustained provision of medicines across the country. Procured and MoH delivered medicines are received by facilities at best on a quarterly basis or even longer.

To reach one of the sub-studies, click on the relevant headline:

Annex 6, Report of Study Findings - Health Care Services: Availability and Accessibility in Damascus

Annex 7, Report of Study Findings - Health Care Services: Availability and Accessibility in Rural Damascus

Annex 8, Report of Study Findings - Health Care Services: Availability and Accessibility in Tartous

Annex 9, Report of Study Findings - Health Care Services: Availability and Accessibility in Latakia

REPORT OF STUDY FINDINGS

HEALTH CARE SERVICES: AVAILABILITY AND ACCESSIBILITY IN DAMASCUS

Client: Danish Immigration Service

January 2022 (with minor revision as of 22 March 2022)

tana

TABLE OF CONTENTS

1 INTRODUCTION

1.1 THE ASSIGNMENT

Tana Copenhagen has been contracted by the Danish Immigration Service to conduct a Medical Country of Origin Information (MedCOI) study on the availability and accessibility of a range of medications and treatments in the Syrian Arab Republic. Established in 2006, Tana Copenhagen is a leading international consulting firm based in Copenhagen and Nairobi, providing research, advisory and technical services that promote and support sustainable international development. Tana's demonstrated experience in development is customized to deliver core services in analysis and research, monitoring & evaluation, programme design & formulation and training/capacity development across various fields.

Over the last 10 years, Tana has successfully implemented over 350 projects in more than 40 countries across the world: in Africa (32 countries), Asia, Eastern Europe, and the Middle East. Our portfolio across the world is intended to advance governance, justice and rule of law, the promotion of human rights, and most recently, sustainable green growth.

In 2020, Tana Copenhagen conducted the MedCOI study in Somalia for DIS, *Somalia - Health System*, November 2020.

This report first provides a brief overview of health facilities in the Syrian governorate of Damascus, then describes the methodology applied to collect the data presented, including the sampling method, data collection tools, and outlines the limitations and measures taken to ensure confidentiality of the informants. The findings are then presented, with a description of each facility and the enumerators' observations with regard to security and access. Finally, the report lists the availability and prices of the surveyed medications and treatments.

1.1.1 SCOPE OF ASSIGNMENT

DIS provided a list of diseases and medical conditions which should be included in this study. These are:

1. Cancer
2. Cardiac complications and hypertension (including post-operation care)
3. Anti-hypertensive medication/medication for lowering high blood pressure
4. Lipid-lowering medicine/cholesterol-lowering medicine
5. Diabetes type I and II
6. Haematological diseases (including access to blood transfusion)
7. Kidney diseases, including dialysis
8. Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)
9. Rheumatic diseases
10. HIV/AIDS
11. Chronic obstructive lung disease

In addition to these diseases and medical conditions, two specific social care services were also to be

included in the survey:

12. Availability of home-based care (including for those without a family-based network)
13. Availability of nursing homes (e.g. for patients diagnosed with Alzheimer's diseases and dementia as well as for persons with reduced physical capabilities and people with age-related disabilities)

Finally, one additional medical service was listed:

14. Removal of tattoos

The availability and accessibility of medicines and relevant services addressing the above-mentioned diseases and conditions have been researched in Damascus for the purpose of this sub-study. Availability describes whether a medication or a treatment can be found in the health facilities; accessibility describes economic aspects of the services as well as the extent to which possible discrimination or security concerns hinder a patient from being able to reach needed treatment and care.

In this report, the methodology, including the construction of the sample, qualifications of the team members who collected the data sampling as well as quality assurance, is described. Special emphasis is put on describing concerns about the protection of the anonymity of the interviewed sources at the included facilities. The narrative parts of the report are complemented by two tables providing a detailed overview of i) medication (3.3) and ii) treatment (3.4).

In the inception phase, the team conducted a mapping of all the well-known and biggest facilities in each province to be visited, as these are the most likely to offer treatment and medications for the diseases in the list provided by DIS. The facilities have also been selected to represent both the private and public health services available in the province. Based on this assessment in Damascus, these five health facilities – two public and three private – were included in the sample. For the purpose of tattoo removal, a beauty clinic was also selected. The team experienced that some of the initially selected facilities declined an invitation to participate in the study, and therefore had to replace them with others (as will be elaborated below).

At each facility visited, our team members interviewed a health professional using the survey designed in Dooblo Survey To Go, which can be used on a mobile device. Where possible, our team members also spent some time observing the entrance of each facility, to gauge the profile of the people visiting the facility. Below is the summary of these findings. The full datasets provide the detailed responses collected at each facility (Table 1: Al Mujtahed Hospital, Table 2: Dar Al Shifa Hospital, Table 3: Ibn Rushd Hospital, Table 4: Private pharmacy, Table 5: Private drugstore, Table 6: Barina Beauty Clinic) and have been sent to DIS separately.

To verify the legality of the medications surveyed, the field team contacted an official from the Medicines Purchases Committee at the Ministry of Health, who confirmed that the Syrian Arab Republic still currently uses the 2019 Essential Medicines List. This informant requested to remain anonymous.

1.2 OVERVIEW OF HEALTH FACILITIES IN DAMASCUS

The Ministry of Health's website provides an overview of the distribution of public and private hospitals in Syria. The table below presents the latest known data regarding the number of hospitals and hospital beds distributed on public and private facilities given by the Ministry of Health for

Damascus governorate according to the government's numbers in 2017. These numbers also include the facilities that have been damaged during the war. [1]

Table 1: No. of hospitals and no. of beds, Damascus Governorate, 2017

Hospitals of Higher Education Ministry		Ministry of Health Hospitals		Total no. of Public Hospitals		Private Hospitals		Total no. of Hospitals (Public + Private)	
No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds
7	2261	8	1352	15	3613	45	1666	60	5279

Source: Syrian Ministry of Health website.

During the inception stage, the team provided the following mapping of specialized centres covering Damascus governorate:

Table 2: Health facilities in Damascus specialised in each of the required specialisations[2]

Specialised centres	Damascus
Cancer	Peronist University Hospital (second branch)[3]
Cardiac complications and hypertension (including post-operation care)	Martyr Bassel Al Assad Heart Hospital
Diabetes type I and II	No specialised centre
Haematological diseases (including access to blood transfusion)	Blood bank, Assad University Hospital
Kidney diseases, including dialysis	No specialised centre
Mental health (including PTSD, psychotic disorders, mental retardations, dementia, and Downs syndrome)	Ibn Rushd Psychiatric Hospital
Rheumatic diseases	No specialised centre
HIV/AIDS	Centre for Infectious Diseases Control
Chronic obstructive lung disease	No specialised centre

[1] Website of the Government of Syria's Ministry of Health, 2017 Link
[2] The team specified that "No specialised Centre" means that there is no independent health facility specialized in the specific illnesses. However, some public and private hospitals have a department for the specific illness, though they are not specialized in the illness in question.
[3] Peronist University Hospital has two branches: one in Damascus and one in Rif Damascus. The branch located in Damascus did not wish to cooperate.

Tattoo removal	Several different beauty centres/clinics across the city

As will be elaborated in the next section, the team couldn't visit some of the specialised centres as informants declined an invitation to participate in the survey.

2 METHODOLOGY

2.1 QUALIFICATIONS OF DATA COLLECTORS

The data collection in Damascus was carried out by the Independent Institute of Administration and Civil Society Studies (IIACSS), which is an Iraqi-owned, fully licensed Middle East and Northern African (MENA) research and evaluation company – and the first survey research group in Iraq and a pioneer in research in the MENA region.[4] The team has completed more than 2.5 million face-to-face interviews across the Middle East during the past 10 years. In 2007, IIACSS expanded its services into the Iraqi health sector, to be the first market research company to conduct pharmaceutical research and offer health data collection services in Iraq, dedicating a specialized organization for marketing research in the health industry under the name Infographic for Health Research (IHR). IHR is now a pioneering company that covers the health and pharmaceutical market across the MENA region. The team consists of senior pharmacists, medical doctors, and other health care professionals who have more than 10 years' experience in both the public and private sectors. IIACSS provides high-quality data and information through the application of scientifically proven methodologies, rigorous monitoring of data collection and multidimensional data synthesis and analysis. Since the onset of the Syrian war, IIACSS increased its involvement in the field of social and humanitarian studies, such as the need for healthcare, assessment research and monitoring and evaluation of projects and programmes.

The data collection team in Damascus is gender-balanced and consists of four members. One has a bachelor's degree in Human Medicine from Damascus University. The second team member has a degree from the Intermediate Medical Institute specialising in Anaesthesia, the third has a degree in Radiography from a vocational education institute, and the fourth is specialised in physiotherapy.

2.2 SAMPLING

The sampling method used in this study is purposive sampling, a type of non-probability sampling method. The main aim is to target big and well-known facilities in Damascus to gather the required information, as such facilities are providing many healthcare services to citizens. Out of the existing hospitals and pharmacies, the team used their knowledge of the health care sector in Damascus to choose hospitals and pharmacies where the chances of obtaining the medicines and treatments required by DIS were the highest. If any of such facilities declined an invitation to participate in the survey due to concerns about confidentiality and safety (this is elaborated on in sections 2.5 and 3.2.2), the team looked for other facilities which have close properties to the larger ones. The social care facility (nursing home) was selected by the team as it is the oldest nursing home in Damascus and because it is well-known at governorate level. The clinic where information about tattoo removal was obtained was selected by the team due to its large size and a good reputation within the city.

[4] Link to organisation website

2.3 DATA COLLECTION AND ANALYSIS

The questionnaire is designed by using Dooblo Survey To Go, a data collection survey tool that allows the researcher to control which questions appear according to the specialised treatments each facility offers. The question about which medication and treatments are available in the target facility is added at the beginning of the survey, which makes questions irrelevant to a given facility not appear during the interview.

The data in this report was collected by a team of enumerators based in Damascus in the period between October 21st and 29th October 2021 (see 2.1 above). They built the survey in Dooblo based on the questionnaire provided by DIS containing the list of medications and treatments to be examined according to availability and accessibility. The team tested the survey and made the necessary adjustments before deploying to the field to visit five health facilities previously selected to have a sample representing Damascus' larger public and private facilities, hospitals providing treatments and medications and pharmacies providing medications to the general public. They made initial contact with medical professionals at each facility and arranged for a meeting and obtained consent to participate in the survey beforehand. They collected the data on mobile devices using the Dooblo tool, which yields a dataset in an Excel spreadsheet that was later cleaned and edited for reader-friendliness. The dataset was sent to the client with this report. Then, the Team Leader analysed the data and wrote the report.

2.4 QUALITY ASSURANCE AND CONFIDENTIALITY

Tana has conducted quality assurance through an independent data checker verifying the reliability of the information collected at two of the five health facilities surveyed in Damascus. The quality assurance was undertaken as planned but also confirmed the challenges pertaining to the quality of data from interviewees. Discrepancies were found in about 12 per cent of the cases.

The data checker was challenged in terms of identifying other persons at the facilities than those contacted by the enumerators who were willing to take the survey. In roughly 12% of cases, the data checker received conflicting messages about the availability of medicines in the hospital where verification was conducted. Informants from the same facility differed in terms of availability opinions. One explanation provided by an official in the hospital pharmacy indicated that doctors may not be aware of the availability of certain medicines in the hospital. The explanation provided for this lack of information is that no automation system that directly connects the doctor and the hospital pharmacy.

The data checker in some cases found differences in the prices of medications compared to the data collected by the team. According to the data checker and the team, this discrepancy can be explained by the fact that the prices and availability of drugs in the Syrian market change within short periods due to supply shortages and higher inflation. This has been taken into consideration as a factor affecting the data checking process as it creates inevitable differences with the data collected by the team.

Additionally, the answer options provided by DIS – available, partly available and not available – can be interpreted differently by different respondents. "Partly available" refers to medication or treatment not available at present time, but which can be ordered within a given time frame, or in cases where only some of a listed set of medications or treatments are available at present time. This may in some cases have been confused with "not available" – when a medication or treatment is not available at present time and cannot be ordered to the facility.

Tana has asked both the enumerator team and the data checker to conduct double checks on the items where discrepancies were found. The IIACSS team have strict quality control measures in place, including audio recordings when the informant consents, which allows for checking that the questions

were asked correctly, and the data recorded according to the informants' responses. This double-checking procedure enabled the team to reduce the number of discrepancies, though some remain, for the reasons explained above. Furthermore, all data collections are undertaken with GPS coordinates, which provides additional evidence of the location of the enumerator and interviewee during the interview.

All the interviewed informants asked to be anonymous. Informants interviewed at the hospitals consented to the names of the hospitals being mentioned in the report, while informants interviewed at the pharmacy and drugstore asked for the names of their facilities to remain confidential. This was due to fear of being exposed to legal accountability and running the risk of the facility being closed down by the authorities for sharing information with the team.

2.5 LIMITATIONS

The COVID-19 pandemic is still expanding as the data was collected in Damascus and as this report is being written. This makes it dangerous and difficult for outsiders to enter health facilities such as hospitals, meaning that our enumerators in some cases had to set up meetings with medical professionals on premises outside of the health facilities. Additionally, questions related to possible discrimination of certain populations groups are sensitive, whether on a political, sectarian, religious or ethnic level. When asked, all informants reported that their facilities welcome all people. To nuance this claim, the team has provided some additional information from secondary sources, consisting of reports from the UN, research institutions and NGOs to contextualise the data collected and provide a more comprehensive picture of the difficulties certain people face in accessing health care in Syria.

The enumerators also noted that the prices and availability of medication in Syria can vary within short periods due to supply shortages and inflation on the market. Therefore, it should be taken into consideration that the prices listed in the datasets capture the prices at the time of the interview and may be subject to variation.

In the inception phase, the team conducted a mapping of the health facilities in Damascus providing specialised care for the diseases and illnesses listed in section 1.1, based on the team's knowledge and research. However, during the data collection phase, the team found that some of the specialised facilities did not wish to participate in the survey. Initially, respondents at all the facilities contacted expressed fear to participate in the study, due to issues of confidentiality. The team attempted to reassure them by informing them that their names will not be published anywhere, and also had to assure respondents that they are not related to the Ministry of Health or any official facilities. After these reassurances, the respondents at the facilities presented below agreed to participate in the survey.

3 PRESENTATION OF FINDINGS

3.1 DESCRIPTION OF THE HEALTH FACILITIES SURVEYED

The six health facilities in Damascus surveyed are:

Table 3: List of health facilities surveyed in Damascus[5]

Damascus Hospital Al Mujtahed	Public hospital and pharmacy run by the Ministry of Health. It is the oldest and largest Ministry-run hospital in Damascus city and has been operating since 1955. It serves the city as well as the southern governorates. It consists of nine main medical departments with 20 specialised medical divisions. These include general surgery, urology, pulmonology, nephrology, and has internists as well as general practitioners. It has a general surgery department, an internal medicine department, an external emergency department, a paediatric medicine and surgery department, an intensive care unit (ICU), a laboratory department and a physical therapy department. Since COVID-19's onset, many medical departments have been converted into isolation and care departments for infected patients. It provides all available treatments and medicines for free for in-patients. This facility is open to the general public, but people from the poorer socio-economic class are the main patients who visit this facility, as the treatment is free for all citizens. The person interviewed at this facility is a pharmacist. However, as they could not answer all questions themselves, during the interview they phoned some of their colleagues in different specialised departments of the hospital to cover these information gaps.
Dar Al Shifa Hospital	Private hospital operating since 1960. The facility has a cardiologist, an endocrinologist, a gynaecologist and obstetrician, urologists, internists, general practitioners and a pulmonologist. It also performs general surgery and has internal and external medicine departments, paediatric medicine and surgery department, an ICU and a laboratory department The hospital is open to the general public, but the upper socio-economic class (high-level income) are the main patients who visit this facility, as the treatment services and the medical staff, according to interviewees, are more professional in their services in comparison with the public hospitals. It does not offer any free services and is one of the most expensive hospitals in terms of treatment service in Damascus. The person interviewed is a pharmacist.
Ibn Rushd Mental Health Hospital	A public hospital run by the Ministry of Health, specialises in treating mental illness and addiction free of charge. It does not offer medications or treatments for any other illnesses than mental health issues. It employs

[5] It should be noted that the information presented in Table 3 comes from the facilities' websites, which may not be frequently updated. Therefore, there might be discrepancies between what services and doctors are available according to the facility's website, and what the team found was actually available at the given facility at the time of data collection (presented in table 5).

	psychologists and psychiatrists but there is no available data on how many they are, nor on the number of beds available. Female patients are allowed in the inpatient department. The persons interviewed are a psychiatrist and a pharmacist.
Private pharmacy (asked to be anonymous)	Private pharmacy. It employs pharmacists and pharmacist assistants and provides no free services. It caters to the general public. The person interviewed is a pharmacist.
Private drugstore **(asked to be anonymous)**	Private drugstore. It employs pharmacists and pharmacist assistants and provides no free services. It caters to public and private hospitals and medical centres as well as the general public. The person interviewed is a pharmacist.
Barina Beauty Clinic	Private beauty clinic offering tattoo removal services. It caters to middle- and upper-socioeconomic class clients, as low-income people, according to interviewees, cannot afford the services. The person interviewed is a dermatologist.

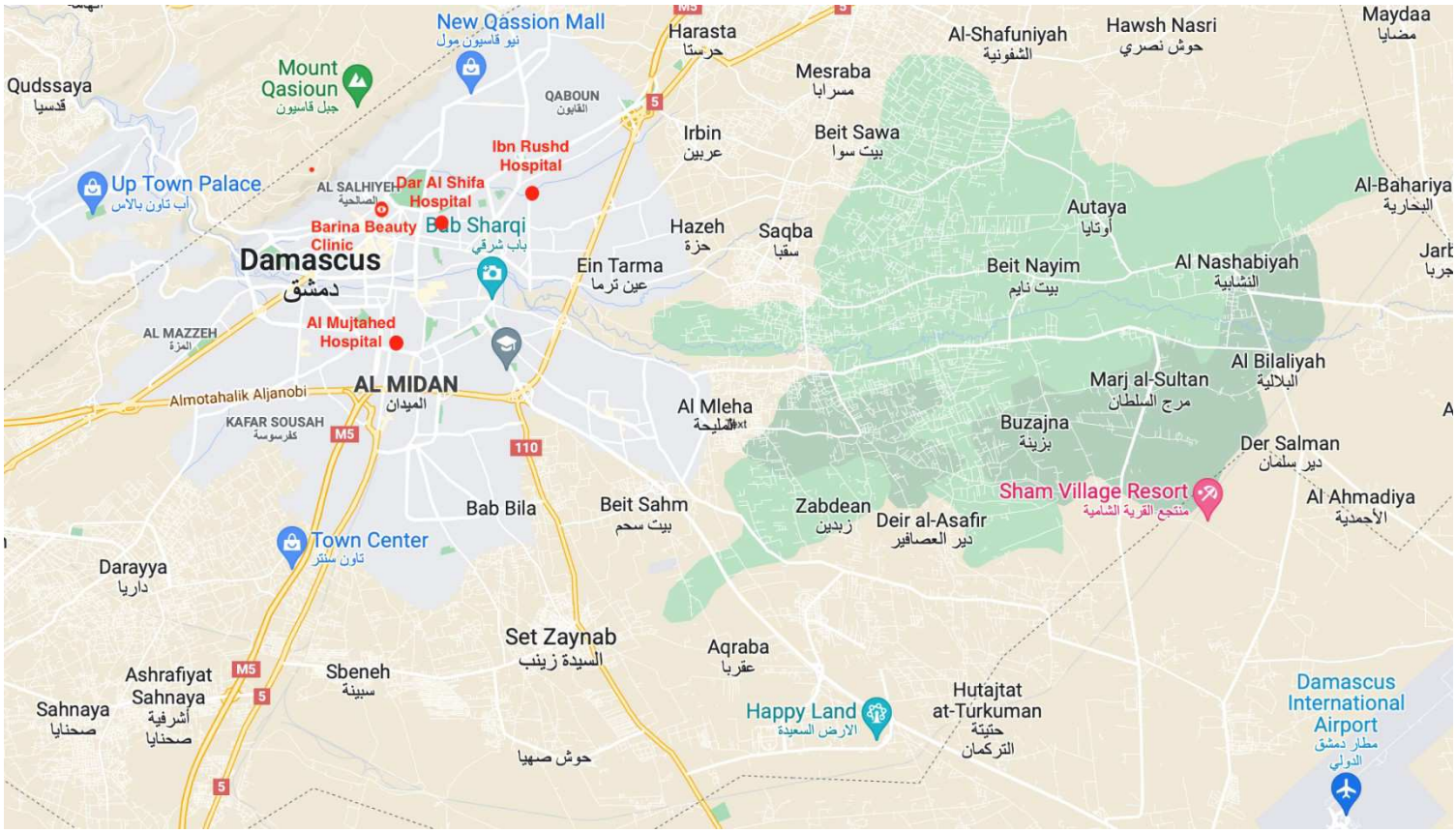

Figure 1: Map of Damascus and four of the facilities surveyed: Damascus Hospital (Al Mujtahed), Dar Al Shifa Hospital, Ibn Rushd Psychiatric Hospital, and Barina Beauty Clinic, with Damascus International Airport. The private pharmacy and drugstore have been left out for confidentiality purposes.

3.2 OBSERVATIONS FROM THE HEALTH FACILITIES

3.2.1 EXISTING SHORTAGES OF MEDICINES AND MEDICAL SUPPLIES

Damascus has been experiencing shortages of medical supplies for the last few years due to the ongoing conflict in Syria, and there have been restrictions on humanitarian aid supplies to enter the country from neighbouring Iraq.[6]

If patients need a certain type of medication not available on the Syrian market, the Ministry of Health does not have procurement mechanisms to source it from abroad; this is according to some of the pharmacists interviewed for this survey. There is a special-order mechanism that pharmacies use to provide such medications for patients who can afford the medication price. The pharmacy will request the medication either via bus/taxi drivers who work on Syria-Jordan and/or Syria-Lebanon border or by requesting them from someone who plans to travel out of Syria to bring the medication when

[6] Syria Events of 2020, Human Rights Watch, published in 2021, link

he/she comes back. This procedure is illegal, and hospitals do not offer such services to patients.

3.2.2 PROBLEMS RELATED TO INTERVIEWING SOURCES

The enumerators observed that some respondents were hesitant to participate in the survey because they feared that the enumerator was from the Ministry of Health checking whether the facility carries any illegal medications. This information is considered private, meaning it is not allowed to be shared outside of the facility as that might lead to exposing the facility to legal accountability. Respondents also initially expressed hesitation around answering the team's questions as they did not know which authority is collecting this information. As a result, the team could visit only those facilities that agreed to participate.

3.2.3 ACCESS AND SECURITY RELATED TO HEALTH CARE SERVICES IN DAMASCUS

The overall safety situation in Damascus is considered stable and relatively secure under the circumstances, based on the team's observations. People can travel between the provinces (except the areas that are out of the Assad regime's control). The city has not witnessed any warlike manifestations since April-May 2018, except for occasional violent incidents, such as the bombing of a military bus that took place in the centre of Damascus in October 2021.[7] Other security incidents such as kidnapping, bombings, indirect fire attacks, assassinations, armed robbery, and so on still take place in Damascus. In addition, there are security risks associated with the repeated and recently increasing Israeli raids (more than once per month) that target the outskirts of the city but are close to residential compounds and pose a real threat to the lives of civilians. Other than that, the field team notes that there are no armed manifestations outside the framework of the official authorities.

The team noted that all roads and streets within the city are open and easily accessible to civilian traffic, and the city's airport (Damascus International Airport) is easily accessible and operates normally. There are security checkpoints distributed at all the main entrances to the city, following strict security measures, except for emergency and ambulance cases.

The rates of attacks on health facilities and health workers since the onset of the war in 2011 have resulted in only 64% of hospitals and 52% of primary care centres across Syria still being functioning in 2020, and 70% of the medical workforce having fled the country according to WHO.[8] The remaining health workforce in the country still works facing violence as well as "a dearth of equipment and medication".[9] The most commonly reported incidents and concerns of violence against or obstruction of care in Syria in 2020 were, from most to least: incidents where health facilities were destroyed or damaged; health workers injured; health workers killed; health workers arrested, and health transport destroyed or damaged.

Below is an assessment of the security around and access to each facility visited, as well as observations of what kind of population groups visit the facility made by the team during their visits to the facilities.

3.2.4 DESCRIPTION OF SECURITY AND ECONOMIC BARRIERS BY HEALTH FACILITY

Damascus Hospital Al Mujtahed

- **Security*:*** There are government security forces at the entrance of the hospital, and all people

[7] Foreign Ministry press release, link
[8] U.N. Office for the Coordination of Humanitarian Affairs, "Syria anniversary press release," 6 March 6, 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/USG%20Lowcock%20Syria%20Anniversary%20PR_%2006032020.pdf
[9] International Rescue Committee, *A Decade of Destruction: Attacks on health care in Syria*, 2021.

entering the facility are subject to a security search in the form of verification of identification documents and sometimes a physical search. The government security forces are mandated to protect government buildings. The overall security situation in the area is good, based on the team's assessment. People from almost all other provinces can travel to the hospital by road, but the provinces that are out of the Assad regime control (such as Idlib, Deir Al Zur, and Al Raqqah) are not able to enter Damascus legally. It is easy to reach the hospital by foot and public and private transportation and is accessible day and night.

- **Economic barriers*:*** Most of the patients in the hospital are from low-income households, and they prefer Al Mujtahed hospital because of the free health services and medications. The treatments and medications are available to all citizens regardless of their nationality. This, however, causes severe overcrowding throughout the year, which negatively affects the quality of services provided, especially in the emergency department.

Dar Al Shifa Hospital

- **Security**: There are security forces at the entrance of Dar Al Shifa hospital, and all people entering the facility are subject to a security search in the form of verification of identification documents and sometimes a physical search. The overall security situation in the area is good, according to the team's observations. People from almost all other provinces can travel to the hospital by road, except those coming from the provinces outside of the Assad regime control who cannot enter Damascus legally.
- **Economic barriers*:*** The main patients in this hospital are from middle and upper socioeconomic classes due to the high cost of treatments and medicines there. All the services there are available to all citizens regardless of their nationality. The respondent stated that all people are welcome in the hospital.

Ibn Rushd Psychiatric Hospital

- **Security:** There are security forces at the entrance of the hospital, and all people entering the facility are subject to a security search in the form of verification of identification documents and sometimes a physical search. The team assessed that the overall security situation in the area is calm. The hospital can be accessible by road.
- **Economic barriers:** The hospital provides treatment for mental health issues to patients free of charge. It is open to all people, but the main people who visit this facility are low-income people.

Private pharmacy

- **Security:** The overall security situation in the area is stable. All people enter the facility without a security search as there is no security officer at the entrance of the facility.
- **Economic barriers:** All socioeconomic classes seem to visit this pharmacy, according to the team's observations.

Private drugstore

- **Security:** The drugstore is accessible and open to individual clients and representatives of pharmacies, public and private hospitals and Damascus' medical centres. This drugstore is one of the biggest stores in Damascus. The clients access the facility by road. There is a security officer from a private contractor at the entrance of the facility.
- **Economic barriers:** People who visit the drugstore are mainly from middle-income socioeconomic classes.

Barina Beauty Clinic

- **Security:** Barina is a beauty clinic offering among other services tattoo removal. There is a security officer from a private contractor at the entrance of the facility.
- **Economic barriers:** Low-income people are not able to afford the cost of the services offered by the clinic.

3.2.5 DISCRIMINATION

The enumerator team reported that in general, there are no cases of discrimination. There is, however, a clear bias and favouritism for high-income and influential patients who benefit from all (available) high-quality health services in public hospitals. In other words, prejudice and discrimination based on income level and social status can be observed. Furthermore, while the team found no evidence of discrimination based on religion or political affiliation during fieldwork or in secondary literature, it does not mean that no such discrimination takes place in accessing health care anywhere in Syria.

- **The situation of female patients:** The majority of patients visiting Al Mujtahed Hospital are adult women, and the team observed a significant presence of single/unaccompanied women. In general, a female patient can visit health facilities in Damascus and obtain a needed service without being accompanied by a man, regardless of her age or marital status.
- **The situation of LGBTQ+ patients:** All respondents stated that all patients are welcome at their facility, irrespective of factors such as gender, marital status, ethnicity, religious affiliation, residence in opposition-controlled areas, sexual orientation, or political views. However, data from secondary sources report that for instance, "LGBTQ+ patients' health access and outcomes are limited by factors such as discrimination by healthcare providers, systemic knowledge gaps, and patients' trepidation. Moreover, advocates have called attention to a hostile tendency within clinical settings that is perpetuated by the use of a vocabulary of deviance, illness or mental disturbance to describe homosexuality".[10] This is underpinned by the Syrian penal code which criminalises same-sex relations with up to three years' imprisonment and puts this population group particularly at risk in terms of mental health issues and sexual and reproductive health, including HIV/AIDS.

[10] Center for Operational Analysis and Research, *LGBTQ+ Syria: Experiences, Challenges, and Priorities for the Aid Sector*, June 2021.

3.3 MEDICATION

Below is a comparative overview of the medications available at each of the five health facilities. "Available" means the medication is available at present time in the facility; "N/A", that the medication is not available; "Partly available", that the medication is not available at present time, but can be ordered within a given time frame, or that only some of the listed sets of medications are available at present time.

In cases where medication was available at more than one facility, the first line of the Price column refers to the price, unit, and dosage of the cheapest available medication. The bottom line refers to the price, unit, and dosage of the most expensive available medication.

The list does not include information on medicines imported illegally to the country.

All prices provided in this report are in Syrian lira.

Table 4: Availability, form, price of list of medications surveyed at each health facility visited in Damascus

Name of medicine	Form	Price	Available / party available / not available
Name of illness			
Diabetes type I and II			
Fast-acting: Insulin Aspart, Insulin glulisine, Insulin lispro, Insulin human	Insulin human Injection	14.000, 1 units (vial) per container, 100 IU/ml– 10 ml each 45.000, 1 unit (vial) per container, 100 IU/ml – 10 ml each	Available
Insulin injections: Intermediate-acting: Insulin isophane	Injection	15.000, 1 unit (vial) per container, 100 mg/ml – 10 ml each	Partly available
Insulin injections: Long acting: Insulin detemir, Insulin glargine, Insulin degludec			N/A
Oral hypoglycemic agents/blood glucose-lowering medication: Metformin	Tablet	2000, 2 units per container, 0,85 g each 2400, 4 units per container, 0,5 g each	Available
Oral hypoglycemic agents/blood glucose-lowering medication: Gliclazide	Tablet	1700, 3 units per container, 30 mg each 1900, 2 units per container, 80 mg each	Available
Cancer			

Available cancer medications	Carboplatin injection	Free, 10 units per container, 150 mg/ml each	Available
	Tocilizumab injection	Free, 10 units per container, 80 mg/ml each	Available
	Vincristine injection	1.000.000, 1 unit per container, 5 mg/ml each	Available
	Oxaliplatin injection	Free, 10 units per container, 50 mg/ml	Available
	Bendamustine injection	Free, 10 units per container, 100 mg/vial	Available
	Vincristine injection	1.000.000, 1 unit per container, 5 mg/ml each	Available
Immunotherapy	Rituximab injection	Free, 10 units per container, 100 mg/ml each	Available
Radiation therapy			N/A
Cardiac complications and hypertension			
Digoxin	Injection	1800, 2 units per container, 250 mcg each 5000, 100 units per container, 500 mcg/ 2ml each	Available
Furosemide	Tablet	1000, 2 units per container, 40 mg each 1300, 2 units per container, 40 mg each	Available
Spironolactone	Tablet	1500, 2 units per container, 25 mg each 3000, 2 units per container, 100 mg each	Available
Acetylsalicylic acid	Tablet	3400, 1 unit per container, 81 mg 3500, 5 units per	Available

		container, 81 mg each	
Clopidogrel	Tablet	2000, 3 units per container, 30 mg each 3200, 3 units per container, 75 mg each	Available
Warfarin	Tablet	3500, 10 units per container, 5 mg each 3500, 100 units per container, 5 mg each	Available
Anti-hypertensive medication			
Amlodipine	Tablet	1000, 3 units per container, 5 mg each 1500, 3 units per container, 5 mg each	Available
Bisoprolol	Tablet	1300, 2 units per container, 2,5 mg each 1700, 2 units per container, 5 mg each	Available
Enalapril	Tablet	1100, 2 units per container, 5 mg each 1500, 3 units per container, 5 mg each	Available
Lisinopril + Amlodipine			N/A
Lisinopril + Hydrochlorothiazide	Tablet	1400, 2 units per container, 20 mg each	Available
Losartan	Tablet	1500, 2 units per container, 50 mg each 2800, 2 units per container, 80 mg each	Available
Losartan + Hydrochlorothiazide	Tablet	2000, 2 units per container, 25 mg each 2300, 2 units per container, 100 mg each	Available
Lipid-lowering medicine			

Simvastatin	Capsule	1400, 2 units per container, 20 mg each	Available
Haematological diseases			
Folic acid	Tablet	2000, 3 units per container, 5 mg each 4000, 3 units per container, 5 mg each	Available
Ferrous sulfate	Tablet	1600, 2 units per container, 150 mg each 1800, 2 units per container, 0,375 g each	Available
Tranexamic acid			N/A
Kidney diseases			
Intraperitoneal dialysis solution	Injection	Free, 1 unit per container, 5l each	Available
Mental health			
Olanzapine	Tablet	Free, 3 units per container 10 mg each 3100, 5 units per container, 10 mg each	Available
Chlorpromazine			N/A
Haloperidol	Tablet	Free, 2 units per container, 5 mg each 28.100, 1 unit per container, 100 mg each	Available
Risperidone	Tablet	Free, 2 units per container, 2 mg each 1300, 2 units per container, 4 mg each	Available
Clozapine	Tablet	Free, 3 units per container, 100 mg each 2000, 2 units per container, 2 mg each	Available

Aripiprazole depot injection			N/A
Amitriptyline	Capsule	Free, 2 units per container, 25 mg each 1500, 2 units per container, 25 mg each	Available
Sertraline	Tablet	Free, 2 units per container, 100 mg each 1500, 2 units per container, 50 mg each	Available
Fluoxetine	Tablet	1300, 22 units per container, 20 mg each	Available
Diazepam	Tablet	Free, 2 units per container, 10 mg each 2100, 2 units per container, 10 mg each	Available
Lorazepam	Tablet	3500, 5 units per container, 2 mg each	Available
Rheumatic diseases			
Hydroxychloroquine	Tablet	23.500, 3 units per container, 200 mg each	Available
Azathioprine			N/A
Methotrexate	Injection	7000, 10 units per container, 0,5 g each	Available
Sulfasalazine			N/A
Cyclophosphamide			N/A
Mycophenolic acid			N/A
Chronic obstructive lung disease			
Formoterol	Inhaler	4500, 1 unit per container, 6/250 µg each	Available
Budesonide	Inhaler	4500, 1 unit per container, 200 mg each	N/A
Fluticasone propionate	Inhaler	4500, 1 unit per container, 200 mg	Available

		each 7000, 1 unit per container, 50 mg each	
Prednisolone	Tablet	2200, 3 units per container, 5 mg each	Available

3.4 TREATMENT

Below is a comparative overview of the treatments available at the two general hospitals, as the pharmacy and drugstore do not provide any treatments, as well as the hospital specialising in psychiatric care. The respondents were asked to specify whether the treatment is fully, partly or not available in this facility. "Partly available" refers to treatments that are not available immediately at the hospital and requires on-call or visiting specialist doctors.

All prices are in Syrian lira.

Table 4: Availability and cost of list of treatments at each health facility visited in Damascus

Cost of treatment	Public outpatient treatment - Damascus Hospital Al Mujtahed	Public inpatient treatment - Damascus Hospital Al Mujtahed	Private outpatient treatment – Dar Al Shifa Hospital	Private inpatient treatment – Dar Al Shifa Hospital	Public outpatient treatment – Ibn Rushd Psychiatric Hospital	Public inpatient treatment – Ibn Rushd Psychiatric Hospital	Reimbursement / special programme / free
	Consultation						
General practitioner	175		N/A				Paid out of pocket
Internist	175	Free	N/A	135.000			Inpatient treatment covered by government
	Specialist consultations						
Endocrinologist	175	Free	N/A	135.000			Inpatient treatment covered by government
Psychiatrist	N/A	N/A	N/A	N/A	Free	Free	Inpatient treatment covered by government

Psychologist	N/A	N/A	N/A	N/A	N/A	N/A	Paid out of pocket
Special housing for chronic psychotic patients with outpatient care	N/A		N/A	N/A	N/A		Paid out of pocket
Assisted living/care at home by psychiatric nurse		N/A		N/A		N/A	Paid out of pocket
Haematologist	175	Free	N/A	150.000			Inpatient treatment covered by government
Cardiologist	175	Free	N/A	150.000			Inpatient treatment covered by government
Infectiologist	200 (not HIV/AIDS related)	25000 (not HIV/AIDS related)	N/A	N/A			Paid out of pocket
Nephrologist	175	Free	N/A	150.000			Inpatient treatment covered by government
Oncologist	175	Free	N/A	N/A			Inpatient treatment covered by government
Rheumatologist	175	Free	N/A	145.000			Inpatient treatment covered by government
Pulmonologist	175	Free	N/A	150.000			Inpatient treatment

							covered by government
	Devices						
Blood glucose meter for self-use by patient	N/A		N/A				Paid out of pocket
Blood glucose self-test strips for use by a patient	N/A		N/A				Paid out of pocket
Insulin pump			N/A				Paid out of pocket
Medical devices pulmonology: spacer (with mask) for inhaler with asthma/KOL medication	Free		30.000				Covered by government
Medical devices pulmonology: nebulizer/equipment that turns liquid medicine into a mist	Free		30.000				Covered by government
	Laboratory research						
Research of blood glucose (incl.: HbA1C/ glyc.Hb)	10.000		30.000				Paid out of pocket
Renal/kidney function (creatinine,	10.000		20.000				Paid out of pocket

ureum, sodium, potassium levels)							
Diagnostic imaging by means of ECG		1600		12.000			Paid out of pocket
Diagnostic imaging by means of ultrasound of the heart		1600		17.000			Paid out of pocket
HIV: CD4 count		N/A		N/A			Paid out of pocket
HIV: viral load		N/A		N/A			Paid out of pocket
Kidney diseases: PTH, calcium, phosphate		15.000		40.000			Paid out of pocket
Renal/ kidney function (creatinine, ureum, proteinuria, sodium, potassium levels)		15.000		30.000			Paid out of pocket
Monitoring of full blood count; e.g. Hb, WBC & platelets		1000		25.000			Paid out of pocket
	Other procedures						
Haematology: blood transfusion		Free		N/A			Covered by government
Nephrology: chronic hemodialysis (3		Free		90.000			Covered by government

times a week)							
Nephrology: peritoneal dialysis/dialysis through the peritoneum		Free		30.000			Covered by government

In addition, the team found through follow-up interviews with medical health officials that the following products are available at drugstores: blood glucose meter for self-use by patient, price : 50,000 Lira; blood glucose self-test strips for use by a patient, price : 40,000 Lira; Spacer (with mask) for inhaler with asthma/KOL medication**,** price : 7,000 Lira; Insulin pump is available only in the big drugstores and upon request, no price identified.

3.4.1 AVAILABILITY OF TATTOO REMOVAL

Barina Beauty Clinic offers tattoo removal services at 30.000 Syrian lira out of pocket, making it accessible only for people of middle or upper socioeconomic classes.

3.5 HOME-BASED CARE AND NURSING HOMES

The team also investigated whether home-based care and nursing homes are generally available in Damascus. When asking personnel in the surveyed hospitals about home-based care for people in need of health assistance, they found that it is not available in Syria through the Ministry of Health or official facilities. Some NGOs and volunteer organisations offer these services, but not on a systematic basis. Most of these are religious entities.

The team surveyed Dar Al Saadah, a public nursing home in Damascus providing care for the elderly. It is run by the Ministry of Health and has been operating since 1990, providing care for people aged 70 and above. However, they do not treat patients suffering from Alzheimer's disease. There is no data available on the capacity of the facility.

There are security forces outside the facility and all persons entering are subject to a security search.

Patients have to pay 250.000-360.000 Syrian lira out of pocket for medical consultation and a monthly room at the facility including meals. This is affordable to middle-class Syrians. Prices at private nursing homes are costly for the average citizen. The team tried to visit a private facility, but they did not wish to cooperate.

3.6 COST RECOVERY MECHANISMS

At the drugstore and pharmacy, there is no cost recovery mechanism available. The facilities do not provide any kind of treatment, only medications.

At Al Mujtahed Hospital, all treatments and medications in stock and laboratory services are provided free of charge to in-patients, while the out-patients have to pay only a symbolic fee. This includes cancer treatments: the government is covering the treatment cost of the cancer patients based on the medicines that are available in the hospital. Likewise, at Ibn Rushd hospital, all medications and treatments for mental health issues are provided for free.

At Dar Al Shifa Hospital, the patients have to pay for treatments and medications they receive.

REPORT OF STUDY FINDINGS

HEALTH CARE SERVICES: AVAILABILITY AND ACCESSIBILITY IN RIF DAMASCUS

Client: Danish Immigration Service

January 2022 (with minor revision as of 22 March 2022)

TABLE OF CONTENTS

1 INTRODUCTION

1.1 THE ASSIGNMENT

Tana Copenhagen has been contracted by the Danish Immigration Service to conduct a Medical Country of Origin Information (MedCOI) study on the availability and accessibility of a range of medications and treatments in the Syrian Arab Republic. Established in 2006, Tana Copenhagen is a leading international consulting firm based in Copenhagen and Nairobi, providing research, advisory and technical services that promote and support sustainable international development. Tana's demonstrated experience in development is customized to deliver core services in analysis and research, monitoring & evaluation, programme design & formulation and training/capacity development across various fields.

Over the last 10 years, Tana has successfully implemented over 350 projects in more than 40 countries across the world: in Africa (32 countries), Asia, Eastern Europe, and the Middle East. Our portfolio across the world is intended to advance governance, justice and rule of law, the promotion of human rights, and most recently, sustainable green growth.

In 2020, Tana Copenhagen conducted the MedCOI study in Somalia for DIS, *Somalia - Health System*, November 2020.

This report first provides a brief overview of health facilities in the Syrian governorate of Rif Damascus, then describes the methodology applied to collect the data presented, including the sampling method, data collection tools, and outlines the limitations and measures taken to ensure confidentiality of the informants. The findings are then presented, with a description of each facility and the enumerators' observations with regard to security and access. Finally, the report lists the availability and prices of the surveyed medications and treatments.

1.1.1 SCOPE OF ASSIGNMENT

DIS provided a list of diseases and medical conditions, which should be included in this study. These are:

1. Cancer
2. Cardiac complications and hypertension (including post-operation care)
3. Anti-hypertensive medication/medication for lowering high blood pressure
4. Lipid-lowering medicine/cholesterol-lowering medicine
5. Diabetes type I and II
6. Haematological diseases (including access to blood transfusion)
7. Kidney diseases, including dialysis
8. Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)
9. Rheumatic diseases
10. HIV/AIDS
11. Chronic obstructive lung disease

In addition to these diseases and medical conditions, two specific social care services were also to be

included in the survey:

12. Availability of home-based care (including for those without a family-based network)
13. Availability of nursing homes (e.g. for patients diagnosed with Alzheimer's diseases and dementia as well as for persons with reduced physical capabilities and people with age-related disabilities)

Finally, one additional medical service was listed:

14. Removal of tattoos

The availability and accessibility of medicines and relevant services addressing the above-mentioned diseases and conditions have been researched in Rif Damascus for the purpose of this sub-study. Availability describes whether a medication or a treatment can be found in the health facilities; accessibility describes economic aspects of the services as well as the extent to which possible discrimination or security concerns hinder a patient from being able to reach needed treatment and care.

In this report, the methodology, including the construction of the sample, qualifications of the team members who collected the data sampling as well as quality assurance, is described. Special emphasis is put on describing concerns about the protection of the anonymity of the interviewed sources at the included facilities. The narrative parts of the report are complemented by two tables providing a detailed overview of i) medication (3.3) and ii) treatment (3.4).

In the inception phase, the team conducted a mapping of all the well-known and biggest facilities in each province to be visited, which are the most likely to offer treatment and medications for the diseases in the list provided by DIS. The facilities have also been selected to represent both the private and public health services available in the province. Based on this assessment in Rif Damascus, these three health facilities – one public and two private – were included in the sample. For the purpose of tattoo removal, a beauty clinic was also selected. The team experienced that some of the initially selected facilities refused to participate in the study, and therefore had to replace them with others (as will be elaborated below).

At each facility visited, our team members interviewed a health professional using the survey designed in Dooblo Survey To Go, which can be used on a mobile device. Where possible, our team members also spent some time observing the entrance of each facility, to gauge the profile of the people visiting the facility. Below is the summary of these findings. The full datasets provide the detailed responses collected at each facility (Table 1: Peronist University Hospital, Table 2: Private pharmacy, Table 3: private drugstore, Table 4: Dubai Tattoo Removal Centre) and have been sent to DIS separately.

To verify the legality of the medications surveyed, the field team contacted an official from the Medicines Purchases Committee at the Ministry of Health, who confirmed that the Syrian Arab Republic still currently uses the 2019 Essential Medicines List. The informant requested to remain anonymous.

1.2 OVERVIEW OF HEALTH FACILITIES IN RIF DAMASCUS

The Ministry of Health's website provides an overview of the distribution of public and private hospitals in Syria. The table below presents the latest known data regarding the number of hospitals and hospital beds distributed on public and private facilities given by the Ministry of Health for Rif

Damascus governorate according to the government's numbers in 2017. These numbers also include the facilities that have been damaged during the war.[1]

Table 1: No. of hospitals and no. of beds in each for the Rif Damascus governorate

Hospitals of Higher Education Ministry		Ministry of Health Hospitals		Total no. of Public Hospitals		Private Hospitals		Total no. of Hospitals (Public + Private)	
No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds
1	449	14	2030	15	2479	48	1902	63	4381

Source: Syrian Ministry of Health website.

During the inception stage, the team provided the following mapping of specialised centres covering Rif Damascus governorate:

Table 2: health facilities in Rif Damascus specialised in each of the required specialisations [2]

Specialised centres	Rif Damascus
Cancer	Peronist University Hospital
Cardiac complications and hypertension (including post-operation care)	No specialised centre
Diabetes type I and II	No specialised centre
Haematological diseases (including access to blood transfusion)	No specialised centre
Kidney diseases, including dialysis	No specialised centre
Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)	No specialised centre
Rheumatic diseases	No specialised centre
HIV/AIDS	No specialised centre
Chronic obstructive lung disease	No specialised centre

[1] Website of the Government of Syria's Ministry of Health. Link

[2] The team specified that "No specialised centre" means that there is no independent health facility specialized in the specific illnesses. However, some public and private hospitals have a department for the specific illness, though they are not specialized in the illness in question.

Tattoo removal	Several different beauty centres across the governorate

As will be elaborated in the next section, the team couldn't visit some of the specialised centres as informants declined an invitation to participate in the survey.

2 METHODOLOGY

2.1 QUALIFICATIONS OF DATA COLLECTORS

The data collection in Damascus was carried out by the Independent Institute of Administration and Civil Society Studies (IIACSS), which is an Iraqi-owned, fully licensed Middle East and Northern African (MENA) research and evaluation company – and the first survey research group in Iraq and a pioneer in research in the MENA region.[3] The team has completed more than 2.5 million face-to-face interviews across the Middle East during the past 10 years. In 2007, IIACSS expanded its services into the Iraqi health sector, to be the first market research company to conduct pharmaceutical research and offer health data collection services in Iraq, dedicating a specialized organization for marketing research in the health industry under the name Infographic for Health Research (IHR). IHR is now a pioneering company that covers the health and pharmaceutical market across the MENA region. The team consists of senior pharmacists, medical doctors, and other health care professionals who have more than 10 years' experience in both the public and private sectors. IIACSS provides high-quality data and information through the application of scientifically proven methodologies, rigorous monitoring of data collection and multidimensional data synthesis and analysis. Since the onset of the Syrian war, IIACSS increased its involvement in the field of social and humanitarian studies, such as the need for healthcare, assessment research and monitoring and evaluation of projects and programmes.

The data collection team in Rif Damascus consists of two women and two men. One has a Bachelor's degree in Human Medicine from Damascus University. The second team member has a degree from the Intermediate Medical Institute specialising in Anaesthesia. The third team member has a degree in Radiography from a vocational education institute, and the fourth is specialised in physiotherapy.

2.2 SAMPLING

The sampling method used in this study is purposive sampling, a type of non-probability sampling method. The main aim is to target big and well-known facilities in Rif Damascus to gather the required information, as such facilities are providing many healthcare services to citizens. Out of the existing hospitals and pharmacies, the team used their knowledge of the health care sector in Rif Damascus to choose hospitals and pharmacies where the chances of obtaining medicines and treatments were the highest. If any of such facilities did not wish to participate in the survey due to concerns about confidentiality and safety (this is elaborated on in sections 2.5 and 3.2.2), the team looked for other facilities which have close properties to the larger ones. The clinic where information about tattoo removal was obtained was selected by the team based on its popularity – it is a well-known beauty centre.

2.3 DATA COLLECTION AND ANALYSIS

[3] Link to organisation website

The questionnaire is designed by using Dooblo Survey To Go, a data collection survey tool that allows the researcher to control which questions appear according to the specialised treatments each facility offers. The question about which medication and treatments are available in the target facility is added at the beginning of the survey, which makes questions irrelevant to a given facility not appear during the interview.

The data in this report was collected by a team of enumerators based in Rif Damascus between November 10th and November 23rd 2021 (see 2.1 above). They built the survey in Dooblo based on the questionnaire provided by DIS containing the list of medications and treatments to be examined according to availability and accessibility. The team tested the survey and made the necessary adjustments before deploying to the field to visit four health facilities previously selected to have a sample representing Rif Damascus' larger public and private facilities, hospitals providing treatments and medications and pharmacies providing medications to the general public. They made initial contact with medical professionals at each facility and arranged for a meeting and obtained consent to participate in the survey beforehand. They collected the data on mobile devices using the Dooblo tool, which yields a dataset in an Excel spreadsheet that was later cleaned and edited for reader-friendliness. The dataset was sent to the client with this report. Then, the Team Leader analysed the data and wrote the report.

2.4 QUALITY ASSURANCE AND CONFIDENTIALITY

Tana has conducted quality assurance by a staff member external to the project team, who is experienced in qualitative and quantitative data collection, to review the datasets and presentation of findings in this report. The quality assurance expert has checked that the data collected is correctly reflected in the report, ensuring that the findings are evidence-based.

All Informants asked to be anonymous. Informants interviewed at the hospital consented to the names of the hospital being mentioned in the report, while informants interviewed at the pharmacy and drugstore asked for the names of their facilities to remain confidential. This was due to fear of being exposed to legal accountability and running the risk of the facility being closed down by the authorities for sharing information with the team.

2.5 LIMITATIONS

The COVID-19 pandemic is still expanding as the data was collected in Rif Damascus and this report being written. This makes it dangerous and difficult for outsiders to enter health facilities such as hospitals, meaning that our enumerators in some cases had to set up meetings with medical professionals on premises outside of the health facilities. Additionally, questions related to possible discrimination of certain populations groups are sensitive, whether on a political, sectarian, religious or ethnic level. When asked, all informants reported that their facilities welcome all people. To nuance this, the team has provided some additional information from secondary sources, consisting of reports from the UN, research institutions and NGOs to contextualise the data collected and provide a more comprehensive picture of the difficulties certain people face in accessing health care in Syria.

The enumerators also noted that the prices and availability of medication in Syria can vary within short periods due to supply shortages and inflation on the market. Therefore, it should be taken into consideration that the prices listed in the datasets capture the prices at the time of the interview, and may be subject to variation.

In the inception phase, the team conducted a mapping of the health facilities in Rif Damascus providing specialised care for the diseases and illnesses listed in section 1.1. However, during the data collection

phase, the team found that most of the specialised facilities declined an invitation to participate in the survey, due to issues of confidentiality. For example, three major hospitals all refused to collaborate with the team. The team attempted to reassure them by informing them that their names will not be published anywhere, and also had to assure respondents that they are not related to the Ministry of Health or any official facilities. Furthermore, the team sought to survey an additional public hospital but found that it is no longer functioning due to the Syrian war. The team only found one hospital willing to participate in the survey, which means the findings presented in this report may not be representative of access to health care in Rif Damascus, especially in terms of treatment, as the hospital surveyed is specialised in cancer and does not treat any other illnesses.

3 PRESENTATION OF FINDINGS

3.1 DESCRIPTION OF THE HEALTH FACILITIES SURVEYED

The four health facilities in Rif Damascus surveyed are:

Table 3: List of facilities surveyed in Rif Damascus[4]

Peronist University Hospital	Public hospital and pharmacy run by the Ministry of Health, operating since 2006. It is specialised in treating tumours, and it provides diagnostic, treatment, and follow-up services for tumour cases free of charge to citizens. It is the only hospital specialising in treating cancer in Rif Damascus. The person interviewed at this facility is a pharmacist.
Private pharmacy (asked to be anonymous)	A private pharmacy employing pharmacists and pharmacist assistants. It provides medications at a cost and caters to the general public. The person interviewed is a pharmacist.
Private drugstore (asked to be anonymous)	A private drugstore employing pharmacists and pharmacist assistants. It provides medications at a cost. It caters to the private hospitals, pharmacies and medical centres as well as the general public. The person interviewed is a pharmacist.
Dubai Tattoo Removal Centre	Private beauty clinic offering tattoo removal services. It caters to middle- and upper-socioeconomic class clients, as low-income people, according to interviewees, cannot afford the services. The person interviewed is a dermatologist.

[4] It should be noted that the information presented in Table 3 comes from the facilities' websites, which may not be frequently updated. Therefore, there might be discrepancies between what services and doctors are available according to the facility's website, and what the team found was actually available at the given facility at the time of data collection (presented in table 5).

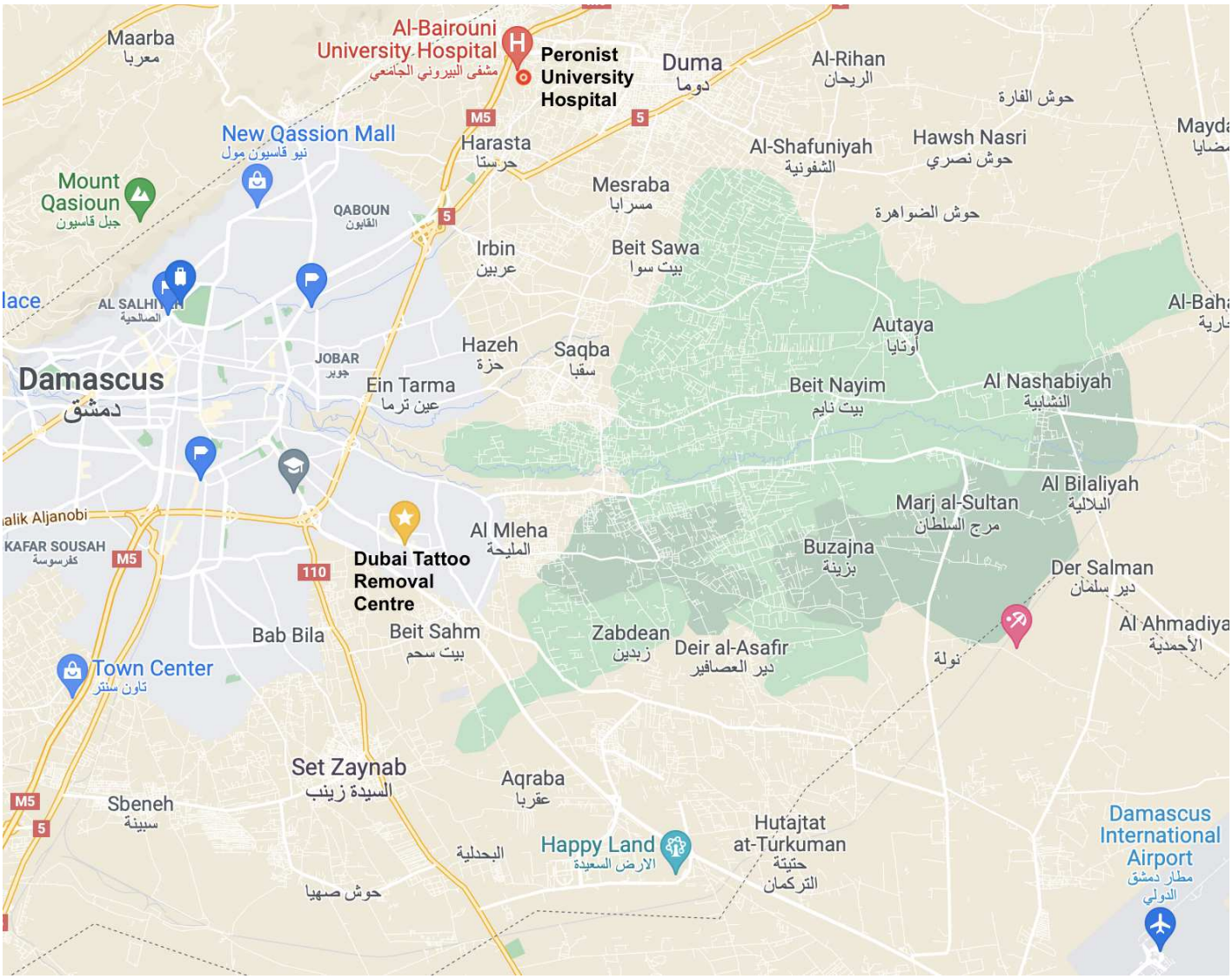

Figure 1: Map of Rif Damascus and two of the facilities surveyed: Peronist University Hospital located in the Harasta subdistrict of Rif Damascus and Dubai Tattoo Removal Centre located in the Jaramana subdistrict of Rif Damascus (the pharmacy and drugstore did not want to be identified geographically).

3.2 OBSERVATIONS FROM THE HEALTH FACILITIES

3.2.1 PROBLEMS RELATED TO INTERVIEWING SOURCES

The enumerators observed that some respondents were hesitant to participate in the survey because they feared that the enumerator was from the Ministry of Health checking whether the facility carries any illegal medications. For example, many contacted pharmacies refused to participate as some respondents expressed that they believed the team may be a monitoring team by the Ministry of Health. Other facilities did not want to participate because they stated that they were not permitted

to share the requested information with persons outside of the facility. As a result, the team could visit only those facilities that agreed to participate.

3.2.2 ACCESS AND SECURITY RELATED TO HEALTH CARE SERVICES IN RIF DAMASCUS

From a military point of view, the overall security situation in Rif Damascus is considered stable by the enumerator team. There are no violent clashes between the public and the military. However, security incidents such as kidnappings, bombings, indirect fire attacks, assassinations, armed robbery, and so on still take place in Rif Damascus, as parts of the governorate lie outside of the Assad regime's control. Citizens particularly fear forced disappearances by the government's intelligence branches, meaning that people might be kidnapped or arrested arbitrarily at any time. There are also raids and arrests from time to time in areas previously outside the regime's control to make young people join the military service.

There is no presence of ISIS in Rif Damascus since the end of 2018, and ISIS does not restrict any movement.

As mentioned above, not all areas of Rif Damascus are under regime control: residents in areas controlled by Shia militias are not allowed to enter and leave their areas without prior permission and security approval, such as the villages of Sahl al-Zabadani, Hujeira, al-Hajar al-Aswad, Yarmouk camp and Daraya. The opposition started losing their control over areas of Rif Damascus to the regime from December 2016 until around mid-2018. As of 2021, it is considered that all areas of Rif Damascus are accessible from the outside, but not all people were able to return to their villages due to the large scale of destruction. This caused the regime to prohibit residents from return to certain areas, only intermittent visits were allowed. In some areas, such as south of Damascus, Eastern Ghouta, Eastern and Western Qalamoun, residents remained and were able to enter and leave the area. Most of these areas reconciled with the Syrian regime following the withdrawal of the Syrian opposition in 2016.

The team assesses that health facilities in Rif Damascus are generally safe and accessible in the areas that have remained under the regime's control. Health facilities in areas that were outside control of the Syrian regime in Rif Damascus are considered the most affected, as the regime bombed hospitals and medical facilities when these areas started to escape their control in order to deprive the population of their health services. 90% of the medical facilities that were under opposition control are out of service. The Syrian regime is now renovating these facilities, but so far they are out of service.

The rates of attacks on health facilities and health workers since the onset of the Syrian war in 2011 have resulted in only 64% of hospitals and 52% of primary care centres across Syria still being functioning in 2020, and 70% of the medical workforce having fled the country according to WHO.[5] The remaining health workforce in the country still works facing violence as well as "a dearth of equipment and medication".[6] The most commonly reported incidents and concerns of violence against or obstruction of care in Syria in 2020 were, from most to least: incidents where health facilities were destroyed or damaged; health workers injured; health workers killed; health workers arrested, and health transport destroyed or damaged.

[5] U.N. Office for the Coordination of Humanitarian Affairs, "Syria anniversary press release," 6 March 6, 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/USG%20Lowcock%20Syria%20Anniversary%20PR_%2006032020.pdf
[6] International Rescue Committee, *A Decade of Destruction: Attacks on health care in Syria*, 2021.

Below is an assessment of the security around and access to each facility visited, as well as observations of what kind of population groups visit the facility made by the team during their visits to the facilities.

3.2.3 DESCRIPTION OF SECURITY AND ECONOMIC BARRIERS BY HEALTH FACILITY

Peronist University Hospital

- ***Security:*** There are government security forces at the entrance of the hospital, and all people entering the facility are subject to a security search, including verification of identification documents and sometimes a physical search. The government security forces are mandated to protect government buildings. The overall security situation in the area is stable, based on the team's observations (see above section on security).
- ***Economic barriers***: The hospital is open to all people, and available treatments and medications are free of charge to all citizens regardless of their nationality. The facility can be accessed by road.

Private pharmacy

- ***Security:*** The overall security situation in the area is stable as the area where the facility is located is under government control. All people can enter the facility without being subject to a security search as there is no security officer at the entrance of the facility. The facility can be accessed by road.
- ***Economic barriers***: The medications sold here are affordable for the general population.

Private drugstore

- ***Security:*** The drugstore is accessible and open to individual clients and representatives of private pharmacies and hospitals. The clients access the facility by road. There is no security officer at the entrance of the facility.
- ***Economic barriers***: The medications sold here are affordable to the general population except for people belonging to poor and low-income socioeconomic classes.

Dubai Tattoo Removal Centre

- ***Security:*** The facility can be accessed by road. There is no security officer at the entrance of the facility.
- ***Economic barriers:*** Low-income people are not able to afford the cost of the services offered by the clinic.

3.2.4 DISCRIMINATION

- **The situation of female patients:** All women, irrespective of age or marital status, can visit health facilities and receive a needed service unaccompanied by a man. This is the case in all of Syria.
- **The situation of LGBTQ+ patients:** All respondents stated that all patients are welcome at their facility, irrespective of factors such as gender, marital status, ethnicity, religious affiliation, residence in opposition-controlled areas, sexual orientation, or political views. However, data from secondary sources report that for instance, "LGBTQ+ patients' health access and outcomes are limited by factors such as discrimination by healthcare providers, systemic knowledge gaps, and patients' trepidation. Moreover, advocates have called attention to a hostile tendency within clinical settings that is perpetuated by the use of a 'vocabulary of

deviance, illness or mental disturbance to describe homosexuality".[7] This is underpinned by the Syrian penal code which criminalises same-sex relations with up to three years' imprisonment, and puts this population group, particularly at risk in terms of mental health issues and sexual and reproductive health, including HIV/AIDS.

Furthermore, while the team found no evidence of discrimination based on religion or political affiliation during fieldwork or in secondary literature, it does not mean that no such discrimination takes place in accessing health care anywhere in Syria.

[7] Center for Operational Analysis and Research, *LGBTQ+ Syria: Experiences, Challenges, and Priorities for the Aid Sector*, June 2021.

3.3 MEDICATION

Below is a comparative overview of the medications available at each of the three health facilities. "Available" means the medication is available at present time in the facility; "N/A", that the medication is not available; "Partly available", that the medication is not available at present time, but can be ordered within a given time frame, or that only some of a listed set of medications are available at present time.

In cases where medication was available at more than one facility, the first line of the Price column refers to the price, unit, and dosage of the cheapest available medication. The bottom line refers to the price, unit and dosage of the most expensive available medication.

The list does not include information on medicines imported illegally to the country.

All prices provided in this report are in Syrian lira.

Table 4: Availability, form, price of list of medications surveyed at each health facility visited in Rif Damascus

Name of medicine	Form	Price	Available / party available / not available
Name of illness			
Diabetes type I and II			
Fast-acting: Insulin Aspart, Insulin injections: Fast-acting: Insulin Aspart, Insulin glulisine, Insulin lispro, Insulin human			N/A
Insulin injections: Intermediate-acting: Insulin isophane			N/A
Insulin injections: Long-acting: Insulin detemir, Insulin glargine, Insulin degludec			N/A
Oral hypoglycemic agents/blood glucose-lowering medication: Metformin	Tablet	1370, 2 units per container, 0,85 g each 2400, 5 units per container, 0,5 g each	Available
Oral hypoglycemic agents/blood glucose-lowering medication: Gliclazide	Tablet	1560, 2 units per container, 80 mg each 1700, 2 units per container, 60 mg	Available

		each	
Cancer			
Available cancer medication[8]	Carboplatin injection	Free, 1 unit per container, 150 mg each	Available
	Irinotecan injection	Free, 1 unit per container, 100 mg each	Available
	Cyclophosphamide injection	Free, 1 unit per container, 1 g each	Available
	Doxorubicin injection	Free, 1 unit per container, 50 mg each	Available
	Bendamustine injection	Free, 1 unit per container, 25 mg each	Available
	Vinflunine (ditartrate) injection	Free, 1 unit per container, 50 mg each	Available
	Nab-paclitaxel albumin injection	Free, 1 unit per container, 100 mg each	Available
	Epirubicin injection	Free, 1 unit per container, 50 mg each	Available
	Etoposide injection	Free, 1 unit per container, 100 mg each	Available
Immunotherapy	Trastuzumab injection	Free, 1 unit per container, 150 mg each	Available
Radiation therapy			N/A
Cardiac complications and hypertension			

[8] At Peronist University Hospital, specialised in cancer treatment, the pharmacist gave the team an additional list of generic names and doses of cancer medications that are available in the hospital. The informant said that these are all the cancer medicines that available in this facility, but informed the team that they cannot provide the brand name and no. of units per container etc. for these medicines, as it is not allowed to share this information with someone external to the facility. The team has translated the list provided, containing only information the informant was permitted to share (generic name and dosage). This list can be found in section 3.7 Cancer Medicines List in this report.

Digoxin	Tablet	1100, 2 units per container, 250 mg each	Available
Furosemide	Tablet	1100, 2 units per container, 40 mg each 1200, 2 units per container, 0,5 g each	Available
Spironolactone	Tablet	1700, 2 units per container, 25 mg each	Available
Acetylsalicylic acid	Tablet	3400, 50 units per container, 81 mg each	Available
Clopidogrel	Tablet	2480, 3 units per container, 75 mg each 3100, 2 units per container, 75 mg each	Available
Warfarin	Tablet	3300, 100 units per container, 2 mg each	Available
Anti-hypertensive medication			
Amlodipine	Tablet	1175, 2 units per container, 5 mg each 1500, 3 units per container, 5 mg each	Available
Bisoprolol	Tablet	1495, 3 units per container, 5 mg each 1800, 3 units per container, 5 mg each	Available
Enalapril	Tablet	1183, 3 units per container, 5 mg each	Available
Lisinopril + Amlodipine			N/A
Lisinopril + Hydrochlorothiazide			N/A
Losartan			N/A
Losartan +	Tablet	1530, 2 units per	Available

Hydrochlorothiazide		container, 4 mg each 2100, 3 units per container, 4 mg each	
Lipid-lowering medicine			
Simvastatin			N/A
Haematological diseases			
Folic acid	Tablet Capsule	1400, 3 units per container, 5 mg each 1628, 2 units per container, 5 mg each	Available
Ferrous sulfate			N/A
Tranexamic acid			N/A
Kidney diseases			
Intraperitoneal dialysis solution			N/A
Mental health			
Olanzapine	Tablet	2400, 5 units per container, 5 mg each	Available
Chlorpromazine			N/A
Haloperidol	Tablet	2600, 3 units per container, 20 mg each	Available
Risperidone	Tablet	1300, 2 units per container, 4 mg each	Available
Clozapine	Tablet	1600, 2 units per container, 100 mg each	Available
Aripiprazole depot injection			N/A
Amitriptyline			N/A
Sertraline	Tablet	3900, 2 units per container, 100 mg each	Available
Fluoxetine			N/A
Diazepam	Tablet	1600, 2 units per container, 5 mg each	Available

Lorazepam	Tablet	1200, 20 units per container, 2 mg each	Available
Rheumatic diseases			
Hydroxychloroquine			N/A
Azathioprine			N/A
Methotrexate			N/A
Sulfasalazine	Tablet	3100, 2 units per container, 0,5 g each	Available
Cyclophosphamide			N/A
Mycophenolic acid			N/A
Chronic obstructive lung disease			
Formoterol	Inhaler	7500, 1 unit per container, 0,024 µg each	Available
Budesonide	Inhaler	5400, 1 unit per container, 200 µg each	Available
Fluticasone propionate	Inhaler	2400, 1 unit per container, 15 ml each	Available
Prednisolone	Tablet	915, 2 units per container, 5 mg each 2200, 3 units per container, 20 mg each	Available

In addition, the team found through follow-up interviews with medical health officials that the following products are available at drugstores: blood glucose meter for self-use by patient, price : 50,000 Lira; blood glucose self-test strips for use by a patient, price : 40,000 Lira; Spacer (with mask) for inhaler with asthma/KOL medication**,** price : 7,000 Lira; Insulin pump is available only in the big drugstores and upon request, no price identified.

3.4 TREATMENT

Below is a comparative overview of the treatments available at the hospital, as the pharmacy and drugstore do not provide any treatments. The respondent was asked to specify whether the treatment is fully, partly or not available in this facility. “Partly available” refers to treatments that are not available immediately at the hospital and requires on-call or visiting specialist doctors.

Note that the only hospital that agreed to participate in the survey in Rif Damascus is specialised in cancer treatment and provides no other form of treatment. Therefore, the table only indicates the availability of cancer treatments and cancer-related laboratory research. This does not mean that there are no treatments for other illnesses available in Rif Damascus; it only indicates that other facilities did not wish to collaborate with our team.

All prices are in Syrian lira.

Table 5: Availability and cost of a list of treatments at each health facility visited

Cost of treatment	Public outpatient treatment – Peronist University Hospital	Public inpatient treatment – Peronist University Hospital	Reimbursement / special programme / free
	Consultation		
General practitioner	N/A	N/A	Paid out of pocket
Internist	N/A	N/A	Paid out of pocket
	Specialist consultations		
Oncologist	N/A	Free	Covered by government
	Laboratory research		
Cancer: monitoring of full blood count; e.g. Hb, WBC & platelets		Free	Covered by government

3.4.1 AVAILABILITY OF TATTOO REMOVAL SERVICES

Dubai Tattoo Removal Centre offers tattoo removal services for 280,000 Syrian lira, a price accessible only for people of middle or upper socioeconomic classes.

3.5 HOME-BASED CARE AND NURSING HOMES

The team also investigated whether home-based care and nursing homes are generally available in Rif Damascus. When asking personnel in the surveyed hospital about home-based care for people in need of health assistance, they found that is not available in Syria through the Ministry of Health or official facilities. Some volunteer organisations offer these services but not on a systematic basis.

3.6 COST RECOVERY MECHANISMS

Peronist University Hospital offers free cancer medication treatments to patients, as these are covered by the government.

The pharmacy and drugstore provide medications at a cost. There is no reimbursement scheme at either of these facilities and people pay for medications out of pocket.

3.7 CANCER MEDICINES LIST

Below is a list of available cancer medicines which was shared by the Peronist University Hospital. The team has not been able to verify the price of these medicines.

Name of medicine	Form
Thalidomide	50 mg
Carboplatin	450 mg
Carboplatin	150 mg
Cisplatin	50 mg
Fluorouracil	500 mg
Cladribine	10 mg
Rituximab	500 mg
Rituximab	100 mg
Irinotecan	100 mg
Irinotecan	40 mg
Cyclophosphamide	1g
Cyclophosphamide	200 mg
Gemcitabine	1g
Gemcitabine	200 mg
Oxaliplatin	100 mg
Oxaliplatin	50 mg
Docetaxel	80 mg
Docetaxel	20 mg

Zoledronic acid	4 mg
Fulvestrant	250 mg
Doxorubicin	20 mg
Paclitaxel	300
Paclitaxel	150 mg
Ifosfamide	2g
Ifosfamide	1g
Bendamustine	100 mg
Bendamustine	25 mg
Trastuzumab	440 mg
Trastuzumab	150 mg
Doxorubicin	50 mg
Doxorubicin	10 mg
Goserelin	10,8 mg
Goserelin	3,6 mg
Bevacizumab	400 mg
Bevacizumab	100 mg
Cetuximab	100 mg
Calcium Folinate	100 mg
Vincristine	1 mg
Pemetrexed	500 mg
Abiraterone acetate	500 mg
Trastuzumab Emtansine	100 mg
Trastuzumab Emtansine	160 mg
Pertuzumab	420 mg
Erythropoietin	4000 IU/ml
Anastrozole	1 mg
Regorafenib	40 mg
Tamoxifen	20 mg

Cytarabine	1 g
Etoposide	100 mg
Capecitabine	500 mg
Mercaptopurine	50 mg
Hydroxyurea	500 mg
Bicalutamide	50 mg
Azacitidine	100 mg
Epirubicin	50 mg
Regorafenib	40 mg
Capecitabine	500 mg
Dacarbazine	100 mg
lenalidomide	10 mg
bortezomib	3,5 mg
Paclitaxel	100 mg
Letrozole	2,5 mg
sandostatin	30 mg
Methotrexate	500 mg
Sorafenib	200 mg
Idarubicin	5 mg
Mitoxantrone	20mg
Erythropoietin	10000 IU/ml
Pegfilgrastim	300 mg
Methotrexate	2,5 mg
Melphalan	2 mg
IMATIB	400 mg
IMATIB	100 mg
Vinorelbine	30 mg
Vinorelbine	20 mg
dasatinib	50 mg

dasatinib	100 mg
Erlotinib	150 mg
gefitinib	250 mg
Nilotinib	150 mg
Javlor	250 mg/10 ml vial
Javlor	50 mg/2 ml vial
Asparaginase	10000 IU/vial
Dacarbazine	200 mg
Temozolomide	100 mg
Temozolomide	250 mg
Abiraterone acetate	250 mg
Idarubicin	10 mg/10 ml
Bleomycin	15 mg
cytarabine	100 mg/ml
Fludarabine	50 mg
Imatinib	400 mg
Daunorubicin	20 mg
Nilotinib	150 mg
Nilotinib	200 mg
Erlotinib	100 mg
Ibrutinib	140 mg
lenalidomide	25 mg
everolimus	5 mg
everolimus	10 mg
Docetaxel solution	20 mg
Abiraterone acetate	250 mg

REPORT OF STUDY FINDINGS

HEALTH CARE SERVICES: AVAILABILITY AND ACCESSIBILITY IN TARTOUS

Client: Danish Immigration Service

January 2022 (with minor revision as of 22 March 2022)

tana

TABLE OF CONTENTS

1 INTRODUCTION

1.1 THE ASSIGNMENT

Tana Copenhagen has been contracted by the Danish Immigration Service to conduct a Medical Country of Origin Information (MedCOI) study on the availability and accessibility of a range of medications and treatments in the Syrian Arab Republic. Established in 2006, Tana Copenhagen is a leading international consulting firm based in Copenhagen and Nairobi, providing research, advisory and technical services that promote and support sustainable international development. Tana's demonstrated experience in development is customized to deliver core services in analysis and research, monitoring & evaluation, programme design & formulation and training/capacity development across various fields.

Over the last 10 years, Tana has successfully implemented over 350 projects in more than 40 countries across the world: in Africa (32 countries), Asia, Eastern Europe, and the Middle East. Our portfolio across the world is intended to advance governance, justice and rule of law, the promotion of human rights, and most recently, sustainable green growth.

In 2020, Tana Copenhagen conducted the MedCOI study in Somalia for DIS, *Somalia - Health System*, November 2020.

This report first provides a brief overview of health facilities in the Syrian governorate of Tartous, then describes the methodology applied to collect the data presented, including the sampling method, data collection tools, and outlines the limitations and measures taken to ensure confidentiality of the informants. The findings are then presented, with a description of each facility and the enumerators' observations with regard to security and access. Finally, the report lists the availability and prices of the surveyed medications and treatments.

1.1.1 SCOPE OF ASSIGNMENT

DIS provided a list of diseases and medical conditions which should be included in this study. These are:

1. Cancer
2. Cardiac complications and hypertension (including post-operation care)
3. Anti-hypertensive medication/medication for lowering high blood pressure
4. Lipid-lowering medicine/cholesterol-lowering medicine
5. Diabetes type I and II
6. Haematological diseases (including access to blood transfusion)
7. Kidney diseases, including dialysis
8. Mental health (including PTSD, psychotic disorders, mental retardations, dementia, and Downs syndrome)
9. Rheumatic diseases
10. HIV/AIDS
11. Chronic obstructive lung disease

In addition to these diseases and medical conditions, two specific social care services were also to be

included in the survey:

12. Availability of home-based care (including for those without a family-based network)
13. Availability of nursing homes (e.g. for patients diagnosed with Alzheimer's diseases and dementia as well as for persons with reduced physical capabilities and people with age-related disabilities)

Finally, one additional medical service was listed:

14. Removal of tattoos

The availability and accessibility of medicines and relevant services addressing the above-mentioned diseases and conditions have been researched in Tartous for the purpose of this sub-study. Availability describes whether a medication or a treatment can be found in the health facilities; accessibility describes economic aspects of the services as well as the extent to which possible discrimination or security concerns hinder a patient from being able to reach needed treatment and care.

In this report, the methodology, including the construction of the sample, qualifications of the team members who collected the data sampling as well as quality assurance, is described. Special emphasis is put on describing concerns about the protection of the anonymity of the interviewed sources at the included facilities. The narrative parts of the report are complemented by two tables providing a detailed overview of i) medication (3.3) and ii) treatment (3.4).

In the inception phase, the team conducted a mapping of all the well-known and biggest facilities in each province to be visited, which are the most likely to offer treatment and medications for the diseases in the list provided by DIS. The facilities have also been selected to represent both the private and public health services available in the province. Based on this assessment in Tartous, these five health facilities – two public and three private – were included in the sample. For the purpose of tattoo removal services, a beauty clinic was also selected. The team experienced that some of the initially selected facilities refused to participate in the study, and therefore had to replace them with others (as will be elaborated below).

At each facility visited, our team members interviewed a health professional using the survey designed in Dooblo Survey To Go, which can be used on a mobile device. Where possible, our team members also spent some time observing the entrance of each facility, to gauge the profile of the people visiting the facility. Below is the summary of these findings. The full datasets provide the detailed responses collected at each facility (Table 1: Al Basel Hospital, Table 2: Razi Hospital, Table 3: private pharmacy, Table 4: private drugstore, Table 5: Qaouk Beauty Centre) and are sent as attachments to this report.

To verify the legality of the medications surveyed, the field team contacted an official from the Medicines Purchases Committee at the Ministry of Health, who confirmed that the Syrian Arab Republic still currently uses the 2019 Essential Medicines List. This informant requested to remain anonymous.

1.2 OVERVIEW OF HEALTH FACILITIES IN TARTOUS

The Ministry of Health's website provides an overview of the distribution of public and private hospitals in Syria. The table below presents the latest known data regarding the number of hospitals and hospital beds distributed on public and private facilities given by the Ministry of Health for Tartous

governorate according to the government's numbers in 2017. These numbers also include the facilities that have been damaged during the war. [1]

Table 1: No. of hospitals and no. of beds, Tartous Governorate, 2017

Higher Education Ministry Hospitals		Ministry of Health Hospitals		Total no. of Public Hospitals		Private Hospitals		Total no. of Hospitals (Public + Private)	
No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds
0	0	6	1068	6	1068	13	364	19	1432

Source: Syrian Ministry of Health website.

During the inception stage, the team provided the following mapping of specialised centres covering the Tartous governorate:

Table 2: Health facilities in Damascus specialised in each of the required specialisations[2]

Specialised centres	Tartous
Cancer	No specialised centre
Cardiac complications and hypertension (including post-operation care)	No specialised centre
Diabetes type I and II	No specialised centre
Haematological diseases (including access to blood transfusion)	Blood bank, Al-Basel Hospital
Kidney diseases, including dialysis	No specialised centre
Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)	No specialised centre
Rheumatic diseases	All Hospitals
HIV/AIDS	No specialised centre
Chronic obstructive lung disease	No specialised centre

[1] Website of the Government of Syria's Ministry of Health, 2017 Link
[2] The team specified that "No specialised centre" means that there is no independent health facility specialized in the specific illnesses. However, some public and private hospitals have a department for the specific illness, though are not specialised in the illness in question.

Tattoo removal	Several different beauty centres/clinics across the governorate

As will be elaborated in the next section, the team couldn't visit some of the specialised centres as informants declined an invitation to participate in the survey.

2 METHODOLOGY

2.1 QUALIFICATIONS OF DATA COLLECTORS

The data collection in Damascus was carried out by the Independent Institute of Administration and Civil Society Studies (IIACSS), which is an Iraqi-owned, fully licensed Middle East and Northern African (MENA) research and evaluation company – and the first survey research group in Iraq and a pioneer in research in the MENA region.[3] The team has completed more than 2.5 million face-to-face interviews across the Middle East during the past 10 years. In 2007, IIACSS expanded its services into the Iraqi health sector, to be the first market research company to conduct pharmaceutical research and offer health data collection services in Iraq, dedicating a specialized organization for marketing research in the health industry under the name Infographic for Health Research (IHR). IHR is now a pioneering company that covers the health and pharmaceutical market across the MENA region. The team consists of senior pharmacists, medical doctors, and other health care professionals who have more than 10 years' experience in both the public and private sectors. IIACSS provides high-quality data and information through the application of scientifically proven methodologies, rigorous monitoring of data collection and multidimensional data synthesis and analysis. Since the onset of the Syrian war, IIACSS increased its involvement in the field of social and humanitarian studies, such as the need for healthcare, assessment research and monitoring and evaluation of projects and programmes.

The data collection team in Tartous consists of one woman and one man. One is a trained nurse, and the other holds a Bachelor's degree from the Faculty of Pharmacy from Damascus University. Both enumerators have previous experience in collecting data of the same nature.

2.2 SAMPLING

The sampling method used in this study is purposive sampling, a type of non-probability sampling method. The main aim is to target big and well-known facilities in Tartous to gather the required information, as such facilities are providing many healthcare services to citizens. Out of the existing hospitals and pharmacies, the team used their knowledge of the health care sector in Tartous to choose hospitals and pharmacies where the chances of obtaining medicines and treatments were the highest. If any of such facilities did not wish to participate in the survey due to concerns about confidentiality and safety (this is elaborated on in sections 2.5 and 3.2.2), the team looked for other facilities which have close properties to the larger ones. The clinic where information about tattoo removal was obtained was selected by the team due to its large size and a good reputation within the city.

2.3 DATA COLLECTION AND ANALYSIS

The questionnaire is designed by using Dooblo Survey To Go, a data collection survey tool that allows

[3] Link to organisation website

the researcher to control which questions appear according to the specialised treatments each facility offers. The question about which medication and treatments are available in the target facility is added at the beginning of the survey, which makes questions irrelevant to a given facility not appear during the interview.

The data in this report was collected by a team of enumerators based in Tartous in the period between 10th and 23rd November 2021 (see 2.1 above). They built the survey in Dooblo based on the questionnaire provided by DIS containing the list of medications and treatments to be examined according to availability and accessibility. The team tested the survey and made the necessary adjustments before deploying to the field to visit four health facilities previously selected to have a sample representing Tartous' larger public and private facilities, hospitals providing treatments and medications and pharmacies providing medications to the general public. They made initial contact with medical professionals at each facility and arranged for a meeting and obtained consent to participate in the survey beforehand. They collected the data on mobile devices using the Dooblo tool, which yields a dataset in an Excel spreadsheet that was later cleaned and edited for reader-friendliness. The dataset was sent to the client with this report. Then, the Team Leader analysed the data and wrote the report.

2.4 QUALITY ASSURANCE AND CONFIDENTIALITY

Tana has conducted quality assurance by a staff member external to the project team, who is experienced in qualitative and quantitative data collection, to review the datasets and presentation of findings in this report. The quality assurance expert has checked that the data collected is correctly reflected in the report, ensuring that the findings are evidence-based.

All the interviewed informants asked to be anonymous. Informants interviewed at the hospitals consented to the names of the hospital being mentioned in the report, while informants interviewed at the pharmacy asked for the name of the facilities to remain confidential. This was due to fear of being exposed to legal accountability and running the risk of the facility being closed down by the authorities for sharing information with the team.

2.5 LIMITATIONS

The COVID-19 pandemic is still expanding as the data was collected in Tartous and this report is being written. This makes it dangerous and difficult for outsiders to enter health facilities such as hospitals, meaning that our enumerators in some cases had to set up meetings with medical professionals on premises outside of the health facilities. Additionally, questions related to possible discrimination of certain populations groups are sensitive, whether on a political, sectarian, religious or ethnic level. When asked, all informants reported that their facilities welcome all people. To nuance this claim, the team has provided some additional information from secondary sources, consisting of reports from the UN, research institutions and NGOs to contextualise the data collected and provide a more comprehensive picture of the difficulties certain people face in accessing health care in Syria.

The enumerators also noted that the prices and availability of medication in Syria can vary within short periods due to supply shortages and inflation on the market. Therefore, it should be taken into consideration that the prices listed in the datasets capture the prices at the time of the interview, and may be subject to variation.

In the inception phase, the team conducted a mapping of the health facilities in Tartous providing specialised care for the diseases and illnesses listed in section 1.1. However, during the data collection phase, the team found that some of the specialised facilities did not wish to participate in the survey. The team found that respondents at all the facilities were initially afraid to participate due to concerns

around confidentiality. The team attempted to reassure them by informing the respondents that their names will not be published anywhere, and by confirming that the team is not related to the Ministry of Health or any official facilities. After these reassurances, the respondents at the facilities presented below agreed to participate in the survey.

3 PRESENTATION OF FINDINGS

3.1 DESCRIPTION OF THE HEALTH FACILITIES SURVEYED

The five health facilities surveyed in Tartous are:

Table 3: List of health facilities surveyed in Tartous[4]

Al Basel Hospital	A public hospital run by the Ministry of Health. It is specialised in general surgery, urology, pulmonology, and has internists as well as General Practitioners. It has a general surgery department, an internal medicine department, an external emergency department, a paediatric medicine and surgery department, an intensive care unit (ICU), a laboratory department, and a pharmacy. It is one of the biggest hospitals in the province. The person interviewed is a pharmacist.
Razi Hospital	A private hospital run by the Ministry of Health. It is specialised in general surgery, urology, neurology, pulmonology, otorhinolaryngology, and has internists as well as General Practitioners. It has a general surgery department, an obstetrics and gynaecology department, an external emergency department, and surgery department, a laboratory department, and Pharmacy. It has a good reputation in surgical operations. The person interviewed is an anaesthetic technician.
Private drugstore (asked to be anonymous)	Private drugstore. It employs pharmacists and pharmacist assistants. It caters to the private hospitals, pharmacies and medical centres as well as the general public. It is one of the biggest drugstores in the province. The person interviewed is a manager of the drugstore.
Private pharmacy (asked to be anonymous)	Private pharmacy. It employs pharmacists and pharmacist assistants and provides no free services. It caters to the general public. The person interviewed is a pharmacist.
Qaouk Beauty Centre	Private beauty clinic offering among others tattoo removal. The person interviewed is the owner.

[4] It should be noted that the information presented in Table 3 comes from the facilities' websites, which may not be frequently updated. Therefore, there might be discrepancies between what services and doctors are available according to the facility's website, and what the team found was actually available at the given facility at the time of data collection (presented in table 5).

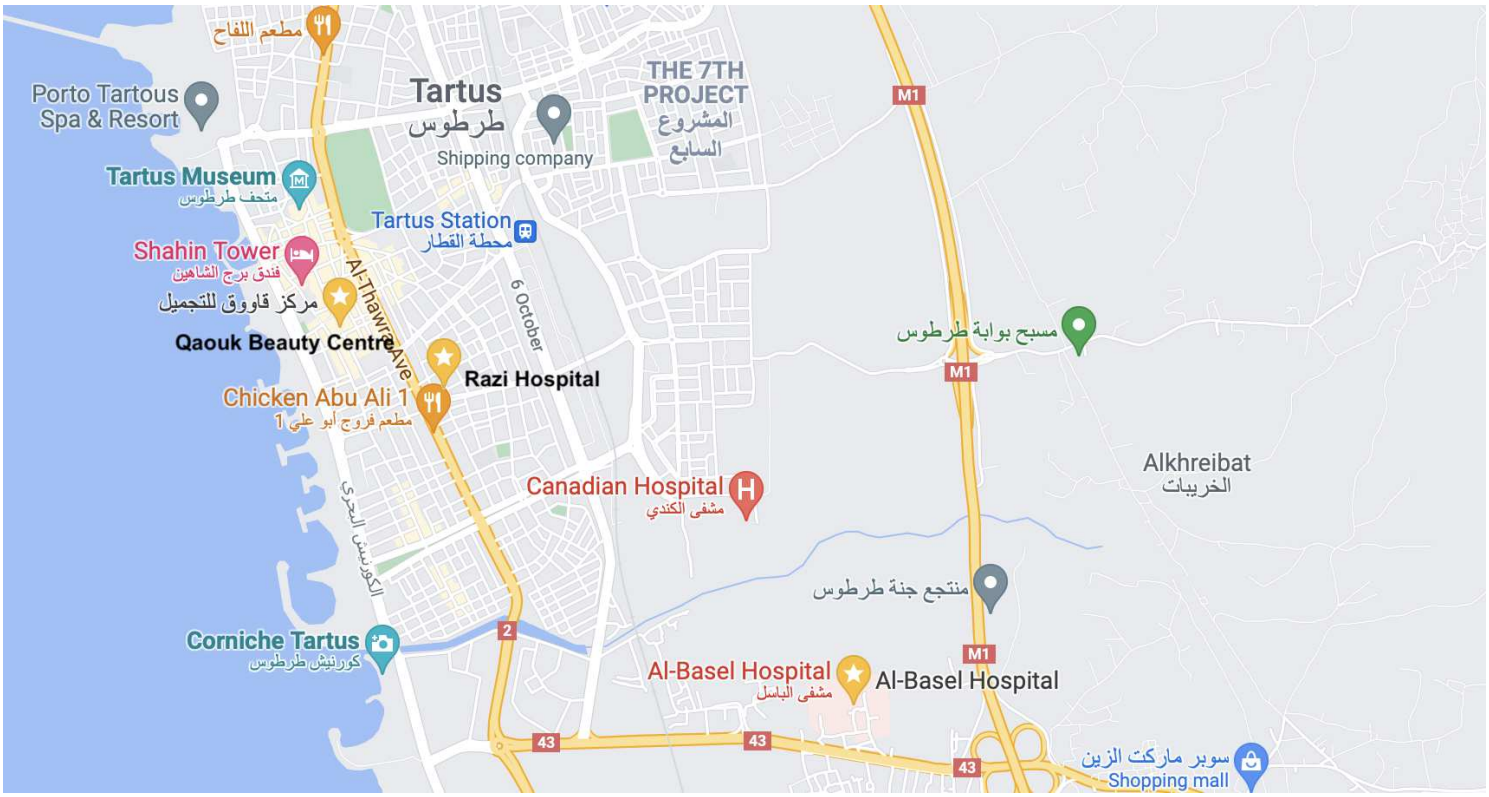

Figure 1: Map of Tartous and the three facilities surveyed: Al-Basel Hospital, Razi Hospital and Qaouk Beauty Centre (the drugstore and pharmacy asked to not be geographically identified). To access Tartous via air, the nearest airport is Bassel Al-Assad International Airport in Latakia governorate.

3.2 OBSERVATIONS FROM THE HEALTH FACILITIES

3.2.1 PROBLEMS RELATED TO INTERVIEWING SOURCES

The enumerators observed that some respondents were hesitant to participate in the survey because they feared that the enumerator was from the Ministry of Health checking whether the facility carries any illegal medications. Respondents also initially expressed hesitation around answering the team's questions as they did not know which authority is collecting this information. As a result, the team could visit only those facilities that agreed to participate.

3.2.2 ACCESS AND SECURITY RELATED TO HEALTH CARE SERVICES IN TARTOUS

The overall safety situation in Tartous is considered calm from a military point of view, according to the team's observations. There are no clashes between the military and the public in all areas under the regime's control, but citizens in these areas fear enforced disappearance at the hands of the government's intelligence branches. This is based on many occurrences of people getting kidnapped or arrested arbitrarily at any time in Syria.

The rates of attacks on health facilities and health workers since the onset of the Syrian war in 2011 have resulted in only 64% of hospitals and 52% of primary care centres across Syria still being

functioning in 2020, and 70% of the medical workforce having fled the country according to WHO.[5] The remaining health workforce in the country still works facing violence as well as "a dearth of equipment and medication".[6] The most commonly reported incidents and concerns of violence against or obstruction of care in Syria in 2020 were, from most to least: incidents where health facilities were destroyed or damaged; health workers injured; health workers killed; health workers arrested, and health transport destroyed or damaged.

Below is an assessment of the security around and access to each facility visited, as well as observations of what kind of population groups visit the facility.

3.2.3 DESCRIPTION OF SECURITY AND ECONOMIC BARRIERS BY HEALTH FACILITY

Al Basel Hospital

- **Security:** There are government security forces at the entrance of the hospital, and all people entering the facility are subject to a security search, where their identification documents are being checked and they are sometimes subjected to a physical search. The government security forces are mandated to protect government buildings. The overall security situation in the area is very stable (see section above on security) according to the team's observations.
- **Economic barriers**: People from all population groups can visit the facility. The available treatments and medications are free of charge to all citizens regardless of their nationality.

Razi Hospital

- **Security:** The facility can be accessed by road, and the nearby airport is open, which is Bassel Al-Assad International Airport in Latakia. There are government security forces at the entrance of the hospital, and all people entering the facility are subject to a security search where their identification documents are being checked and they are sometimes subjected to a physical search. The overall security situation in the area is stable according to the team's observations.
- **Economic barriers**: This facility is open to all people, but people from the middle- and upper classes are the main patients in this facility, as people from lower-income socioeconomic classes cannot afford the treatment costs.

Private drugstore

- **Security:** The clients access the facility by road. There is no security officer at the entrance of the facility.
- **Economic barriers**: The facility is open to all people, but people from low-income socioeconomic groups can generally not afford the cost of medications.

Private pharmacy

- **Security:** The facility can be accessed by road. The overall security situation in the area is stable according to the team's observations. All people can enter the facility without being subject to a security search as there is no security officer at the entrance of the facility.
- **Economic barriers:** All people are welcome in this facility, but people from low-income socioeconomic groups can generally not afford the cost of medications.

[5] U.N. Office for the Coordination of Humanitarian Affairs, "Syria anniversary press release," 6 March 6, 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/USG%20Lowcock%20Syria%20Anniversary%20PR_%2006032020.pdf
[6] International Rescue Committee, *A Decade of Destruction: Attacks on health care in Syria*, 2021.

Qaouk Beauty Center

- **Security:** The facility can be accessed by road. There is no security officer at the entrance of the facility.
- **Economic barriers**: Low-income people are not able to afford the cost of the services offered by the clinic.

3.2.4 DISCRIMINATION

- ***The situation of female patients:*** In Syria in general, a female patient can visit health facilities and obtain a needed service without being accompanied by a man, regardless of her age or marital status.
- ***The situation of LGBTQ+ patients:*** All respondents stated that all patients are welcome at their facility, irrespective of factors such as gender, marital status, ethnicity, religious affiliation, residence in opposition-controlled areas, sexual orientation or political views. However, data from secondary sources report that for instance, "LGBTQ+ patients' health access and outcomes are limited by factors such as discrimination by healthcare providers, systemic knowledge gaps, and patients' trepidation. Moreover, advocates have called attention to a hostile tendency within clinical settings that is perpetuated by the use of a 'vocabulary of deviance, illness or mental disturbance to describe homosexuality".[7] This is underpinned by the Syrian penal code which criminalises same-sex relations with up to three years' imprisonment and puts this population group, particularly at risk in terms of mental health issues and sexual and reproductive health, including HIV/AIDS.

Furthermore, while the team found no evidence of discrimination based on religion or political affiliation during fieldwork or in secondary literature, it does not mean that no such discrimination takes place in accessing health care anywhere in Syria.

[7] Center for Operational Analysis and Research, *LGBTQ+ Syria: Experiences, Challenges, and Priorities for the Aid Sector*, June 2021.

3.3 MEDICATION

Below is a comparative overview of the medications available at each of the four facilities. “Available” means the medication is available at present time in the facility; “N/A”, that the medication is not available; “Partly available”, that the medication is not available at present time, but can be ordered within a given time frame, or that only some of a listed set of medications are available at present time.

In cases where medication was available at more than one facility, the first line of the Price column refers to the price, unit and dosage of the cheapest available medication. The bottom line refers to the price, unit and dosage of the most expensive available medication.

The list does not include information on medicines imported illegally to the country.

All prices provided in this report are in Syrian lira.

Table 4: Availability, form, price of list of medications surveyed at each health facility visited in Tartous

Name of medicine	Form	Price	Available / party available / not available
Name of illness			
Diabetes type I and II			
Fast-acting: Insulin Aspart, Insulin glulisine, Insulin lispro, Insulin human	Injection	12.000, 1 unit (vial) per container, 100 IU/ml each – 10 ml each	Available
Insulin injections: Intermediate-acting: Insulin isophane			N/A
Insulin injections: Long-acting: Insulin detemir, Insulin glargine, Insulin degludec			N/A
Oral hypoglycemic agents/blood glucose-lowering medication: Metformin	Tablet	1800, 3 units per container, 0,5 g each 2000, 3 units per container, 0,5 g each	Available
Oral hypoglycemic agents/blood glucose-lowering medication: Gliclazide	Tablet	2200, 3 units per container, 60 mg each 2300, 3 units per container, 60 mg each	Available

Cancer			
Available cancer medication	Bendamustin injection	Free, 1 unit per container, 90 mg/ml	Available
	Ibrutinib capsules	Free, 90 units per container, 140 mg each	Available
Immunotherapy			N/A
Radiation therapy			N/A
Cardiac complications and hypertension			
Digoxin	Tablet	Free, 20 units per container, 0.25 mg each 2000, 2 units per container, 0,25 mg each	Available
Furosemide	Tablet	Free, 2 units per container, 40 mg each 1700, 2 units per container, 40 mg each	Available
Spironolactone			N/A
Acetylsalicylic acid	Tablet	2500, 2 units per container, 81 mg each 3800, 50 units per container, 81 mg each	Available
Clopidogrel			N/A
Warfarin	Tablet	6500, 100 units per container, 5 mg each	Available
Anti-hypertensive medication			
Amlodipine	Tablet	1300, 2 units per container, 5 mg each 1500, 2 units per container, 5 mg each	Available
Bisoprolol	Tablet	1600, 2 units per	Available

		container, 5 mg each	
Enalapril	Tablet	1800, 3 units per container, 5 mg each	Available
Lisinopril + Amlodipine			N/A
Lisinopril + Hydrochlorothiazide			N/A
Losartan			N/A
Losartan + Hydrochlorothiazide	Tablet	2000 – 3 units per container, 3 mg each 2300, 3 units per container, 3 mg each	Available
Lipid-lowering medicine			
Simvastatin			N/A
Haematological diseases			
Folic acid	Tablet	2500, 3 units per container, 5 mg each 3000, 3 units per container, 5 mg each	Available
Ferrous sulfate			N/A
Tranexamic acid	Injection	Free, 6 units per container, 100 mg/ml each 15.000, 6 units per container, 0,5 g each	Available
Kidney diseases			
Kidney diseases, including dialysis: Intraperitoneal dialysis solution	Solution	Free, 1 unit per container, 5l each	Available
Mental health			
Olanzapine			N/A
Chlorpromazine			N/A
Haloperidol			N/A
Risperidone			N/A
Clozapine			N/A

Aripiprazole depot injection			N/A
Amitriptyline			N/A
Sertraline			N/A
Fluoxetine			N/A
Diazepam	Injection	Free, 3 units per container, 5 mg/ml	Partly available
Lorazepam			N/A
Rheumatic diseases			
Hydroxychloroquine	Tablet	23,500, 3 units per container, 200 mg each 23.500, 30 units per container, 200 mg each	Available
Azathioprine			N/A
Methotrexate			N/A
Sulfasalazine			N/A
Cyclophosphamide			N/A
Mycophenolic acid			N/A
Chronic obstructive lung disease			
Formoterol			N/A
Budesonide	Inhaler	4800, 1 unit per container, 0,03 mg each	Available
Fluticasone propionate	Inhaler	4500, 1 unit per container, 0,024 mg each	Available
Prednisolone	Tablet	3200, 1 unit per container, 5 mg each	N/A

3.4 TREATMENT

Below is a comparative overview of the treatments available at the two general hospitals, as the pharmacy and drugstore do not provide any treatments. The respondents were asked to specify whether the treatment is fully, partly or not available in this facility. “Partly available” refers to treatments that are not available immediately at the hospital and requires on-call or visiting specialist doctors.

All prices are in Syrian lira.

Table 5: Availability and cost of a list of treatments at each health facility visited in Tartous

Cost of treatment	Public outpatient treatment – Al Basel Hospital	Public inpatient treatment – Al Basel Hospital	Public outpatient treatment – Razi Hospital	Public inpatient treatment – Razi Hospital	Reimbursement / special programme / free
	Consultation				
General practitioner	210	N/A	N/A		Paid out of pocket
Internist	210	Free	N/A	N/A	Inpatient covered by government
	Specialist consultations				
Endocrinologist	210	Free	N/A	N/A	Inpatient covered by government
Psychiatrist	N/A	N/A	N/A	N/A	Paid out of pocket
Psychologist	N/A	N/A	N/A	N/A	Paid out of pocket
Special housing for chronic psychotic patients with outpatient care	N/A	N/A	N/A	N/A	Paid out of pocket
Assisted living/care at home by	N/A	N/A	N/A	N/A	Paid out of pocket

psychiatric nurse					
Haematologist	210	Free	N/A	N/A	Inpatient covered by government
Cardiologist	210	Free	N/A	N/A	Inpatient covered by government
HIV specialist	N/A	N/A	N/A	N/A	Paid out of pocket
Infectiologist	N/A	N/A	N/A	N/A	Paid out of pocket
Nephrologist	210	Free	N/A	N/A	Inpatient covered by government
Oncologist	210	Free	N/A	N/A	Inpatient covered by government
Rheumatologist	210	Free	N/A	N/A	Inpatient covered by government
Pulmonologist	210	Free	N/A	N/A	Inpatient covered by government
	Devices				
Blood glucose meter for self-use by patient	N/A		N/A		Paid out of pocket
Blood glucose self-test strips for use by a patient	N/A		N/A		Paid out of pocket
Insulin pump	N/A		N/A		Paid out of pocket
Spacer (with mask) for inhaler with	Free		N/A		Paid out of pocket

asthma/KOL medication					
Nebulizer/equipment that turns liquid medicine into a mist	Free		N/A		Paid out of pocket
	Laboratory research				
Research of blood glucose (incl.: HbA1C/ glyc.Hb)		2000		10.000	Paid out of pocket
Renal/ kidney function (creatinine, ureum, sodium, potassium levels)		N/A		12.000	Paid out of pocket
Diagnostic imaging by means of ECG		1000		12.000	Paid out of pocket
Diagnostic imaging by means of ultrasound of the heart		1000		10.000	Paid out of pocket
HIV: CD4 count		N/A		N/A	Paid out of pocket
HIV: viral load		N/A		N/A	Paid out of pocket
Kidney diseases: PTH, calcium, phosphate		7500		20.000	Paid out of pocket
Renal/ kidney function (creatinine, ureum, proteinuria,		3500		110.000	Paid out of pocket

sodium, potassium levels)					
Cancer: Laboratory research / monitoring of full blood count; e.g. Hb, WBC & platelets		1000		1000	Paid out of pocket
	Other procedures				
Blood transfusion		Free		N/A	Covered by government
Chronic hemodialysis (3 times a week)		Free		N/A	Covered by government
Peritoneal dialysis/dialysis through the peritoneum		Free		N/A	Covered by government

In addition, the team found through follow-up interviews with medical health officials that the following products are available at drugstores: blood glucose meter for self-use by patient, price : 50,000 Lira; blood glucose self-test strips for use by a patient, price : 40,000 Lira; Spacer (with mask) for inhaler with asthma/KOL medication**,** price : 7,000 Lira; Insulin pump is available only in the big drugstores and upon request, no price identified.

3.4.1 AVAILABILITY OF TATTOO REMOVAL

Dubai Tattoo Removal Centre offers tattoo removal services at 150,000 Syrian lira out of pocket for six sessions, a price that is not accessible for low-income people.

3.5 HOME-BASED CARE AND NURSING HOMES

The team also investigated whether home-based care and nursing homes are generally available in Tartous. When asking personnel in the surveyed hospital about home-based care for people in need of health assistance, they found that there are no official nursing homes in Tartous, nor is home-based care available. The only nursing homes available belong to the Christian church and hosts elderly Christians only.

3.6 COST RECOVERY MECHANISMS

Al Basel Hospital offers some free medications and treatments to patients, as these are covered by the government.

Razi hospital, the private pharmacy and drugstore provide medications at a cost. There is no reimbursement scheme at these facilities and people pay for medications out of pocket.

REPORT OF STUDY FINDINGS

HEALTH CARE SERVICES: AVAILABILITY AND ACCESSIBILITY IN LATAKIA

Client: Danish Immigration Service

January 2022 (with minor revision as of 22 March 2022)

tana

TABLE OF CONTENTS

1 INTRODUCTION

1.1 THE ASSIGNMENT

Tana Copenhagen has been contracted by the Danish Immigration Service to conduct a Medical Country of Origin Information (MedCOI) study on the availability and accessibility of a range of medications and treatments in the Syrian Arab Republic. Established in 2006, Tana Copenhagen is a leading international consulting firm based in Copenhagen and Nairobi, providing research, advisory and technical services that promote and support sustainable international development. Tana's demonstrated experience in development is customized to deliver core services in analysis and research, monitoring & evaluation, programme design & formulation and training/capacity development across various fields.

Over the last 10 years, Tana has successfully implemented over 350 projects in more than 40 countries across the world: in Africa (32 countries), Asia, Eastern Europe, and the Middle East. Our portfolio across the world is intended to advance governance, justice and rule of law, the promotion of human rights, and most recently, sustainable green growth.

In 2020, Tana Copenhagen conducted the MedCOI study in Somalia for DIS, *Somalia - Health System*, November 2020.

This report first provides a brief overview of health facilities in the Syrian governorate of Latakia, then describes the methodology applied to collect the data presented, including the sampling method, data collection tools, and outlines the limitations and measures taken to ensure confidentiality of the informants. The findings are then presented, with a description of each facility and the enumerators' observations with regard to security and access. Finally, the report lists the availability and prices of the surveyed medications and treatments.

1.1.1 SCOPE OF ASSIGNMENT

DIS provided a list of diseases and medical conditions which should be included in this study. These are:

1. Cancer
2. Cardiac complications and hypertension (including post-operation care)
3. Anti-hypertensive medication/medication for lowering high blood pressure
4. Lipid-lowering medicine/cholesterol-lowering medicine
5. Diabetes type I and II
6. Haematological diseases (including access to blood transfusion)
7. Kidney diseases, including dialysis
8. Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)
9. Rheumatic diseases
10. HIV/AIDS
11. Chronic obstructive lung disease

In addition to these diseases and medical conditions, two specific social care services were also to be

included in the survey:

12. Availability of home-based care (including for those without a family-based network)
13. Availability of nursing homes (e.g. for patients diagnosed with Alzheimer's diseases and dementia as well as for persons with reduced physical capabilities and people with age-related disabilities)

Finally, one additional medical service was listed:

14. Removal of tattoos

The availability and accessibility of medicines and relevant services addressing the above-mentioned diseases and conditions have been researched in Latakia for the purpose of this sub-study. Availability describes whether a medication or a treatment can be found in the health facilities; accessibility describes economic aspects of the services as well as the extent to which possible discrimination or security concerns hinder a patient from being able to reach needed treatment and care.

In this report, the methodology, including the construction of the sample, qualifications of the team members who collected the data sampling as well as quality assurance, is described. Special emphasis is put on describing concerns about the protection of the anonymity of the interviewed sources at the included facilities. The narrative parts of the report are complemented by two tables providing a detailed overview of i) medication (3.3) and ii) treatment (3.4).

In the inception phase, the team conducted a mapping of all the well-known and biggest facilities in each province to be visited, as these are the most likely to offer medications and treatments for the diseases on the list provided by DIS. The facilities have also been selected to represent both the private and public health services available in the province. Based on this assessment in Latakia, the team selected these four facilities - one public, three private - to be included in the sample. For the purpose of tattoo removal services, a beauty clinic was also selected. The team experienced that some of the initially selected facilities refused to participate in the study, and therefore had to replace them with others (as will be elaborated below).

At each facility visited, our team members interviewed a health professional using the survey designed in Dooblo Survey To Go, which can be used on a mobile device. Where possible, our team members also spent some time observing the entrance of each facility, to gauge the profile of the people visiting the facility. Below is the summary of these findings. The full datasets provide the detailed responses collected at each facility (Table 1: Al Othman Surgical Hospital, Table 2: Tishreen University Hospital, Table 3: private pharmacy, Table 4: private drugstore, Table 5: Piercing and Tattoo Beauty Centre) and have been sent to DIS separately.

To verify the legality of the medications surveyed, the field team contacted an official from the Medicines Purchases Committee at the Ministry of Health, who confirmed that the Syrian Arab Republic still currently uses the 2019 Essential Medicines List. This informant requested to remain anonymous.

1.2 OVERVIEW OF HEALTH FACILITIES IN LATAKIA

The Ministry of Health's website provides an overview of the distribution of public and private hospitals in Syria. The table below presents the latest known data regarding the number of hospitals and hospital beds distributed on public and private facilities given by the Ministry of Health for Latakia

governorate according to the government's numbers in 2017. These numbers also include the facilities that have been damaged during the war. [1]

Table 1: No. of hospitals and no. of beds, Latakia Governorate, 2017

Higher Education Ministry Hospitals		Ministry of Health Hospitals		Total no. of Public Hospitals		Private Hospitals		Total no. of Hospitals (Public + Private)	
No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds
1	852	6	1283	7	2135	16	459	23	2594

Source: Syrian Ministry of Health website.

During the inception stage, the team provided the following mapping of specialised centres covering the Latakia governorate:

Table 2: Health facilities in Damascus specialised in each of the required specialisations[2]

Specialised centres	Latakia
Cancer	No specialised centre
Cardiac complications and hypertension (including post-operation care)	No specialised centre
Diabetes type I and II	No specialised centre
Haematological diseases (including access to blood transfusion)	Blood bank, Tishreen University Hospital
Kidney diseases, including dialysis	No specialised centre
Mental health (including PTSD, psychotic disorders, mental retardations, dementia and Downs syndrome)	No specialised centre
Rheumatic diseases	All Hospitals
HIV/AIDS	No specialised centre
Chronic obstructive lung disease	No specialised centre

[1] Website of the Government of Syria's Ministry of Health, 2017 Link

[2] The team specified that "No specialised centre" means that there is no independent health facility specialized in the specific illnesses. However, some public and private hospitals have a department for the specific illness, though they are not specialized in the illness in question.

Tattoo removal	Several different beauty centres/clinics across the governorate

As will be elaborated in the next section, the team couldn't visit some of the specialised centres as informants declined an invitation to participate in the survey.

2 METHODOLOGY

2.1 QUALIFICATIONS OF DATA COLLECTORS

The data collection in Damascus was carried out by the Independent Institute of Administration and Civil Society Studies (IIACSS), which is an Iraqi-owned, fully licensed Middle East and Northern African (MENA) research and evaluation company – and the first survey research group in Iraq and a pioneer in research in the MENA region.[3] The team has completed more than 2.5 million face-to-face interviews across the Middle East during the past 10 years. In 2007, IIACSS expanded its services into the Iraqi health sector, to be the first market research company to conduct pharmaceutical research and offer health data collection services in Iraq, dedicating a specialized organization for marketing research in the health industry under the name Infographic for Health Research (IHR). IHR is now a pioneering company that covers the health and pharmaceutical market across the MENA region. The team consists of senior pharmacists, medical doctors, and other health care professionals who have more than 10 years' experience in both the public and private sectors. IIACSS provides high-quality data and information through the application of scientifically proven methodologies, rigorous monitoring of data collection and multidimensional data synthesis and analysis. Since the onset of the Syrian war, IIACSS increased its involvement in the field of social and humanitarian studies, such as the need for healthcare, assessment research and monitoring and evaluation of projects and programmes.

The data collection team in Latakia consists of two women and one man. One is trained in laboratory analysis, and the two other team members are trained nurses.

2.2 SAMPLING

The sampling method used in this study is purposive sampling, a type of non-probability sampling method. The main aim is to target big and well-known facilities in Latakia to gather the required information, as such facilities are providing many healthcare services to citizens. Out of the existing hospitals and pharmacies, the team used their knowledge of the health care sector in Latakia to choose hospitals and pharmacies where the chances of obtaining medicines and treatments were the highest. If any of such facilities did not wish to participate in the survey due to concerns about confidentiality and safety (this is elaborated on in sections 2.5 and 3.2.2), the team looked for other facilities which have close properties to the larger ones. The clinic where information about tattoo removal was obtained was selected by the team based on the recommendation of a plastic surgeon at Tishreen University Hospital whom the team spoke to.

2.3 DATA COLLECTION AND ANALYSIS

The questionnaire is designed by using Dooblo Survey To Go, a data collection survey tool that allows the researcher to control which questions appear according to the specialised treatments each facility

[3] Link to organisation website

offers. The question about which medication and treatments are available in the target facility is added at the beginning of the survey, which makes questions irrelevant to a given facility not appear during the interview.

The data in this report was collected by a team of enumerators based in Latakia between November 10th and November 23rd 2021 (see 2.1 above). They built the survey in Dooblo based on the questionnaire provided by DIS containing the list of medications and treatments to be examined according to availability and accessibility. The team tested the survey and made the necessary adjustments before deploying to the field to visit four health facilities previously selected to have a sample representing Latakia's larger public and private facilities, hospitals providing treatments and medications and pharmacies providing medications to the general public. They made initial contact with medical professionals at each facility and arranged for a meeting and obtained consent to participate in the survey beforehand. They collected the data on mobile devices using the Dooblo tool, which yields a dataset in an Excel spreadsheet that was later cleaned and edited for reader-friendliness. The dataset was sent to the client with this report. Then, the Team Leader analysed the data and wrote the report.

2.4 QUALITY ASSURANCE AND CONFIDENTIALITY

Tana has conducted quality assurance by a staff member external to the project team, who is experienced in qualitative and quantitative data collection, to review the datasets and presentation of findings in this report. The quality assurance expert has checked that the data collected is correctly reflected in the report, ensuring that the findings are evidence-based.

All the interviewed informants asked to be anonymous. Informants interviewed at the hospitals consented to the names of the hospital being mentioned in the report, while informants interviewed at the pharmacy asked for the name of the facilities to remain confidential. This was due to fear of being exposed to legal accountability and running the risk of the facility being closed down by the authorities for sharing information with the team.

2.5 LIMITATIONS

The COVID-19 pandemic is still expanding as the data was collected in Latakia and this report is being written. This makes it dangerous and difficult for outsiders to enter health facilities such as hospitals, meaning that our enumerators in some cases had to set up meetings with medical professionals on premises outside of the health facilities. Additionally, questions related to possible discrimination of certain populations groups are sensitive, whether on a political, sectarian, religious or ethnic level. When asked, all informants reported that their facilities welcome all people. To nuance this, the team has provided some additional information from secondary sources, consisting of reports from the UN, research institutions and NGOs to contextualise the data collected and provide a more comprehensive picture of the difficulties certain people face in accessing health care in Syria.

The enumerators also noted that the prices and availability of medication in Syria can vary within short periods due to supply shortages and inflation on the market. Therefore, it should be taken into consideration that the prices listed in the datasets capture the prices at the time of the interview and may be subject to variation.

In the inception phase, the team conducted a mapping of the health facilities in Latakia providing specialised care for the diseases and illnesses listed in section 1.1. However, during the data collection phase, the team found that some of the specialised facilities did not wish to participate in the survey. Initially, respondents at all the facilities contacted expressed fear to participate in the study, due to issues of confidentiality. The team attempted to reassure them by informing them that their names

will not be published anywhere, and also had to assure respondents that they are not related to the Ministry of Health or any official facilities. After these reassurances, the respondents at the facilities presented below agreed to participate in the survey.

3 PRESENTATION OF FINDINGS

3.1 DESCRIPTION OF THE HEALTH FACILITIES SURVEYED

The five health facilities surveyed in Latakia are:

Table 3: List of health facilities surveyed in Latakia[4]

Al Othman Surgical Hospital	A Private hospital operating since 2003. It is specialized in general surgery, cardiac surgery, thoracic surgery, neurosurgery, breast surgery, and endocrine surgery. It has a general surgery department, an external emergency department, a laboratory department, and a pharmacy. It is one of the best surgery private hospitals in the governorate. The person interviewed is a pharmacist.
Tishreen University Hospital	A public hospital run by the Ministry of Health, it has been operating since 2000. It is specialized in general surgery, urology, neurology, oncology, pulmonology, and has internists as well as general practitioners. It has a general surgery department, an obstetrics and gynaecology department, an external emergency department, a surgery department, a laboratory department, and a pharmacy. It is the biggest hospital in the province. The person interviewed is a pharmacist.
Private pharmacy (asked to be anonymous)	A Private drugstore employ pharmacists and pharmacist assistants and provide no free services. It caters to private hospitals, pharmacies and medical centres as well as the general public. It is one of the biggest drugstores in the province The person interviewed is a medical doctor responsible for the drugstore.
Private drugstore (asked to be anonymous)	A private pharmacy. It employs pharmacists and pharmacist assistants and caters to the general public. The person interviewed is a pharmacist.
Piercing and Tattoo Beauty Centre	A Private beauty clinic offering among others tattoo removal. The person interviewed is a dermatologist.

[4] It should be noted that the information presented in Table 3 comes from the facilities' websites, which may not be frequently updated. Therefore, there might be discrepancies between what services and doctors are available according to the facility's website, and what the team found was actually available at the given facility at the time of data collection (presented in table 5).

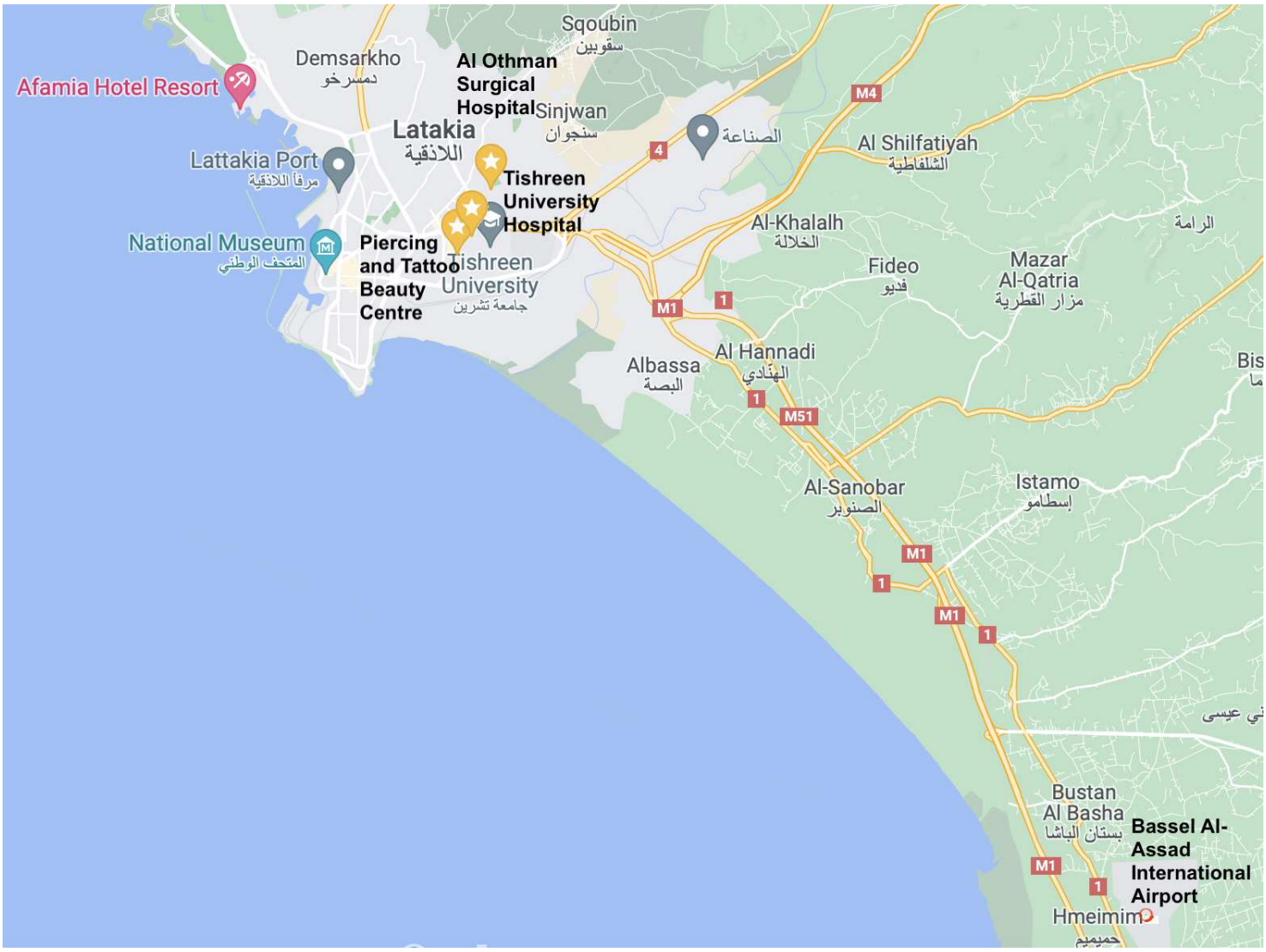

Figure 1: Map of Latakia and three of the facilities surveyed: Al Othman Surgical Hospital, Tishreen University Hospital, and Piercing and Tattoo Beauty Centre. The private pharmacy and drugstore did not wish to be identified on a map. The nearest airport, Bassel Al-Assad International Airport, is indicated in the bottom right corner.

3.2 OBSERVATIONS FROM THE HEALTH FACILITIES

3.2.1 PROBLEMS RELATED TO INTERVIEWING SOURCES

The enumerators observed that some respondents were hesitant to participate in the survey because they feared that the enumerator was from the Ministry of Health checking whether the facility carries any illegal medications. Respondents also initially expressed hesitation around answering the team's questions as they did not know which authority is collecting this information. As a result, the team could visit only those facilities that agreed to participate.

3.2.2 ACCESS AND SECURITY RELATED TO HEALTH CARE SERVICES IN LATAKIA

The overall safety situation in Latakia is considered stable from a military point of view, based on the enumerator team's assessment. There are no violent clashes taking place between the military and other groups in Latakia, as it is under government control. However, the enumerators note that citizens in Latakia and other government-controlled areas of Syria live in fear of forced disappearances enacted by the government's intelligence branches. This concern comes from many cases of such disappearances occurring in Syria, where people might be kidnapped or arrested arbitrarily at any time. This causes mistrust between the public and security forces and caused suspicion towards the enumerator team from certain respondents.

The rates of attacks on health facilities and health workers since the onset of the Syrian war in 2011 have resulted in only 64% of hospitals and 52% of primary care centres across Syria still being functioning in 2020, and 70% of the medical workforce having fled the country according to WHO.[5] The remaining health workforce in the country still works facing violence as well as "a dearth of equipment and medication".[6] The most commonly reported incidents and concerns of violence against or obstruction of care in Syria in 2020 were, from most to least: incidents where health facilities were destroyed or damaged; health workers injured; health workers killed; health workers arrested, and health transport destroyed or damaged.

Below is an assessment of the security around and access to each facility visited, as well as observations of what kind of population groups visit the facility.

3.2.3 DESCRIPTION OF SECURITY AND ECONOMIC BARRIERS BY HEALTH FACILITY

Al Othman Surgical Hospital

- **Security:** There are government security forces at the entrance of the hospital, and all people entering the facility are subject to a security search, which includes checking people's identification documents and sometimes conducting a physical search as well. The government security forces are mandated to protect government buildings. The overall security situation in the area is very good according to the team's observations (see above section on Security). The facility can be accessed by road.
- **Economic barriers**: This facility is open to all people, but people from the middle- and upper-class are the main patients in this facility, as they can afford the treatment costs, as opposed to low-income people.

Tishreen University Hospital

- **Security:** The facility can be accessed by road. There are government security forces at the entrance of the hospital, and all people entering the facility are subject to a security search, which includes checking people's identification documents and sometimes conducting a physical search as well.. The overall security situation in the area is stable and calm.
- **Economic barriers**: The available treatments and medications are free of charge to all citizens regardless of their nationality. The facility is open to all people.

Private drugstore

[5] U.N. Office for the Coordination of Humanitarian Affairs, "Syria anniversary press release," 6 March 6, 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/USG%20Lowcock%20Syria%20Anniversary%20PR_%2006032020.pdf

[6] International Rescue Committee, *A Decade of Destruction: Attacks on health care in Syria*, 2021.

- **Security:** The facility can be accessed by road. There is no security officer at the entrance of the facility.
- **Economic barriers**: The drugstore is accessible and open to individual clients and representatives of private pharmacies and hospitals. People from low-income socioeconomic groups cannot afford the medications sold at this facility.

Private pharmacy

- **Security:** The overall security situation in the area is stable. All people can enter the facility without being subject to a security search as there is no security officer at the entrance of the facility.
- **Economic barriers:** The facility provides no free services. All but people from very poor and low-income classes can afford the medications sold at this facility.

Piercing and Tattoo Beauty Centre

- **Security:** The facility can be accessed by road. There is no security officer at the entrance of the facility.
- **Economic barriers**: Low-income people are not able to afford the cost of the services offered by the clinic.

3.2.4 DISCRIMINATION

- ***The situation of female patients:*** All female patients (married, single, young) can visit the health facilities and obtain needed treatment or medication without the presence of a male companion.
- ***The situation of LGBTQ+ patients:*** All respondents stated that all patients are welcome at their facility, irrespective of factors such as gender, marital status, ethnicity, religious affiliation, residence in opposition-controlled areas, sexual orientation or political views. However, data from secondary sources report that for instance, "LGBTQ+ patients' health access and outcomes are limited by factors such as discrimination by healthcare providers, systemic knowledge gaps, and patients' trepidation. Moreover, advocates have called attention to a hostile tendency within clinical settings that is perpetuated by the use of a vocabulary of deviance, illness or mental disturbance to describe homosexuality".[7] This is underpinned by the Syrian penal code which criminalises same-sex relations with up to three years' imprisonment and puts this population group, particularly at risk in terms of mental health issues and sexual and reproductive health, including HIV/AIDS.

Furthermore, while the team found no evidence of discrimination based on religion or political affiliation during fieldwork or in secondary literature, it does not mean that no such discrimination takes place in accessing health care anywhere in Syria.

[7] Center for Operational Analysis and Research, *LGBTQ+ Syria: Experiences, Challenges, and Priorities for the Aid Sector*, June 2021.

3.3 MEDICATION

Below is a comparative overview of the medications available at each of the four facilities. “Available” means the medication is available at present time in the facility; “N/A” means that the medication is not available; “Partly available” means that the medication is not available at present time, but can be ordered within a given time frame, or that only some of a listed sets of medications are available at present time.

In cases where medication was available at more than one facility, the first line of the Price column refers to the price, unit, and dosage of the cheapest available medication. The bottom line refers to the price, unit and dosage of the most expensive available medication.

The list does not include information on medicines imported illegally to the country.

All prices provided in this report are in Syrian lira.

Table 4: Availability, form, price of a list of medications surveyed at each health facility visited in Latakia

Name of medicine	Form	Price	Available / party available / not available
Name of illness			
Diabetes type I and II			
Fast-acting: Insulin Aspart, Insulin glulisine, Insulin lispro, Insulin human	Insulin human Injection	Free, 1 unit (vial) per container, 100 IU/ml – 10 ml each 120,000, 1 unit (vial) per container, 100 IU/ml – 10 ml each	Available
Insulin injections: Intermediate-acting: Insulin isophane			N/A
Insulin injections: Long-acting: Insulin detemir, Insulin glargine, Insulin degludec			N/A
Oral hypoglycaemic agents/blood glucose-lowering medication: Metformin	Tablet	1500, 2 units per container, 0,85 g each 2400, 3 units per container, 0,85 g each	Available
Oral hypoglycemic agents/blood glucose lowering	Tablet	1700, 2 units per container, 60 mg each	Available

medication: Gliclazide		3400, 2 units per container, 80 mg each	
Cancer			
Available cancer medication	Fluorouracil injection	160000, 1 unit per container, 50 mg/ml each	Available
	Bleomycin injection	150000, 1 unit per container, 30 units per vial	Available
	Gemcitabine injection	Free, 1 unit per container, 1 g each 170000, 1 unit per container, 1 g each	Available
	Oxaliplatin injection	165000, 1 unit per container, 5 mg/ml each	Available
	Imatinib tablet	Free, 3 units per container, 0,4 g each	Available
	Irinotecan injection	Free, 1 unit per container, 100 mg/5 ml each	Available
	Triptorelin injection	Free, 1 unit per container, 3,75 mg each	Available
	Zoledronic acid injection	Free, 1 unit per container, 4 mg/5 ml each	Available
	Ifosfamide injection	Free, 1 unit per container, 1 g each	Available
Immunotherapy	Rituximab injection	Free, 1 unit per container, 0,5 g each	Available
	Bevacizumab injection	Free, 1 unit per container, 100 mg each	Available
Radiation therapy		Free	Available[8]

[8] The informant at Tishreen Hospital said it was available for free but did not provide more details

Cardiac complications and hypertension			
Digoxin	Injection Tablet	Free, 1 unit per container, 0,5 mg/2 ml each 4000, 5 units per container, 0,25 mg each	Available
Furosemide	Injection	Free, 2 units per container, 10 mg/ml 1700, 2 units per container, 40 mg each	Available
Spironolactone			N/A
Acetylsalicylic acid	Tablet	Free, 50 units per container, 81 mg each 3800, 50 units per container, 81 mg each	Available
Clopidogrel	Tablet	3200, 3 units per container, 75 mg each	Available
Warfarin			N/A
Anti-hypertensive medication			
Amlodipine	Tablet	Free, 2 units per container, 5 mg each 1500, 2 units per container, 5 mg each	Available
Bisoprolol	Tablet	1300, 2 units per container, 5 mg each	Available
Enalapril	Tablet	Free, 2 units per container, 10 mg each 1100, 2 units per container, 5 mg each	Available
Lisinopril + Amlodipine			N/A
Lisinopril + Hydrochlorothiazide			N/A

Losartan	Tablet	2900, 2 units per container, 50 mg each	Available
Losartan + Hydrochlorothiazide	Tablet	2000, 2 units per container, 50 mg each 3000, 3 units per container, 3 mg each	Available
Lipid-lowering medicine			
Simvastatin			N/A
Haematological diseases			
Folic acid	Tablet	53, 3 units per container, 5 mg each 2600, 5 units per container, 5 mg each	Available
Ferrous sulfate			N/A
Tranexamic acid	Injection	5500, 1 unit per container, 100 mg/ml each	Available
Kidney diseases			
Intraperitoneal dialysis solution	Solution	Free, 1 unit per container, 5 l each	Available
Mental health			
Olanzapine			N/A
Chlorpromazine			N/A
Haloperidol	Injection	Free, 1 unit per container, 50 mg/ml each	Available
Risperidone	Tablet	Free, 5 units per container, 2 mg each	Available
Clozapine			N/A
Aripiprazole depot injection			N/A
Amitriptyline	Tablet	2000, 2 units per container, 25 mg each	Available
Sertraline			N/A

Fluoxetine	Tablet	Free, 3 units per container, 20 mg each 3200, 2 units per container, 20 mg each	Available
Diazepam	Tablet	1500, 2 units per container, 10 mg each	Available
Lorazepam	Tablet	2000, 2 units per container, 2 mg each	Available
Rheumatic diseases			
Hydroxychloroquine	Tablet	23.500, 3 units per container, 200 mg each	Available
Azathioprine	Tablet	Free, 10 units per container, 50 mg each 3000, 2 units per container, 0,5 g each	Available
Methotrexate			N/A
Sulfasalazine			N/A
Cyclophosphamide			N/A
Mycophenolic acid			N/A
Chronic obstructive lung disease			
Formoterol	Inhaler	7500, 1 unit per container, 125 mg each	Available
Budesonide	Inhaler	4500, 1 unit per container, 200 ml each	Available
Fluticasone propionate	Inhaler	Free, 1 unit per container, 125 mg each 1950, 1 unit per container, 18 ml each	Available
Prednisolone	Tablet	2100, 2 units per	Available

		container, 5 mg each	

3.4 TREATMENT

Below is a comparative overview of the treatments available at the hospital, as the pharmacy and drugstore do not provide any treatments. The respondent was asked to specify whether the treatment is fully, partly or not available in this facility. “Partly available” refers to treatments that are not available immediately at the hospital and requires on-call or visiting specialist doctors.

All prices are in Syrian lira.

Table 4: Availability and cost of a list of treatments at each health facility visited in Latakia

Cost of treatment	Public outpatient treatment – Al Othman Surgical Hospital	Public inpatient treatment – Al Othman Surgical Hospital	Public outpatient treatment – Tishreen University Hospital	Public inpatient treatment – Tishreen University Hospital	Reimbursement / special programme / free
	Consultation				
General practitioner	N/A		225	Free	Inpatient treatment covered by government
Internist	N/A	150.000	225	Free	Inpatient treatment covered by government
	Specialist consultations				
Endocrinologist	N/A	150.000	225	Free	Inpatient treatment covered by government
Psychiatrist	N/A	N/A	N/A	N/A	Paid out of pocket
Psychologist	N/A	N/A	N/A	N/A	Paid out of pocket
Special housing for chronic psychotic	N/A		N/A		Paid out of pocket

patients with outpatient care					
Assisted living/care at home by psychiatric nurse		N/A		N/A	Paid out of pocket
Haematologist	N/A	N/A	225	Free	Inpatient treatment covered by government
Cardiologist	N/A	150.000	225	Free	Inpatient treatment covered by government
HIV specialist	N/A	N/A	N/A	N/A	Paid out of pocket
Infectiologist	N/A	N/A	N/A	N/A	Paid out of pocket
Nephrologist	N/A	N/A	225	Free	Inpatient treatment covered by government
Oncologist	N/A	N/A	225	Free	Inpatient treatment covered by government
Rheumatologist	N/A	N/A	225	Free	Inpatient treatment covered by government
Pulmonologist	N/A	N/A	225	Free	Inpatient treatment covered by government
	Devices				

Blood glucose meter for self-use by patient	N/A		N/A		Paid out of pocket
Blood glucose self-test strips for use by a patient	N/A		N/A		Paid out of pocket
Insulin pump	N/A		N/A		Paid out of pocket
Spacer (with mask) for inhaler with asthma/KOL medication	N/A		Free		Covered by government
Nebulizer/equipment that turns liquid medicine into a mist	N/A		Free		Covered by government
	Laboratory research				
Research of blood glucose (incl.: HbA1C/ glyc.Hb)		10.000		3500	Paid out of pocket
Renal/ kidney function (creatinine, ureum, sodium, potassium levels)		12.000		5500	Paid out of pocket
Diagnostic imaging by means of ECG		12.000		1000	Paid out of pocket
Diagnostic imaging by means of ultrasound of the heart		10.000		1000	Paid out of pocket

HIV: CD4 count		N/A		N/A	Paid out of pocket
HIV: viral load		N/A		N/A	Paid out of pocket
Kidney diseases: PTH, calcium, phosphate		16.000		1000	Paid out of pocket
Renal/ kidney function (creatinine, ureum, proteinuria, sodium, potassium levels)		12.000		5500	Paid out of pocket
Monitoring of full blood count; e.g. Hb, WBC & platelets		N/A		800	Paid out of pocket
	Other procedures				
Haematology: blood transfusion		N/A		Free	Covered by government
Nephrology: chronic haemodialysis (3 times a week)		N/A		Free	Covered by government
Nephrology: peritoneal dialysis/dialysis through the peritoneum		N/A		Free	Covered by government

In addition, the team found through follow-up interviews with medical health officials that the following products are available at drugstores: blood glucose meter for self-use by patient, price : 50,000 Lira; blood glucose self-test strips for use by a patient, price : 40,000 Lira; Spacer (with mask) for inhaler with asthma/KOL medication**,** price : 7,000 Lira; Insulin pump is available only in the big drugstores and upon request, no price

identified.

3.4.1 AVAILABILITY OF TATTOO REMOVAL

Piercing and Tatto Beauty Centre offers tattoo removal services at 150.000 Syrian lira out of pocket for five-session, a price that is not accessible for low-income people.

3.5 HOME-BASED CARE AND NURSING HOMES

The team also investigated whether home-based care and nursing homes are generally available in Latakia. When asking personnel in the surveyed hospitals about home-based care for people in need of health assistance, they found that there are no official nursing homes in Latakia, nor is home-based care available. The only nursing homes available belong to the Christian church and hosts elderly Christians only.

3.6 COST RECOVERY MECHANISMS

Tishreen University Hospital offers some free medications and treatments to patients, as these are covered by the government.

Al Othman Surgical Hospital, the private pharmacy and drugstore provide medications at a cost. There is no reimbursement scheme at these facilities and people pay for medications out of pocket.