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TEZ ETİK VE BİLDİRİM SAYFASI

Yüksek Lisans Tezi olarak sunduğum “THE ROLE OF THE SYRIAN NON-GOVERNMENTAL ORGANIZATIONS IN REBUILDING HEALTH SYSTEM IN THE SYRIAN OPPOSITION-HELD AREAS DURING THE CONFLICT"

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ABSTRACT

The health system and its public policies in Syria before the Syrian uprising in March 2011 was not an ideal system that would meet the aspirations of the Syrian citizens or satisfy them, and its services were not equitably distributed in accordance with international public health policies, standards, and regulations, rather, it was politicized in favor of the Syrian government, and subject to its centralized policies that serve the parochial interests of the ruling family in Syria. There were also many restrictions on the work of Syrian non-governmental organizations (SNGOs) and societies, although their number was scarce and all their activities were under the control and guidance of government agencies. With the start of the Syrian uprising in March 2011, and its turning into an armed conflict due to the excessive use of violence by the Syrian regime against civilians, The health system was one of the tools of war as the Syrian regime used it as a weapon in its war against its opponents in areas that became out of its control, which led to the collapse of the health system there. This prompted health sector activists to start establishing and rebuilding a health system and new public health policies in those areas to fill the gap that had occurred in the health sector, through alternative health bodies providing health services to the needy, and paving the way for the entry of NGOs in general and Syrian organizations in particular to intervene in the humanitarian crisis in Syria, especially in relation to the health system and the exchange of roles between them.

The research aims to show the main reasons that led to the collapse of the health system and its public policies in Syrian opposition-held areas (OHAs) during the conflict from 2011 to 2021, to highlight the main players in rebuilding and forming its new policies, and to show the role that Syrian health bodies and Syrian humanitarian non-governmental organizations have mainly played in this field during the past decade of the conflict in Syria, and the main challenges and difficulties facing the implementation of public health policies, and hinder their development, in addition to exploring the most appropriate form of the health system from participant perspective through which health policies can be implemented and developed in the remaining Syrian OHAs.

The research has found that the Syrian regime has played the biggest role in the collapse of the health system by giving up its role in supporting the health sector,

and depriving areas that got out of its control of any medical supplies, and the imposition of blockade on them, and using violence against the health sector, using it as a tool of war.

The research shows that the health bodies established in the beginning of the Syrian uprising played an important role in rebuilding and establishing the health system and its health policies, and the role of non-governmental humanitarian organizations (NGOs) came to complement this role and support it by providing funding and technical and cognitive support to them, especially through alliances formed between a number of Syrian NGOs for this role and to achieve its goals.

The research shows the main challenges and difficulties facing the implementation and development of the health policies, which were manifested in the continued violence used by the Syrian regime, the destruction of the health infrastructure by the Syrian regime, changes in control, donor agendas, and other reasons.

This research was based on the qualitative approach of studies through in-depth individual interviews by using open-ended questions with decision makers and key informants (KII) in the health sector through direct contact, in line with the procedures followed with regard to the outbreak of COVID-19, in addition reviewing previous studies, research, academic articles and reports of humanitarian and human rights organizations, and United Nations (UN) organizations.

This research will help local and international decision makers identify the main challenges that hinder the building of the health system and the implementation and development of its policies, in addition to being an important reference for rebuilding the health system and its policies in the stabilization and recovery phase in Syria.

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LIST OF ABBREVIATIONS

SFA-Free Syrian Army

HTS-Hayat Tahrir Sham (Organization for the Liberation of the Levant)

SOF-Syrian Opposition factions

ISIS-Islamic State of Iraq and Syria

SDF-Syrian Democratic Forces

OHAs-Opposition-held areas

INGOs-International Non-Governmental Organizations

NGOs-Non-Governmental Organizations

LNGOs- Local Non-Governmental Organizations

SNGOs-Syrian Non-Governmental Organizations

SLNGOs: Syrian Local Non-Governmental Organizations

RCRC - International Red Cross and Red Crescent Movement

SARC -Syrian Arab Red Crescent

NES -North East Syria

NWS -North West Syria

GHAs-Government-held Areas

HC-Health Cluster

SIGMOH- Syrian Interim Government Ministry of Health

HDs-Health Directorates

IHD-Idlib Health Directorate

HHD-Hama Health Directorate

DHD-Daraa Health Directorate

LHD-Latakia Health Directorate

AHD-Aleppo Health Directorate

QHD-Qunetra Health Directorate

HOHD-Homs Health Directorates

DAHD-Damascus Health Directorates

OCHA-Office for the Coordination of Humanitarian Affairs

KIIs-Key Informant Interviews

SIG-Syrian Interim Government

SOC-Syrian Opposition Coalition

UOSSM-Union of Medical Care and Relief Organizations

SAMS-Syrian American Medical Association

PAC-Physicians Across Continents

SEMA-Syrian Expatriate Medical Association

SHAM-Al-Sham Humanitarian Foundation

CSOs-Civil society organizations

WHO-World Health Organization

UN-United Nations

CHAPTER I

INTRODUCTION

1.1 Introduction

The success of health systems is measured by the quality of the services they provide, and their efficiency in responding to crises on the one hand, and the extent of the application of health policies and the possibility of developing them on the other hand, and measuring the impact of applying those policies on societies and we can consider the health sector as one of the most important sectors by which the progress and development of countries is measured, and the right to receive treatment and health services, and securing access to them for everyone, including the military, in impartiality, non-discrimination and justice is a legitimate right, in accordance with the principles of human rights and humanitarian principles, and no one has the right to prevent or deny access to those in need, especially in times of conflict. Hospitals, health centers, and health staff that provide services to the needy are sacred places that no one can use as a tool of war by interfering with their activities or diverting their services, and using them in violation of the purposes for which they were created, and it is not permitted under any pretext to target or destroy them, or to arrest or kill their staff.

The health system in Syria before 2011 was not perfect, and its health policies were not properly and comprehensively implemented, rather, most of them neglected, and the used policies are those that are in the interest of the Syrian regime (the Syrian government).The Ministry of Health is considered the leader of the health sector as a political body that sets strategies and policies in partnership with other ministries, and without the directorates of health and other health institutions having any role, except for the implementation of those policies. Health policies in Syria were non-transparent, unfair, and did not take into account international health standards in distributing services based on the population census or according to the rate of disease prevalence and the number of deaths, but according to the political orientations in supporting the useful part of Syria, namely Aleppo and Damascus, in addition to the areas to which the ruling family belongs in Latakia and Tartus, and the negligence of the other governorates, especially the eastern governorates and Idlib. The Syrian

regime used the health sector, infrastructure and services as tools of conflict after the Syrian uprising in March 2011.

Since the start of the Syrian uprising in March 2011 through peaceful demonstrations led by Syrian intellectuals with different segments of society, demanding freedom and justice, the Syrian regime has confronted them with bullets, arrests, forced disappearance, restrictions on freedoms, and torture, which resulted in wounded and injured people who did not find any place where they could receive treatment due to the security control of the Syrian regime and its interference with the policies of health facilities by preventing their treatment or providing them with first aid.On the contrary, they were arrested under the pretext of opposing the regime, and each opponent was named a terrorist, which prompted the health staff, including doctors, pharmacists, dentists, medical students and nurses, to volunteer to provide first aid and treatment to the wounded in a way that saves their lives, and they swore to provide medical services to the needy impartially and without discrimination with the equipment and medicines that they had, under very difficult and dangerous conditions.

The Syrian regime considered that treating the demonstrations wounded as terrorism support, and on this basis gave instructions to the intelligence services to start arrest campaigns against health workers who volunteered to assist the wounded, some of whom were killed under torture, and others disappeared. With the transformation of the popular uprising in Syria in mid-2011 into armed confrontations after the Syrian regime used excessive violence against its opponents, Syrian opposition factions were able to control some remote areas where the Syrian regime had no significant presence, such as Jabal al-Zawiya areas in southern Idlib, and some areas of the northern countryside of Hama, and border areas with Turkey, in addition to the countryside of Damascus and Homs, and some areas in eastern Syria, such as Deir al-Zarra and Raqqa, which abandoned their support and deprived them of any medical supplies under the pretext of terrorism and used health services as a war weapon by controlling the support that was originally intended to the health facilities in those areas, as these areas were considered safe for most of the wanted and persecuted by the Syrian regime, especially the health staff, which began to establish the nucleus of health system after the population medical needs growing after the regime’s military policy caused the collapse of the health system in those areas.

Volunteer teams established health bodies such as medical offices or councils that supervised and managed medical points and field hospitals, either through the use of health infrastructure that the Syrian regime had stopped their support in those areas, or through the establishment of new hospitals and medical points in the basements of houses or in caves, especially after the military escalation initiated by the Syrian regime, as hospitals, health centers, medical points and ambulances were a legitimate target for it.

The humanitarian disaster in Syria has led to the establishment of a large number of Syrian humanitarian NGOs outside Syria since the beginning of the uprising in Syria. They were the organizations providing assistance to the wounded and the sick in Syria in general and OHAs in particular, as the neediest after the collapse of their health system. Through coordination between health bodies and these societies, and opening channels of communication, a partnership was created in response between the organizations, societies, and health bodies that were formed between 2011 and 2012. These organizations had the role of funding and health bodies played the implementation role at this stage.

After the Syrian opposition increased its control over large areas of Syria, and on major crossings with regional countries such as Turkey, Jordan and Lebanon, in addition to opening humanitarian crossings that allowed humanitarian NGOs to bring medical aid into the opposition-controlled areas, voluntary teams began framing themselves by the evolution of small bodies into medical bodies that were responsible for re-establishing the health system after its total collapse, and the increasing medical needs with population which amounted to over 40% of the Syrian population in 2013. This funding provided through the organizations contributed to the development and empowerment of these bodies.

The health system began to be fragmented after the establishment and formation of government institutions belonging to the Syrian Opposition Coalition (SOC) such as the Assistance Coordination Unit (ACU), and the Local Councils Unit, which resulted in medical offices as well as medical offices belonging to the various military factions. Health bodies, which were credited with launching the nucleus of health work, began to compete after NGOs were able to enter Syria, establish their offices

and carry out their activities independently of health bodies, believing that they would be the alternative to the health institution that the regime abandoned.

With the establishment of the Syrian Interim Government (SIG) in 2013, and the launch of its Ministry of Health to be the governance umbrella for the health sector, there was a glimmer of hope for the health bodies that established the health system in the OHAs after finding that this random funding and isolation of most NGOs led to a major fragmentation in the health sector, and with the adoption of these bodies by the Ministry of Health after receiving funding, and unifying them under the name of the directorates of health, and unifying their slogans after they had different names.

Health bodies seeking to prove themselves, their ability and efficiency, were able through funding from Syrian Interim Government Ministry of Health (SIGMOH) to structure themselves into an institution that can present itself to NGOs that considered them an important competitor at an important pivotal stage, After the UN Security Council's resolution to allow humanitarian aid to enter the OHAs across the border.

Fragmentation of the health sector and the lack of health policies governing the work of health bodies and institutions responsible for providing services, and also humanitarian NGOs, including international organizations, have pushed some Syrian NGOs to form alliances and partnerships aimed at supporting the health sector in OHAs, and unifying public health policies after they became the umbrella for medical support mechanisms of the Health Cluster.

Alliances led by some Syrian NGOs secured direct funding for the health directorates after losing funding provided by SIGMOH, and they were unable to provide any additional funding due to weakness and competition between government bodies and their institutions to manage some projects such as vaccines and other projects.

Despite the geographical division of OHAs, health directorates experienced a golden period between 2016 and 2019, as direct funding produced the central coordinating body, or what was later called the technical body, which for the first time during the conflict between 2017 and 2018 was able to develop health policies and

circulate them to the 8 directorates distributed to the opposition-held Syrian geography, and morally obligating a big number of NGOs to them, especially the part related to technical policies for primary and secondary health care and the referral system. Human resources and financial policies have been almost entirely implemented by organizations.

All these attempts to rebuild the health system under unusual contextual conditions, the continuous bombing and destruction of medical infrastructure was the most influential, in addition to the changes in control of the Syrian map, and the interventions of the de facto authorities in the work of health bodies and NGOs, with the continued decrease of health staff and expertise as a result of either arrest or death under the influence of bombing or immigration due to dangerous security conditions, especially since hospitals have become a legitimate target in the absence of any law or agreement to protect them.

Changes of control and the return of the Syrian regime's control over large areas of southern Syria in Quneitra, Daraa and Damascus countryside, in addition to the northern countryside of Homs, led to the loss of half of the health directorates with their infrastructure, and forced displacement of a large part of the population and health staff towards the northern and northwestern areas of Syria, which put a lot of pressure on the health sector, and caused an increasing depletion of health institutions due to the disproportionateness of health institutions and their capacities with the population and their growing large needs, which led to a exhaustion on the operational capacity of health institutions.

Various donor agendas and their concerns of continued funding for areas of northwestern Syria controlled by the Hayat Tahrir Sham (HTS), and norther and northeastern Aleppo, which have become areas of Turkish influence, pushed them to stop development projects and support stability, and the orientation began to support the operation of health institutions directly. This, along with other factors, weakened health directorates and the technical body, which has once and for all stopped developing health policies due to the interruption of funding and pressures exerted by de facto authorities and government institutions which considered it a threat to their future sovereignty over the health sector.

With the escalation of the Syrian regime forces on northwestern Syria, which has become the largest incubator for the Syrian opposition in all its political, military and civilian spectrum, it was able to regain control of important parts of the northern countryside of Hama, the southern countryside of Idlib, and the western countryside of Aleppo, destroying more than 50% of the health infrastructure, and controlling all the remaining facilities which the health staff escaped from under the influence of the bombing and imminent incursion by the forces of the Syrian regime.

All of the above-mentioned factors are added to the lack of unified health policies of NGOs and their non-compliance with the policies of the health directorates after the weakness suffered by them as a result of contextual reasons, and the lack of an executive authority to support them in implementing health policies is a major challenge to the implementation of public health policies in Syrian OHAs.

1.2 Problem Statement

The research problem revolves around the impact of the conflict conditions in Syria on the health system in general, and on public health policies implementation and development in particular, and how the Syrian Non-Governmental Organizations and local health authorities (Health Bodies) played a role in rebuilding health system and its policies formation in OHAs.

1.3 Research Questions

Research Questions The main question of the research is "**what roles have Syrian NGOs played in rebuilding the health system and forming its health policies in Syrian OHAs**? as well as the following sub-questions:

1- How were the health system and public health policies in Syria before the conflict? Who were the main actors in their formations?

2- What are the reasons that led to the collapse of the health system and health policies in Syria OHAs during the conflict.?

3- How did the health System and public health policies changed in Syria during the conflict and who are the most prominent actors who played a role in its transformation and what are the main factors that made it change?

4- How the new health bodies were formed in Syrian OHAs during conflict and what are the reasons that prompted their formation?

5- What is the role of the Syrian health authorities (Health Bodies) in rebuilding health system and forming new public health policies in Syrian OHAs?

6- What is the role of Syrian non-governmental humanitarian organizations (SNGOs) in rebuilding and forming new health policies in Syrian OHAs?

7- What are the most important obstacles and challenges facing rebuilding health system and its policies development and implementation in Syrian OHAs?

8- According to your opinion and from your perspective, what is the appropriate form of health system and health policies that can be proposed for the current Syrian OHAs context?

1.4 Research Objectives

This research has many objectives, and mainly the roles humanitarian NGOs and health authorities have been playing in rebuilding the health system and forming its policies in OHAs during the conflict between 2011 and 2021, and identifying obstacles to the implementation and development of health policies.

The objectives are generally focused on:

1- Determining the main causes and factors that led to the collapse of the health system in OHAs.

2- Highlighting the main players in rebuilding health system and formation public health policies in OHAs during the conflict.

3- Identifying the causes of weakness and lack of public health policies implementation in Syria, and the influence of conflict parties in this regard.

4- Recognizing the main players who have contributed to health system and public health policy transformation in Syria.

5- Showing the role of local health authorities (Health Bodies) in rebuilding and formation new public health policies in Syrian OHAs.

6- Showing the role of Syrian humanitarian NGOs in rebuilding and formation of new public health policies in Syrian OHAs.

7- Determine the most important obstacles and challenges facing rebuilding health system and its policies development and implementation in Syrian OHAs.

8- Exploring which health system and public health policies are most appropriate for current Syrian OHAs context.

1.5 Research Hypotheses

Considering that the research addresses the humanitarian sector and the role of alternative health bodies and Syrian NGOs, assumptions have been made based on my experience as a humanitarian worker in general, and my work in the health field in particular from 2011 to 2021, and my work in the health bodies that I co-founded between 2011 and 2013, and my work in Syrian NGOs from 2013 to 2021.In addition, these assumptions have been based on previous studies, articles and research on the health sector and its policies in general, and the challenges it faces in Syrian OHAs. These assumptions boil down to:

1- The war conditions in Syria negatively affected the health system and public health policies.

2- The absence of a single government in Syria affected on the optimal public health policies implementation.

3- The multiplicity of civil and military authorities, and the difference in their authority and background, have negatively affected the building of appropriate health system and policies for all control areas in Syria.

4- Non-Governmental Humanitarian organizations, both local and international, have played a role in the transformation and rebuilding health system and public health policies in Syrian HOAs during the conflict phase.

5- War conditions and its continuous changes, the low funding and the different agendas of the donors and the lack of unified policies impede the implementation of health policies and consequently the rebuilding of the health system.

6- There is no rational governance of the health system in Syria.

7- Emergency permanent state in Syria has imposed inappropriate health policies that do not comply with global health rules and regulations.

1.6. Significance of the Research

The importance of this research lies that it shows the most important challenges and difficulties that hinder the rebuilding of the health system and impede the implementation of its policies in OHAs, which will help the actors in the health sector and stakeholders to find appropriate solutions in order to rebuild the health system

and secure the appropriate environment for health policies implementation, since this research will:

1- Explain the reasons behind the collapse of the health system in Syria.

2- Explain the roles played by Syrian health Bodies and Syrian humanitarian NGOs, and clarify the relationship between them during the stages of the conflict.

3- Help decision-makers and key players in the Syrian crisis at the local and international levels identify the main gaps and challenges facing health policy building in Syria.

4- Be a preliminary guide and reference for solving current obstacles and building future public health policies in recovery phase in Syria.

1.7. Reasons for Choosing this Research

There are many reasons for choosing this research, mainly is Syria's need for such studies in order to rebuild the state, considering that the health system is a key pillar, and its collapse means the collapse of the state, and its construction means the beginning of building the state properly, in addition to the following reasons:

1- The absence of an in-depth study dealing with the role of Syrian NGOs in rebuilding the health system, forming health policies, and its relationship with health bodies in OHAs.

2- The great need to rebuild and reform the health system in Syria.

3- The lack of humanitarian NGOs role clarity, and their influence in rebuilding health system and public health policies in OHAs.

4- Considering that health issues directly affect the lives of citizens and have their societal impact, it was necessary to conduct a study dealing with health system and public health policies in Syria.

CHAPTER II

THEORETICAL FRAME

2.1. Theoretical Framework

This research deals with the reasons that led to the collapse of the health system in Syria during the conflict and the role of Syrian NGOs in rebuilding it and forming its policies, therefore, it will be necessary to understand the composition of health systems and their most important pillars, as well as to take a historical look at humanitarian action and the roles played by humanitarian organizations in times of conflicts and crises.

2.1.1 Health System

It is very important to get acquainted with the concepts of the health system, its components and the most important models, which differ from one country to another according to different factors, the most important of which is the economic factor in addition to other strength factors of the state and to know how health systems collapse, it is necessary to know the basic pillars on which this system is based

2.1.1.1 The Concept of Health System

Since health is a basic right of the human beings, and providing health care is a necessity of life, and this was recognized in the humanitarian principles of human rights, and it is a legitimate right for human beings of all colors, religions, races and languages, and considering that health care is one of the most important foundations and components of life, the health system had to include all the common values that aim to promote human health through the use of the best methods and means, and the application of health policies that are commensurate with the changing needs of the population from one country to another, or from one region to another, according to the material and human capabilities of the countries, the government structure of the state, and according to the culture and values of the society, and development frameworks for each individual country. Health care is a right that, and no party is allowed to deprive them of this right in peace or war. It was Henry Dunant who had the first idea regarding the provision of health services to the wounded and injured in wartime through the initiative he took during the war between France and Austria

(Battle of Solferino), initiative was wounded treatment on both sides, which is the idea that prompted the formation of the International Committee of the International Red Cross and Red Crescent (ICRC).

Health system is an integral part of the general social structure, and its concept must expand to what leads to justice in health services and resources distribution, and the importance of empowering health systems is to achieve goals that are not limited to providing preventive and curative health services, but it extends to enhancing community health and preparedness for any emergency.

2.1.1.2 Definition of Health System

It is a group of institutions that plan, implement and supervise the implementation of health activities of various kinds according to specific policies. It is a governance system within state institutions, and financing it is the responsibility of the governments in stable countries, and governments in cooperation with UN Agencies or international and local organizations interested in health issues in poor countries, or countries that suffer disasters and conflicts.

2.1.1.3 Health System Models

Health systems models around the world are related to many factors, the most important of which is the economic status and per capita income level , in addition to other factors related to financial issues , such as the tax system and its effectiveness in the state,according to these factors, the European countries have models that differ from those applied by Middle Eastern countries, and there are countries that combine several models according to the state institutions governance structure , and in the following we will discuss the most 4 important models that are applied globally

2.1.1.3.1 The Beveridge Model

It is attributed to the British economist and social reformer William Beveridge, and he is considered the founder of the British National Health System. According to this system, the government covers health care expenses through the taxes it collects from the population according to their income levels. A specific amount is paid as a tax in return for the services the citizen receives, considering that the state sponsors the financing of the health sector in such a model, thus, the source of funding is one, which is the state. Therefore, the governments of countries tend to control the prices

of the services they provide, and thus reduce them so as not to burden the government. This model is applied in many countries, mainly Britain, Hong Kong, Spain, some Scandinavian countries, and New Zealand.

2.1.1.3.2 The Bismarck Model

This model was named after the German Oto Von Bismarck. He applied this model when he was a Chancellor during the period of German unification. This model adopts the approach used by private insurance companies known as "sickness funds", and the way they work is similar to that of NGOs that provide service to patients without discrimination. This model is adopted in Germany, France, the Netherlands, Japan and other countries, and in America, it is relatively applied by some insurance companies.

2.1.1.3.3. The Out-of-pocket Model

The out-of-pocket model is a model that depends on direct payment by the recipients of health services, and this model is widely used in developing, poor and middle-income countries,or those that suffer economic crises or wars, as these countries are not able to build the health system because of the lack of facilities or the appropriate environment for that.

This model is applied in African countries, India and some areas of rural China, and Americans from the poor classes who do not have health insurance resort to it.

2.1.1.3.4. The National Health Insurance Model

This model is derived from both Bismarck and Beveridge models, as the insurance companies are managed by the private sector, but it is funded through government programs, and most citizens contribute to it. With this method of financing, the underlying financial motives are reduced, which contributes to reducing the rate of waste and administrative work, thus, the cost of health care is reduced. This model is used in South Korea, Canada and some regions of the United States of America.

Each of these models is used according to the state's structure and funding for the health sector, society, economy and welfare.

2.1.1.4. The six pillars of the health system.

Each system has basic pillars upon which it is built, and the health system has its pillars that complement and support each other.

Figure 1: Health System Pillars/ Frontiers in Public Health | www.frontiersin.org.

According to the World Health Organization (WHO), the health system has six basic pillars (building blocks), which are illustrated in Figure 1, which are: Governance and leadership, health information, financing management, services delivery, medicine and technology, and health workers (HR), collapse one of these pillars means collapse of the health system.

2.1.1.4.1. Health Services (Service Delivery)

Health services include all activities and programs provided by health system institutions to citizens (hospitals, primary health care centers, blood banks, etc.), and it includes primary health care services, secondary and tertiary health care, in addition to vaccination and immunization programs against epidemics, as well as nutrition and protection programs. Provide them according to specific policies commensurate with the medical needs of each region and its population. It is very important that these services are available to all, regardless of race, gender, sect or religion, without any

discrimination and impartiality,with the best quality, effectiveness and safety to those in need at any time or place without any waste of resources.

2.1.1.4.2. Health Workforce (Human Resources for Health)

In order to provide the best services, there must be health staff who have the experience and ability to implement the required activities in a fair manner, and their preparation must be sufficient in order to meet the health needs, health workers are considered one of the most important pillars of the health system, as without them it is not possible to provide any health service to the community, and that is why countries seek to provide their health institutions with health staff that can provide services in the correct manner without causing any harm to the community, and it is the state's duty to secure the appropriate environment for health workers to be able to work safely Without any external threats, the protection of health workers is a public responsibility and in accordance with international humanitarian law and human rights principles in conflict areas, health workers must be neutralized and protected, and a safe environment is guaranteed to provide services, and that any violation of these principles is a crime for which the law is held accountable.

2.1.1.4.3. Health Information System

The health information system must be effective, well-functioning, and reliable in order to ensure the timely production, analysis, distribution and dissemination of information related to the health sector, and to ensure that all stakeholders know the determinants of health, health system indicators, performance and health status of the country, there are several factors that affect the health information system, the most important of which are the policies of governments that control that information and show it in a way that achieves its goals, Middle Eastern countries and dictatorial regimes are characterized by their lack of transparency with regard to health information, and there is a deliberate change in statistics related to epidemics or diseases that are related to poverty, poor economic condition, and others,to preserve its civilized image in front of the world, as well as the conditions of conflict have a negative impact on the information system, especially in countries whose health system structure has collapsed.

2.1.1.4.4. Medicines and Technology (medical products, vaccines, and technologies)

A well-functioning health system ensures safe and equitable access to essential medical products, vaccines and technologies, in a safe and unimpeded manner, but the conflict conditions may affect health technologies and may make them decline to unacceptable levels, especially in circumstances in which the health system has collapsed and there is no respect for international laws related to the infrastructure of this system, also the economic factor plays an important role in raising the level of health technologies, as the poor countries or those experiencing armed conflicts or disasters in which the focus is on emergency situations and there are no capacities or competencies to take care of the development aspects of health technologies

2.1.1.4.5.Health Financing System

A good health system has continuous and abundant funding in order to cover the needs of patients for health services, and to cover the incentives of employees in the health sector, the financing of the health sector is directly linked to the government, which allocates budgets to meet the needs of this sector according to an assessment of medical needs at the country level, in some cases, United Nations(UN) organizations such as the World Health Organization (WHO) and UNICEF participate in financing the health sector, as they cover specific health programs such as vaccinations and intervene more in cases of disasters and armed conflicts, that the presence of good funding for the health sector will be reflected in the well-being of the lives of citizens and will reduce morbidity and mortality rates.

2.1.1.4.6.Leadership and Governance

Governance ensures planning, building policies and strategies, framing work, activating effective control and accountability, organizing work, and building the required alliances; any system without governance will be destined to collapse. Governance and structuring of the health sector will ensure accountability, and there will be the ability to correct mistakes, prevent corruption, and a fair distribution of services, there will be a methodology according to which health sector leaders are selected by relying on competence and according to the principle of the right person in the right time and place,armed conflicts in general and internal conflicts in

particular affect the governance structure of the health system, and the absence of the state and central authority will be the main factor in the collapse of the governance system.

2.1.2. Health Policy

They are the policies developed by countries and societies in order to design, structure, and consolidate health care systems in a way that enhances the health of individuals and societies, they are decisions, plans, and actions undertaken to achieve targeted health care within the community.

Health policies have different types, and they vary according to each country and its economic, political, military and social conditions such as vaccination Policy pharmaceutical industry policy, anti-smoking Policy, personal health care policy.etc.

Any system must have policies that control its work according to specific standards and indicators and when these policies are correct, fully implemented, appropriate for society, and achieve their aspirations, this system will be perfect and can continue and develop, and if on the contrary, this system will collapse.

2.1.2.1. The Concept of Health Policy

The achievement of health care goals can only be achieved through the cooperation of societies with each other through effective policy formulation, in order to develop health care systems to get appropriate results. The relationship between health systems and their policies is reciprocal, as each contributes to the formation of the other. It is important to note that the development of health policies is very difficult in poor areas and areas experiencing disasters, crises and wars, because the development of health policies involves several factors and influences, the most important of which are political, economic, military and social factors and other factors that change with the change of surrounding circumstances.

The process of formulating policies and putting them into practice is a difficult and complex process, and reforming the health system through policy reform is not an easy process, and constitutes a real burden and a great challenge for policy-makers and decision-makers, as they cannot plan for a balanced and comprehensive health

system without an integrated view and taking into account the political, economic and military situations and social consideration.

It is not possible in any way to address the development of health care policies without full awareness of the determinants, goals and standards of health care, which international organizations such as WHO contribute to defining their frameworks, because of their impact on health care systems, especially in low- and middle-income countries, and countries experiencing wars and crises.

2.1.2.2. Methodology for Building Health Policies

The process of building health policies, strategies and plans is a complex process, and its precise nature varies from one country to another according to the political, historical, social, economic and military context. The process of building health policies does not have a single plan, but there are important mechanisms through which to obtain acceptable and appropriate policies for different contexts, changing the context of any country, especially in countries experiencing armed conflicts, will certainly affect the country's public policies, especially health policies, because they are linked to the stability of the state and its governance structure, without this stability, there will be challenges at the level of policy design, implementation and testing When health policies are the result of joint planning between different sectors and stakeholders, they will be effective and implementable

2.1.2.2.1. Stakeholders Engagement

In order to obtain effective health policies, it is necessary to engage all stakeholders who are inside or outside the health sector, by engaging the actors in a real way, through coordination and consultations between all parties to obtain consensus on the current situation and on the general political goals and directions, which provide guidance to the development of health policies.

2.1.2.2.2. Analyzing health status and setting priorities

Status analysis is the assessment of the current and expected future health status according to the circumstances, and this is essential for developing and updating health policies, strategies and plans. The analysis must evaluate the current status compared to countries' expectations and needs, and then this status analysis can serve

as a basis on which to determine the priorities to be addressed by the policy or strategy or plan by undertaking a process of general and inclusive policy dialogue.

2.1.2.2.3. From vision to action

Effective planning is essential at various levels of the health system to ensure that people's needs and expectations are aligned with the comprehensive national priorities. Therefore, national policies, strategies and plans must be linked to strategic and operational plans at the subnational and local levels

2.1.3. The Concept of Humanitarian Action

After the end of the Cold War, international conflicts witnessed changes at the level of the conflicts nature and the main players and parties involved in it, as the conflicts took on the nature of either competition or tendencies to war, as well as an impact on the nature of the conflict were the tools used by the conflict parties during the war in order to achieve goals such as the military arsenal using , including nuclear weapons, in order to change the balance of power, as well as the economic pressures , which have a great impact in those conflicts..

Conflict phenomena are complex, that have been explained by several theories and approaches, which have developed a clearer picture of the levels of conflict, its forms, and the motives that led to its occurrence.

With the increase in international conflicts and their devastating impact on societies and individuals, and the increase in human rights violations, the concept of security related to the state changed from state security to the security of individuals, and it was called human security. The number of international conflicts increased after the Cold War and turned in many cases from conflict between states to internal conflicts, and the biggest effect of those conflicts was on the peoples, especially in the developing and poor countries, and the amount of human suffering and the violation of human rights increased.

Humanitarian action has been closely linked to human security, as both terms express humanity, and after the events of September 11, 2001, it was not anymore linked or restricted to national politics or regional borders, but rather to the extent of threats to human beings and violations against them.

2.1.4. The Role of Non-Governmental Organization during Conflicts and Crises

The emergence of NGOs and their intervention in conflict countries or conflicting countries had a great impact on the level of human security. At a time when states or the government are paralyzed due to the circumstances of the conflict and its effects, we find that NGOs are able to intervene quickly and without a request to do so. They intervene under the impact of the growing humanitarian need and the increase in people's need due to the violations they are exposed to. Therefore, they interfere in order to stop violations to human rights, and ensure human security.

Many governments lost their credibility as a result of the criteria they adopt to intervene in areas of conflict, as their intervention appears only at the time when those governments feel that their interests and national or regional security are being threatened, and this is what made people lose confidence in those governments and their declared humanitarian motives, such as human security and the protection of human rights.

International interventions in conflict countries under the pretext of human security and human rights have witnessed double standards due to selectivity in the intervention and failure to take into account the extent of violations practiced by the conflicting parties. The major countries depend on the issue of respect for human rights as a basic criterion in classifying the democratic countries in the world, and this point is used as a justification for direct intervention and the imposition of economic or political sanctions on those countries. However, experience and history of humanitarian interventions have proven that these governments did not intervene in many countries where human rights were violated, because these conflicts did not affect their interests or national security, and they interfered in other conflicts where the unfairness of the intervention was clear, which confirms the double standards in governmental humanitarian interventions.

The transformations that the world witnessed after the Cold War played a role in highlighting the role of non-governmental or international actors in the humanitarian field, especially NGOs, as technical development and the development of means of communications and transportation contributed, which gave them the opportunity to clarify their goals and motives for humanitarian interventions, and to clarify this to the world opinion, and even gave them the ability to directly pressure governments under

the influence of human needs, this made them an active and influential party in international relations.

The large and influential role played by NGOs lies in that they intervene quickly and effectively in countries of conflict and crises, away from diplomatic procedures and complex protocols. They derive their strength from global public opinion, as to the extent that the voice of global public opinion is strong and influential, the intervention of NGOs is strong and influential too.

Considering that NGOs respect human rights and are considered a neutral party in countries that respect humanitarian principles, this gives them high reliability by peoples and parties to the conflict sometimes, and gives them the ability to intervene in resolving conflicts, especially since the world is based on managing regional balances according to the interests of each government.

NGOs play an important role in the post-conflict stages, as the effects of war are great, and governments or parties to the conflict cannot improve the situation due to the economic or political situation imposed by the war's conditions, and since the effects of war require long periods of intervention and close follow-up, we find that NGOs are able to play this role as has been proven by previous experience.

NGOs in general, and health NGOs in particular, have been active and prominent in interfering with health disasters that resulted from wars, such as the spread of epidemics or the destruction of the health sector infrastructure and the decrease in the number of health staff as a result of migration, and the spread of other health risks as a result of the circumstances and dangers of conflict.

NGOs are currently facing great challenges in their humanitarian interventions, and the most prominent of these challenges is international protection. Despite the presence of laws that prohibit obstructing humanitarian action or causing harm to humanitarian workers, some conflict parties,due to the lack of accountability, persisted in violations against organizations and their workers, especially national NGOs, which governments consider illegal institutions and must be under the supervision and direction of the state in which they operate, thus losing their independence, and consequently their neutrality and their ability to carry out their activities freely. This is what we are witnessing in the current conflicts such as the

conflict in Syria, where there is not any respect to any norms or laws or humanitarian principles by the Syrian government and its allies.

2.2. Previous Studies

Studies related to the conflict in Syria are plentiful, because of the protracted conflict that began in March 2011 and continues until now. In order to obtain the largest amount of information related to the health system in Syria, and to identify the role played by Syrian NGOs in rebuilding the health system and forming its policies, and to identify the main challenges and obstacles facing implementation and development of health policies, most of the studies and research related to the health system and its health policies and the roles played by humanitarian NGOs, new health bodies and UN Agencies in Syria in the period from 2011 to 2021 have been reviewed, With reference to some databases related to the health system in Syria before Syrian uprising started in March 2011, In addition to research, studies, news and articles that addressed targeting the health system, its infrastructure, and health workers, through multiple websites such as: WHO Global Health Library, PubMed, Syria public health network(SPHN),MEDLINE and the Syrian Ministry of Health website, as well as news bulletins on websites and reports of humanitarian NGOs, such as Union of Medical Care and Relief Organizations (UOSSM), Syrian American Medical Association (SAMS), Human Rights Watch (HRW), and Physicians for Human Rights (PHR), using Google Scholar browser, and with the use of key terms such as the conflict in Syria - the Syrian crisis - health policies - the health system in Syria - Syrian non-governmental organizations - non-governmental organizations - areas under the control of the Syrian opposition - health workers in Syria - attacks on health facilities - the collapse of the health system.

I chose here most of the research and studies that addressed the health system in Syrian OHAs during the conflict period, and touched on the role of Syrian Non-Governmental organizations (SNGO) in it.

The research Under the title "**Health Governance in Syrian Opposition-Held Areas" conducted by Midmar (2019:24-27)** addresses the developments of health sector governance in the areas under the control of the Syrian opposition, in light of the exceptional contextual circumstances, the role of Syrian NGOs and international organizations at the level of health sector governance and the obstacles to its

governance. The research shows the importance of governance in rebuilding the health system.

While the research conducted by **Midmar (2019**) illustrates the health sector governance and the role of Syrian NGOs in supporting this important pillar of the health system the research that was conducted by **Abbara and Blanchet (2015:95-98) under the title "The Effect of the Conflict on Syria's Health System and Human Resources for Health"** illustrates the impact of the conflict on the health system in Syria, especially on health staff and their scarcity due to displacement and violence practiced against health workers, and how this affected their number in OHAs and government-held areas (GHAs) as well, this research shows that in order to rebuild the health system, Focus must be put on the methods and ways through which health staff can be maintained through advocacy, motivation and appropriate support for them. Syrian expatriates play an important role in this field, and Syrian Non-Governmental organizations (SNGO) also play a major role in supporting health workers, thus supporting rebuilding of the health system.

In addition to **Abbara and Blanchet study (2015)** there is two studies dealing with health human resources and the impact of war conditions on them, the first study titled **"Health Care Workers in the setting of the Arab spring**" conducted **by Bou-Karroum, N-Daou (2019:7-8)** addresses the impact of war conditions on human resources in conflict countries, especially the conflict in Syria, and its implications on the health system, especially on the health forces, the other one conducted by **A.Ismail,Robrgn,P.coutts(2017:7-8,13)**titled**"Strengthening-Human-Resources for Health"** this study addresses the impact of the migration of health personnel to the countries neighboring Syria, and its impact on the health system, and the need to empower and strengthen human resources in order to protect the health system from collapse, and to provide it with administrative and health expertise through training and continuing education programs.

"**Perspectives on Rebuilding Health System Governance in Opposition-Controlled Syria"** this research conducted by **Douedari and Howard (2019: 233-244)** confirms that the health sector governance in OHAs is developing due to the conflict conditions, but the health authorities need support from humanitarian organizations in order to overcome challenges, and build a health system and

sustainable health policies**, Douedari and Howard (2019)** believes that protecting health workers and supporting health directorates will have the greatest impact on strengthening the governance of the health sector and thus building the health system

The study conducted by **Fouad (2013:2-8)** under the tittle **"Health policy options and the role of capital Social"** shows that the health sector in Syria, especially in OHAs, requires a multiple and complicated response, which requires taking into account all possible considerations and scenarios. Health policy planning must take into account the different levels and expected phases of the current conflict, and this planning should be at the medium and long level, **Fouad (2013)** asserts in his article "We must start thinking about the process of rebuilding health facilities, and compensating the lost technical staff. We should plan to build a model of health care and service delivery that would take into account and go beyond all variables".

"Health in the service of state-building in fragile and conflict affected contexts" the research conducted by Philips and Derderian (2015: 3-6) addresses the challenges facing the health sector at the political level, and how political agendas may negatively affect the provision of health services to beneficiaries, and how they impede the formation of the sought health system, or may change its course**, Phillips and Derderian (2015)** illustrate the role of the health system in state-building.

We find that the studies and articles conducted by both **Fouad (2013)**, **Douedari and Howard (2019), Midmar (2019), and Philips and Derderian (2015),**they deal with different aspects of the health system and the reflection caused by the conditions of the war on it, at the same time its role in rebuilding the health system and forming its policy, in parallel with those studies, we find that the study conducted by Diggle et al. (2017:6-8) under the tittle "The role of public health information in assistance to populations living in opposition and contested areas of Syria" shows the impact of the violence practiced by the Syrian regime on the health sector in areas outside its control, and that it is one of the reasons that led to the collapse of the health system, and the role of NGOs in supporting the health sector, and empowering health workers by building their capacities and enhancing their ability to independently lead the humanitarian response.

Many studies and research have dealt with the challenges facing the health system in its various components and how these challenges hinder the implementation

of health policies in conflict areas, according to the study that was conducted by **Bdaiwi, Rayes. (2020: 5-8)** under the title **"Challenges of providing healthcare worker education and training in protracted conflict"** addresses the challenges faced by health workers in NW Syria in the field of medical education, and how the conditions of war, the displacement of health workers, the lack of funding, the type of programs supported by donors, and the lack of medical and administrative expertise contributed significantly to impeding the delivery of educational programs for health workers, and how organizations can play a role in securing the necessary funding for that.

"Heath care in Syria before and during the crisis The study" One of the studies that dealt with an important aspect of health care in Syria and compared the pre-conflict phase in Syria and during the conflict phase and how health care systems have transformed and changed due to the war conditions, as this study was conducted by **Kherallah,et al (2016: 51,52)** addresses the health system status in Syria before and during the conflict, and the major shift in health policies as a result of the protracted war in Syria, and the impact of war conditions on the implementation of health policies.

Some studies dealt with health system support by non-governmental organizations in the context of conflict and how these services provided to beneficiaries help to maintain the health system providing services according to the available capabilities, the study conducted by **Alsaied,Mawas (2017: 7-9)titled "A new primary health-care system in the Syrian opposition territories: Good effort but far from being perfect "** this study addresses the role of health care centers established by a Syrian Non-Governmental organization(SNGO) in NW Syria in raising the level of health services and supporting the health sector, and the impact they had on society due to the large number of beneficiaries, the other study titled **"War is the Enemy of Health Pulmonary, Critical Care, and Sleep Medicine in War-Torn Syria** "conducted by **Sahloul,Monla-Hassan,Abbara(2016: 148,149,154)** shows the impact of the war on the health system, the collapse of the health system and its policies, and the role of Non-Governmental organizations(NGOs)in supporting the technical side of service providers in order to achieve the best response to the increasing medical needs.

Many studies dealt with the impact of targeting the infrastructure of the health system and using weapons and violence against civilians in general and against health workers in particular through health facilities direct targeting in which they work, the first one conducted by **Badiwi,Rayes,Sahloul (2017:6-7)** under the title **"Qualitative accounts from Syrian health Professionals regarding violations of the right to health, including the use Chemical weapons, in opposition held Syria OHAs"** illustrates the impact of the war on the health system, targeting the infrastructure of health facilities, the impact of war conditions on health workers, and their resilience in the face of violence practiced by the Syrian government, the other study titled **"Health workers and the weaponisation of health care in Syria "**the study conducted by **Sparrow, Fouad (2017:2516, 2519, 2520-2523)** addresses the systematic targeting of the health sector in Syrian OHAs, the reasons that led to the collapse of the health system, and the response achieved by humanitarian organizations and health bodies in order to bridge the gap created by the Syrian regime after abandoning its responsibilities, and using the health sector as a war weapon.

In addition to the two previous studies, there are also studies that dealt with the health system systematic targeting, but at different periods from those that were dealt with in the previous two studies, as these studies came during the period in which Syria witnessed demographic and geographical change (2019-2020) after the Syrian opposition factions lost a large part of the areas that were It is controlled, at this phase, health activities were limited in north and northwest Syria (NWS),the first study of this phase was conducted by Sayaka Ri (2019:4-10) "Attacks on healthcare facilities as an indicator of violence against civilians in Syria" which shows the impact of targeting health system infrastructure on providing services to the population, and on implementing the health policies that the beneficiaries aspire to, the other one conducted by Omar (2020:192-199) titled "Understanding and Preventing Attacks on Health Facilities During Armed Conflict in Syria" Where this study explains the continuous targeting of health infrastructure in OHAs as a war strategy used by the Syrian regime in order to fight its opponents, by dismantling the health system, and preventing its reconstruction.

Two studies, one of which dealt with the weak capabilities of the health system as a result of the protracted conflict in NWS conducted by **Abbara, Rayes (2020:193-**

195) titled **"Coronavirus 2019 and health systems affected by protracted conflict: The case of Syria** "this study addresses the capabilities of the health system affected by the conflict in Syrian OHAs by measuring the response to the COVID-19 epidemic. The study shows the great deficit of the health sector as a result of the continuous targeting and destruction of infrastructure during the past years, and the other one whose title is **"Access to Medicines in Times of Conflict"** conducted by **Leyh, Gispen (2018: 238-241)** sheds light on the collapse of the health system in Syria, the inability of patients to access medicines and medical needs, and the deliberate prevention by the Syrian regime of access to medicines and medical supplies in OHAs.

The lasted two studies deal with cooperation and coordination between NGOs and international agencies with stakeholders in OHAs, the first **one conducted by Phillips (2016: 2,3)** titled " **Syria's Compounding Health Care Crisis**" addresses the impact of the Syrian regime's deliberate targeting and destruction of health infrastructure in OHAs, and the long period needed for the health system to be rebuilt through the cooperation of most stakeholders in OHAs,the other one" **Effectiveness of Mechanisms and Models of Coordination between Organizations, Agencies and Bodies Providing or Financing Health Services in Humanitarian Crises**" and **conducted by A Akl(2015:10-13)**shows the positive impact of coordination between health organizations and health bodies that provide services, especially with regard to the exchange of information, which is reflected in the improvement and development of health systems inputs.

Most of the previous studies and research are similar to each other and agree that the main reasons that led to the collapse of the health system are the systematic targeting of health infrastructure as well as the use of violence against health workers, previous studies although confirm that rebuilding the health system requires creating a safe environment for that.

Previous studies did not clearly address the relationship between Syrian NGOs and health bodies, especially health directorates, and the role that each played in rebuilding the health system and forming its policies.

Most of the sources of information and research that have been studied and reviewed addressed the health system and the role of NGOs from various aspects, and

there has not been any focused study addressing the role of Syrian NGOs in rebuilding the health system and forming its policies, most studies did not analyzed in depth the reasons that constitute a challenge in the implementation of health policies and impede their development.

Based on the above, this study comes to cover the gap related to the historical story of the establishment of health bodies (Health offices, Health Authority, Health directorate) since the beginning of the conflict in Syria 2011 and the relationship between them and the Syrian NGOs and their role in rebuilding the health system and forming health policies in OHAs during the conflict from 2011 until now.

By cross-referencing the information from previous studies, research, articles, news, and other sources with the information contained in in-depth interviews with key informants, that were conducted with humanitarian experts, decision makers, and health policy makers during the conflict period in Syria, this helped identify the role played by the (SNGOs) in rebuilding the health system and its policies, and identify the most important challenges that hinder the implementation and development of health policies in OHAs in NW Syria.

CHAPTER III

METHODOLOGY

As the main objective of the research study is to clarify the roles played by the Syrian NGOs in rebuilding the health system and forming its public policies, in addition to the role played by the health bodies that were formed in Syrian OHAs after the beginning of the conflict, and to identify the main challenges facing the implementation and development health policies, qualitative analytical study was chosen. Due to the exploratory nature of the research, a qualitative study design was chosen, using semi-structured key informant interviews(KIIs), that are based on in-depth interviews with experts in the health sector, and the preparation of health policies and experts in humanitarian work to obtain saturation from the information related to the objectives of the research and analyzing it to come up with a general perception of the health system, and the roles played by Syrian NGOs in this regard, As well as analyzing studies, research and articles related to the topic of research in a qualitative manner to obtain saturation in the information required to reach the main research objective.

In the first stage, a search for references, studies, research and documents that addressed the health sector in Syria during the conflict period was started, as well as the reports of humanitarian and human rights organizations concerned with the Syrian issue. Focus was on those studies and reports that were conducted on Syrian OHAs, with the exception of the areas of held by the Syrian Democratic Forces (SDF) and the areas of Turkish influence due to the specificity of their circumstances and the political considerations related to them.

According to references and literature, a questionnaire consisting of a set of open-ended questions was designed to be used in in-depth interviews with key informants, and the questions were tested with two participants in the research to ensure their validity and suitability for the research topic.

An interview was planned for 10 to 15 participants, according to the inclusion criteria.

After the criteria and the required number were determined, invitations were sent (annex A) for the samples that were included. I sent out invitations and had

informed consent (annex B) from them. The appropriate time for interviews was determined according to the desire of the participants; the interviews started in the beginning of April and ended in July. The interviews were conducted via WhatsApp with participants residing outside Turkey, and via direct phone calls with those residing in Turkey, and all interviews conducted with 10 participants were recorded and uploaded to a hard drive and a copy on an external hard drive protected by a password. They were transcripted and then analyzed and the results will be listed in the section related to the discussion.

Qualitative study was selected using semi-structured and in-depth interviews with key informants because of the exploratory nature of the research, and interviews of this kind will allow me to obtain a lot of valuable information, given that the questions are open-ended and will allow the participants to speak freely.

According to Marshall (1996, p.92)), key informant interviews (KIIs), key informants have the ability to present a lot of information and in-depth views about the events and activities that happened around them, and Tremblay (1957, p. 693) described them as natural observers, as they are interested in the behaviors and cultural developments of those around them, and thus provide the opportunity for researchers to investigate their observations and opinions and use them on occasions related to those topics.

Kumar (1989) says that interviewing KII experts allows you to get first-hand information from knowledgeable people, and explore a variety of ideas and information, and is not complicated or expensive to implement.

3.1. Scope of the Research

This research addresses the health system, its health policy, the conditions of its formation and implementation in Syrian OHAs (with the exception areas of Turkish influence and areas of SDF control , given that their context is different and has its own specificity), and the entities that contributed to their construction from humanitarian NGOs active at the level of the Syrian crisis in general, and Syrian organizations in particular, which started their work and activities in Syrian OHAs from 2011 until 2021 in southern, central and northern Syria, which have taken Turkey as the headquarters to manage their activities, in addition to the presence of

their offices in other regional countries neighboring Syria and close to Syrian OHAs and the health bodies that were formed in Syrian HOAs, in the form of the Idlib Health Directorate and Syrian interim government ministry of health (SIGMOH), in addition to health institutions that provide services to beneficiaries, such as hospitals and health care centers.

3.2. Research Delimitations

This research focuses on the study of the health system and its policies in Syrian OHAs in the period from 2011 to 2021, And the reasons that led to the collapse of the health system there, and the role played by both the Syrian humanitarian NGOs, and the alternative health bodies in establishing and rebuilding the health system, and the formation of its health policies, and highlighting the main challenges facing the implementation of health policies, and the obstacles that hinder their development in Syrian OHAs.

3.3. Research Design

The research was design by a qualitative mixed method (KIIs) and qualitative analysis, as a qualitative analysis of previous studies and research related to the health system in Syrian OHAs was designed, and semi-structured interviews were with key informants through a questionnaire designed for this purpose after being tested by two experts involved in the research. The sample was selected according to the inclusion criteria, and they are three samples. The first is from Syrian NGOs leaders, the second is from leaders of the Syrian opposition health bodies, and the third is from health service providers, such as hospital and health care facilities managers with long experience. After conducting the interviews, a focus group discussion was conducted with more than 3 experienced participants from each institution (Syrian NGOs leaders, health directorates and health service providers).

All information and data obtained from in-depth interviews, focused discussion group, and literary reviews of research and studies, in addition to official documents and reports of local and international humanitarian organizations and human rights organizations concerned with the Syrian issue, were analyzed, then focus was placed on those data that are related to the main research objective, and were shown to be

clear to the reader. All symbols and terms will be explained to make it easier for the reader to understand the research and benefit from its content.

3.4. Population and Sampling

As the research addresses the health system in Syrian OHAs, with the exception of the areas controlled by SDF and the areas of Turkish influence due to their specificity, previous topics and studies related to the Syrian OHAs and the health system in them, and the samples that should participate in the interviews were identified from the expert participants, as the sample includes representatives of Syrian NGOs, representatives of health bodies and government institutions of the Syrian opposition, and representatives of health service providers, such as expert hospital managers. These samples were selected according to the following inclusion criteria:

1- The participant must be an expert in humanitarian action for at least 10 years.

2- The participant must be an expert in the humanitarian response to the Syrian crisis for a period of no less than 5 years.

3- The participant must be involved in supporting the health sector and building its health system in Syrian OHAs.

4- At least 3 of the participants must be working in Syrian NGOs.

5- At least 3 of the participants must be from the health bodies located in HOAs.

6- At least 3 of the participants must be health service providers.

Table 1: Participants Information

The table includes the codes that were given to each participant and the time it took for each interview in addition to the place of residence of each participant and the means of communication

Code	Category	Location	Interview	Int-Time	Themes Discussed
SN1	SNGO	Turkey	WhatsApp	78.55	**All Themes Related To Research**
SN2	SNGO	Turkey	WhatsApp	59.06	**All Themes Related To Research**
SN3	SNGO	Turkey	WhatsApp	63.40	**All Themes Related To Research**
HB1	Health directorate	Syria	WhatsApp	85.15	**All Themes Related To Research**
HB2	Health directorate	Syria	WhatsApp	55.06	**All Themes Related To Research**
HB3	Health directorate	Syria	WhatsApp	77.16	**All Themes Related To Research**
HB4	ISG-Ministry of Health	Syria	WhatsApp	76.33	**All Themes Related To Research**
SP1	Hospital manager	Syria	WhatsApp	33.59	**All Themes Related To Research**
SP2	Hospital manager	Syria	WhatsApp	75.36	**All Themes Related To Research**
SP3	Hospital manager	Syria	WhatsApp	63.41	**All Themes Related To Research**

3.5. Research Period

The period during the conflict extending from 2011 to the present time 2021.

The place delimitations: Syria (Syrian Opposition-held areas (OHAs) except Turkish government influence (TIA) areas and Syrian Democratic Forces (SDFs) controlled areas)

3.6. Research Limits

The biggest challenge was that choosing the research sample and identifying the participants was somehow difficult because some did not accept to participate in the research. Also, the interviews were conducted online because of COVID-19 conditions, which would affect the length of the interview, and freedom of the dialogue. Also, the participants are key informants and have experience and have their jobs, and they do not have much time to conduct interviews. In addition to this, there are problems related to the availability of the Internet for some participants in Syria, and finally, the time allocated for the study was limited, as it was possible to delve deeper into it and target a larger number of participants.

3.7. Data Collection

The most important primary data source is going to be the KIIs interviews that were conducted with 10 actors of the decision-makers and experts in humanitarian action, responding to health crises, and whose institutions played a role in rebuilding the health system in Syria during the conflict period. Among them are Syrian humanitarian NGOs directors who played a role in rebuilding health system and its policies, and supported their formation. The secondary data is going to be information gathered from publications of previous studies, essays, statistics, reports, articles, sources, references, research and official governmental and non-governmental reports, and some governmental documents and reports issued by the relevant authorities.

3.8. Instruments

For this qualitative and analytical study, the information sheet related to the research and the invitation were prepared, in addition to the informed consent (Annex A, annex B), and a set of questions (Annex C) was prepared and designed in a way that suits the personal interviews, and it includes personal information about the participants, in addition to the questions about the research and to its main themes, which include the following:

1- Questions about the health system status in Syria before the Syrian uprising, and the factors that led to its collapse after the start of the conflict in 2011.

2- Questions about the roles played by health bodies and Syrian NGOs in rebuilding the health system and forming its policies.

3- Questions about the main challenges facing the health system, and implementation of its policies in Syrian OHAs, and the optimal form of the health system that suits the conditions in OHAs in Northwest Syria (NWS).

Focus group discussion is one of the tools that will be used to test the research hypotheses.

These questions include sub-questions to gain information saturation by the participants.

A recorder will be used to record the interviews, and then they will be copied to Word files for analysis.

3.9. Data Analysis

After reviewing the records of the interviews that were conducted, and the notes that were taken during the focus group discussion, an thematic analysis will be conducted, and the outputs related to the research objectives will be obtained and cross-referenced with the results of the analysis of studies, research and previous reports, and the final results of the research will be obtained.

CHAPTER IV

FINDINGS AND DISCUSSION

This chapter includes the most important results that emerged after analyzing the transcripted participant answers and through the focused discussion group, the categories and themes were verified and their relevance to the research topic, and the most important topics that touched on this study were selected, which achieve the goal of the research in clarifying the role played by the Syrian NGOs in rebuilding the health system and forming its health policies.

4.1 Findings

The results of KIIs were organized under 8 categories and 24 themes. Participant's answers and response were somewhat similar in some times and different in others, according to each participant's experience and scientific and practical background.

The following table shows KIIs Categories and Themes:

Table 2. KIIs Categories and Themes.

The table includes 8 main categories and 24 topics, which are the results of the participant's interview transcripts analysis.

N	1	2	3	4	5	6	7	8
CATEGORY	Health system and health policies in Syria before conflict and the main actors in its formation	The impact of the conflict in Syria on health system and health policies (Health System Collapse)	The formation of health bodies in Syrian OHAs	The change of health policies during the conflict, and the most prominent actors in their transformation	The role of alternative local health bodies in rebuilding the health system and health policies formation in OHAs.	Syrian NGOs response to the humanitarian crisis in OHAs	Obstacles and challenges facing health system rebuilding and public health policies implementation in OHAs	The appropriate health system in OHAs from participant's perspective.
	Health system	Syrian		Changes in the		Intervention	The influence of	

THEMES	**governance structure in Syria before the conflict**	**government abandoning its role of supporting the health sector in Syrian OHAs.**		**health system and its general policies in the areas under the control of the Syrian government**		**of humanitarian organizations in the response to the Syrian crisis**	**the dominant authorities (de facto authorities), and the absence of a state**	
	Health policies in Syria before the conflict	**Lack of health staff**		**Changes in the health system and its general policies in Syrian OHAs.**		**Humanitarian action in areas controlled by the Syrian regime during the conflict period**	**The relationship of healthy bodies with the health institutions that supervise or manage them**	
	Health services Distribution in Syria before the conflict	**Deliberate and systematic targeting of health infrastructure and Health worker in Syrian OHAs.**				**Humanitarian Action in Syrian OHAs**	**Health System Governance**	
	Health services quality in Syria before the conflict	**Lack of funding**					**Weak coordination among donors and their different agendas on the one hand, and the coordination of NGOs with each other on the other**	
	Private health sector in Syria before conflict						**The turbulent relationship between NGOs and health directorates**	
	The Role of Humanitarian NGOs in the Health Sector before the Conflict Beginning in Syria.						**Continuous targeting and destruction of health infrastructure**	
							Scarcity of human resources	
							Impairment and declining funding	
							Depletion of the operational capabilities of health institutions	

4.2. Discussion

The main objective of this research is to show the role played by the Syrian NGOs during the conflict period in building the health system and shaping its policies, and in order to obtain this goal we tried to answer the following questions: How were the health system and public health policies status in Syria before the conflict? Who were the main actors in their formations and what are the reasons that led to the collapse of the health system and health policies in Syrian OHAs during the conflict?, how did the health System and public health policies changed in Syria during the conflict? and who are the most prominent actors who played a role in its transformation, how the new health bodies were formed in Syrian OHAs during conflict? and what are the reasons that prompted their formation?, what roles have Syrian NGOs health bodies played in rebuilding the health system and forming its health policies in Syrian OHAs?.

Considering that the participants are experts and decision-makers at the level of the health sector in OHAs, it was necessary to propose solutions and give recommendations that could be a future action plan for all stakeholders, it was necessary to ask them the following questions: "What are the most important obstacles and challenges facing rebuilding health system and implementation its policies in Syrian OHAs?", and "what is the appropriate form of health system and health policies that can be proposed for the current Syrian OHAs context?".

The study showed through analyzing the participants' answers that the main reasons that led to the collapse of the health system are the Syrian regime's abandonment of its role in supporting the health sector in OHAs and the war conditions, especially the systematic targeting of health infrastructure and violence against health workers, the research showed the relationship between both The new health bodies and Syrian NGOs and the roles of each of them according to the phases of the conflict, which were positive in some times and negative in others, and through the research we were also able to identify the most important challenges that hinder building an ideal health system and implementing and developing its policies in OHAs.

4.2.1. Health system and health policies in Syria before the conflict and the main actors in its formation.

Syria's health system and public health policies before the beginning of the conflict were somewhat similar to those of middle-income countries in the Middle East. Through its 14 directorates, the Syrian Government's Ministry of Health was the main provider and supporter of the health sector through its hospitals and health centers. In addition, the Ministry of Education, through its university hospitals, the Ministry of Defense and its military hospitals, and other health institutions, such as the Blood Bank and the Ministry of Interior and Social Affairs, as well as the participation of the private sector in the provision of services. They weakly supported the health sector. Despite this, the infrastructure of the health sector was dilapidated, and the medical equipment was of low quality, and all of this was nor quantitatively or qualitatively commensurate with the number of the population and their needs. The Ministry of Health sought to achieve the political goals of the Syrian government, regardless of services, quality and efficiency of health facilities.

4.2.1.1. Health system governance structure in Syria before the conflict

The governance form of the health System in Syria was a hierarchical structure from top to bottom, where the Ministry of Health reports to the Council of Ministers and its structure is as follows: Ministry of Health, Health Directorates, Health Areas Hospitals and Health Centers, Ambulance and Emergency Systems (SN1,HB2,HB3,SP3)

Like any health system, the services provided by the health institutions of the Ministry of Health are: Primary Health Care (PHC), Secondary Health Care (SHC), Tertiary Health Care (THC), Ambulance and Emergency Systems, Drug Control. In addition to Planning tasks: Setting health standards and conditions, developing services, controlling their quality, and setting indicators for that, setting effective plans for dealing with disasters and emergencies, updating them from time to time, and coordinating with the concerned authorities to implement them and Mapping services and health maps for the country in addition to setting plans and strategies to maintain and attract health forces to work in the public health sector by providing a safe work environment.

In addition to planning task there are foundational and service tasks: Establishing, organizing and managing health institutions, providing preventive and curative medical and health services, promote health care programs, raise the level of health awareness of citizens, securing effective and safe medicines and granting licenses to health and pharmaceutical establishments and facilities, providing health services financing systems in line with the public policy in the country, strengthening programs to control and prevent no communicable diseases, promote occupational health and safety programs, strengthening the health insurance system in coordination with the concerned authorities, development of health legislation and laws in addition to supervisory tasks The educational and research tasks

4.2.1.2. Health policies in Syria before the conflict

The health staff who sided with working in Syrian OHAs were witnesses to the Syrian health system and its policies before the Syrian uprising, as there were no clear health policies, and the applied health policies were those related only to providing some basic health services, but other policies were not originally at hand, even to health facilities departments. There was no oversight, evaluation of the quality of services, accountability, clarity in employment policies, or job descriptions that the employees themselves were not aware of. It seems that this was systematic to give way to corruption, especially the overlap between the private sector and the public sector, as most doctors and nurses had work contracts in the government sector and others in the private sector, which was one of the means of attracting patients for treatment in private hospitals on the pretext that they are not available. In the public sector, or by providing some free services available in public sector institutions for patients who visit private clinics or hospitals. (HB4).

What (HB4) said expresses the reality of corruption that Syria has been experiencing for more than 50 years, as state institutions have turned into a means of financial gain for the weak-minded, a tool in the hands of those with influence and authority to achieve their goals and objectives, and it is a means to strengthen their authority and obtain material or moral gains, this relationship between the private and public health sector as a result of the mutual interest between those who manage government institutions and those who own or work within private institutions, this is

what makes the government sector a tool for the private sector through using its resources in order to serve its goals.

Lack of accountability in the Syrian regime-controlled areas with regard to the health policies implementation, gives authority to every institution manager or official to implements the policies that suit him and undermines other policies and plans.

"Health policies change according to the change of people who supervise their implementation. It is logical that policies must be fixed, and do not change with the change of those who supervise their implementation, a health policy would simply be planned for years, and when it begins to be implemented, as soon as the person who supervises it changes, it is canceled. (HB3).

In Syria, the political and military authority was and still is the one that controls and manages the country's affairs at the level of all financial, health, economic, social and other sectors, as for the government institutions responsible for providing services, they are tools in their hands and have nothing to do with strategic planning or decision-making.

"The main guideline of health policies in Syria is the political decision, and at its head is the military institution of the ruling regime that draws the strategy and the general framework for health policies, as for the other technical details, they are drawn by health service bodies such as the Ministry of Health and its directorates, the Ministry of Education, the Ministry of Interior and the Ministry of Finance, and with a simple intervention from the ministry of economy, these bodies implement and enhance the political vision of the Syrian government" (HB1)"The health directorates did not have a fundamental role in the strategic planning of the health sector, and the medical offices affiliated with the provincial councils and the health professional syndicates had absolutely no role in that".(HB2)

The political vision of the Syrian government regarding the health system and its health policies was to keep health services provided to citizens for free and without fees, or for nominal fees at times, due to its knowledge of the deteriorating economic situation, and the low income of the Syrian citizens, to alleviate the citizens' resentment against the government, and to avoid any protests or demonstrations against the government.

"The entity that draws the general framework for health policies in Syria is the ruling institution, which is of a military and intelligence nature, despite its knowledge that health policies are not in the best and most appropriate form, as they do not allow the implementation of successful health policies taken from other countries, but rather settle for a policy directed at serving the ruling regime."(HB1)

Health policies in Syria were not characterized by any transparency was not originally known to the parties that are supposed to implement them, and there is constant manipulation in statistics and information related to health disasters and epidemics. Facts related to some diseases, such as AIDS and hepatitis are always hidden, in addition to distorting facts and statistics. Given statistics are always low, because from the regime's point of view, the high rates may give a picture of the level of well-being and the economic level experienced by the Syrian citizen.

"Health policies were not applied in medical facilities or official departments, and they were ink on paper, and the effective policy is the one enacted by the administrative authorities that are subject to the directives of the Syrian government". (SP2)"During our work in health facilities before the Syrian uprising, it was imposed on us not to document suicide cases, as well as always hiding statistics related to epidemic and sexually transmitted diseases, such as AIDS and other diseases, for purposes that the Syrian government sees from its political point of view". (HB1)

It is known that the Syrian regime used to falsify the facts and always promoted incorrect news that did not match the facts in reality, and it always produced reports according to what reflected positively on the image of the state in front of the local and international community.

"We did not have the knowledge or understanding of the goals or outcomes that the ruling regime, represented by the Ministry of Health, aspires to, from the falsification or concealment of facts related to the health sector, until we learned too late that in order to preserve an ideal image of the state's shape in front of society and before any other party".(HB1)

We find from the above, and according to what the participants talked about, the one who draws health policies is the Syrian government itself, represented by the political and military institution, and they have absolute authority over the institutions

implementing these policies, and the latter has no role in decision-making, and health policies in the absence of accountability are considered ink on paper that cannot be referred to. If not supported by government authorities

4.2.1.3. Health Services Distribution in Syria Before the conflict

The greatest focus in support was on the major cities and economic capitals of Syria, such as Aleppo, Damascus and Homs to some extent, as well as on the cities that are considered on the Syrian regime side, its family and its sect, such as Latakia and Tartus.

"The Syrian state is governed by a sectarian-oriented regime that has reflected on all aspects of life in Syria, including the health aspect. It focused its support on loyalist areas such as Latakia and Tartus, and ignored the needs of other areas in eastern Syria, such as Raqqa, Deir ez-Zor and Hasaka". (SN2)

As for rural areas and small remote governorates, such as Raqqa, Deir Ezzor, Hasaka and other governorates, they were suffering from a shortage of health facilities, specialized staff, and modern equipment, which were concentrated in the governorates with the highest population density and economic weight, and those that are loyal to the ruling regime in Syria.

"Providing and distributing services in Syria is not subject to health policies that must respect human rights. Rather, it is subject in Syria to the ruling authority, its desires and political directives by providing and distributing services according to region, ethnicity, religions and sects, which were created by the ruling regime in Syria since it took over the rule of Syria 50 years ago. It reinforced the discrimination and segregation between the western and eastern governorates, and between the countryside and the city."(HB1)

Also, the regional discrimination in the distribution of services, as the largest share of health services was in the economic capitals of Aleppo and Damascus, and the cities that are loyal to the ruling regime in Syria. According to health indicators, a significant difference appeared in the availability of services between the Syrian governorates, as the study (2019-S-Ministry of Health.) showed that for every 500 citizens in the city of Lattakia, there was one bed, while there was one bed for every 1700 citizens in Raqqa, and one bed for every 2,300 citizens in Idlib city The study

also showed, according to information from the Syrian Prime Ministry website, that 51% of health centers are located in 25% of the Syrian geography, or what is called beneficial Syria (Aleppo, Damascus, Latakia and Tartus), and about 68% of hospitals are located in 25% of the Syrian geography, or what is called the beneficial Syria (Aleppo, Damascus, Latakia and Tartus).

It was clear to everyone, and to a large extent, the discrimination and unfairness in the distribution of services, as governorates such as Aleppo, Homs, Damascus and Latakia are effected by all kinds of services, and on the other hand, other governorates are largely neglected. It was very clear that there was no justice in the distribution of services, as a governorate like Idlib has twice the population of Tartus, and despite that, the number of nurses working in health institutions in Idlib governorate is equal to one-third of the number of health workers in Tartus governorate". (HB3) "The distribution of health services was on the basis of justice and according to standards on the surface, but in fact, it was on a purely sectarian basis, without taking into account any health standards or policies. We usually noticed the presence of a huge number of health facilities and quality services in one of the Syrian cities, affiliated with the sect of the Syrian regime, and in another far away in the east, we did not see the minimum number of health services that are not quantitatively or qualitatively commensurate with the population and their needs". (HB2)

By reviewing the health statistics and indicators of the Syrian Ministry of Health on its official website, we find that the distribution of health services is not commensurate with the number of the population and the health needs of each region, but is based on regionalism, nepotism and the authority imposed by those with influence in the Syrian government.

4.2.1.4. Health Services Quality in Syria Before the Conflict

There was no societal satisfaction with the reality of the public health sector, as it was suffering from slack, poor services, corruption, discrimination, disrespect for beneficiaries, and discrimination in providing services to them according to religion and sect, and the discrimination between military, civil, and political, and they have priority in obtaining services.

"The health system under the rule of the Syrian regime had a bad reputation. In Hama, the National Hospital was called the National Slaughterhouse because of the poor health care and corruption in the hospital". (SN2) "The Syrian citizen did not have the right to express their satisfaction or dissatisfaction with the health system and its services, but was forced to receive services as they were, due to their inability to receive treatment in private hospitals because of poverty". (SP3)

The state of corruption experienced by the Syrian government institutions in general, and its health institutions in particular, in light of the living conditions and the deteriorating economic situation, which is reflected in the quality of services, as there is no control or accountability for anyone, and the Syrian citizen cannot disclose any complaints by the Syrian government institutions because of the fear and terror that were planted by the apparatus Syrian intelligence among the citizens.

4.2.1.5. Private health Sector in Syria Before the Conflict

The private health sector plays a role in providing the community with health services, and there is a significant growth for it at the expense of the public health sector. Although it fills a large gap in the provision of specialized services, it constitutes a material burden on the poor and low-income groups of society. The private sector was not free to invest and work, except through mediation and proximity to the ruling authority, and there is a mutual benefit between the private and governmental sectors, especially at the level of operation and referral system that serves individuals themselves. "The health system and its institutions were one of the means used by the mean-spirited doctors and nurses, in order to refer patients to their private clinics, or to the private sector hospitals in which they work. It was common for the doctor to commit to the job of the government hospital contracted with him for a period not exceeding two or three hours, and to continue the rest of the day in his clinic or the private hospital". (HB3) There is great corruption in health institutions, and there is no commitment by their employees to health policies, work system and working hours and the absence of oversight is almost complete, the public sector was a gateway to exploiting patients and transferring them to private hospitals, or receiving them in private hospitals and clinics, and then transferring them to public hospitals to conduct some surveys for free." (HB1)

The balance of power was in the hands of the authority in Syria, and in economics, the one who owns wealth, finance and authority is the strongest and most influential, in Syria, before the Syrian uprising, there was an absence of a state form, the state consists of the government, its institutions, the regime, capitalists and merchants and it is not known who has the upper hand." It appears from the Syrian context before the uprising that there was a shadow government that includes the powerful individuals from the ruling family in Syria, and those close to it from the officers and politicians, in addition to the owners of capital, and thus the duality of power and capital combines in the formulation of various public policies in Syria, including the health policy that we find that most of its decisions and policies are designed in a way that conforms to the wishes of those with financial authorities or the capitalists(HB4).

Despite the overlap between the private and public health sector, mutual interests, and the high price of the service, it still brings an added value to the health sector because of the type of services it provides and their high quality. It is a good option for some groups of Syrian society. “There is no way to compare the private sector with the government sector in a pre-conflict stage,the government sector is full of corruption, nepotism and poor services”. (SP3)

The private health sector played an important role in raising the level of health services in Syria before the Syrian uprising, and the only defect in it was the association of its interests with the government sector and its clear impact on it through its financial capabilities.

4.2.1.6. The Role of Humanitarian NGOs in Syria Before the Conflict

There was no significant role for humanitarian NGOs in the health sector, especially at the level of service delivery, evaluation, or assessment of medical needs, or at the level of providing technical support in drawing up or developing health management strategies, and at the level of drawing up health policies or technical support. Their role was limited to providing support to the Syrian government represented by the Syrian Ministry of Health, which implemented these organizations' projects in a manner that suits and serves their policies. The number of organizations active in Syria was very small, and the most prominent organizations are UN Agencies, represented by the WHO, UNICEF, the Syrian Arab Red Crescent(SARC),

which is affiliated with the International Movement of the International Cross and Red Crescent, and some organizations whose participation is limited to logistical support in disaster situations, or to fill minor medical gaps at special levels. “The Syrian Arab Red Crescent(SARC) is managed directly by the Syrian government, and it is apparently a UN Agency, with limited services and modest facilities, compared to the large budgets granted to it, and its employees are among those affiliated with the Syrian government, or children of the military and politicians who have influence and power"(SN2)

The prevailing belief among the Syrian citizen was that the Syrian Arab Red Crescent (SARC) is one of the government institutions because of the close link between it and the Syrian government, so that Syrian President Bashar al-Assad was his honorary president, and this idea was not only for the ordinary Syrian citizen, but was even at the level of health sector workers. Such as doctors, pharmacists, etc. “Despite my work in the health sector in Syria for more than 20 years, I never heard of any humanitarian organizations, except for the Syrian Arab Red Crescent (SARC), and some charities” (sp3).

“Before 2011, there were some health activities provided by some charities, but limitedly, and under the control and supervision of the Syrian government, and under great restrictions” (SN1).The lack of humanitarian NGOs in Syria is due to the restrictions imposed by the Syrian government on the work of organizations, interference in their work, and benefiting from the support they provide to serve their political interests, Restricting the work of organizations in Syria is a method and a systematic policy in order to keep the situation in Syria hidden from the world, and to preserve its reputation and image in front of other countries and governments as it wants them to see it.

The idea of civil society and the work of NGOs in Syria was not acceptable to the Syrian government, and it criminalized those who are proven to work with them, and speaking, or even thinking in this regard." The Syrian regime did not allow a provincial council to interfere in the formulation or planning of health policies, so how could it allow humanitarian NGOs to do so”. (SN1). "During my career, which spanned for more than 15 years in regime-controlled areas, i did not hear about humanitarian NGOs, but I only knew that there were some charitable organizations

that had a role in providing health services such as charitable hospitals and health centers such as the Al-Bir Association and social services in Homs". (HB2)

The Syrian regime is known worldwide for its rejection of the humanitarian organizations Charites work and the basic condition to accept theme is that these organizations be under its guardianship and supervision, and therefore we find that the number of charitable societies in Syria is very limited despite the many attempts by some interested persons such as doctors and health workers."We tried as a group of doctors between 1997 and 1998 to permit a charity to care for children with polio, and when applying for registration with the Ministry of Labor and Social Affairs, the application was closed and its idea was given to the Women's Union to implement this project under the auspices of the Syrian government authorities. In other words, we were prevented from registering, and the idea of the project was given to another party under the authority of the Syrian regime to implement it". (SN2)

The most prominent role of humanitarian action in Syria before the conflict was through UN Agencies, in particular WHO, UNICEF and the United Nations Population Fund (UNFPA), especially for the support for the vaccination program and chronic diseases and other programs, " There was no role for international NGOs (INGOs), and there were no Syrian NGOs at that time, except for some charities under the control and restrictions of the government. (HB3).

It clearly appears that the humanitarian action in the Syrian regime control areas was restricted, and the humanitarian work was limited to the work of the Syrian Arab Red Crescent (SARC) and some charitable societies under the supervision and direction of the Syrian government.

4.2.2. The impact of the conflict in Syria on health system and health policies.

Conflict conditions affect all life sectors, and the health sector is considered the most affected one, as it bears the greatest burden of suffering, especially in armed conflicts in which violence is practiced without any rules or respect for human rights and international law, and the health system in Syria had the best chance of violating humanitarian principles, and committing deliberate crimes in areas under Syrian opposition control, the most important of this crimes are depriving citizens of access to health services and preventing them from accessing them by the Syrian regime and

its military forces, and using health services as a war weapon, in addition to the destruction of health infrastructure and using violence against health workers, which led to the collapse of the health system in those areas and the formation of a large humanitarian gap, the most affected were civilians and the most vulnerable groups.

4.2.2.1. Background

The military operations between the Syrian opposition forces and the regime forces in the period from 2012 to 2013 led to the division of the Syrian geography, the absence of the form of the state, and the diversity of areas of control and influence, becoming areas controlled by the Syrian regime, areas controlled by the SDF, and the various OHAs. Since each region has its own contextual conditions, the war conditions have affected the health system in the areas of control differently, the most affected were the areas controlled by the Syrian opposition factions, as the health system completely collapsed in them after the Syrian opposition factions took control of them.

4.2.2.2. Health System Collapse.

According to WHO, the health system is based on 6 main pillars, namely the health worker (Human Resources), financing, governance, service delivery, infrastructure, medical products, and the information system, while ensuring safe and equitable access to services, by measuring the efficiency and capabilities of these pillars, the health system can be evaluated regardless of the circumstances surrounding war or peace, and since all disaster and conflict areas are affected by service sectors due to war conditions, or other conflict-related reasons. "the health sector in Syria during the past decade was greatly affected, and almost completely collapsed in Syria, especially in OHAs, which was reflected in the rate of morbidity and mortality, and health policies were greatly affected as a result, and they became ink on paper and forgotten, either deliberately and intentionally, or for reasons and circumstances that prevent their implementation"(SP2, HB4, HB1).

Health system pillars are closely related to each other, and the negative impact of any pillar will inevitably affect the other, and this is what actually happened in Syria, especially in OHAs, “The pillars on which the health system is based are human staff, infrastructure, funding and authority, and without them, there will be no

health system or health policies, standards and procedures regulating health work". (SN1), according to the basic pillars of the health system, it is considered collapsed in OHAs for various reasons, the most important of which are:

4.2.2.2.1. The Deliberate abandonment by the Syrian regime of its support for the health sector in Syrian OHAs.

After the peaceful demonstrations demanding freedom turned into an armed conflict as a result of the Syrian regime's use of all forms of violence against civilians, the Syrian opposition factions took control of large parts of Syria, and the proportion of the geographical areas they controlled in 2014 reached more than 70% of the Syrian area, which divided the Syrian geography into areas controlled by the Syrian government, and areas controlled by the Syrian opposition factions, and thus health facilities became in two different contexts and under different control and management, both geographic regions witnessed a collapse of the health system in varying degrees.

During the period in which the Syrian opposition factions controlled more than 70% of Syria, the Syrian regime resorted to using health services as war weapon, ignoring the humanitarian need, and stopping all forms of support for these areas, by depriving employees of salaries, or by arresting them while they visited the institutions which they work for on the pretext that they treat terrorists in OHAs, and preventing the arrival of any logistical support to hospitals and health care centers. Even UN assistance, which was carrying out its projects and activities, was also denied from access to these areas. "**S**ince the beginning of the Syrian uprising, and at the moment when the uprising turned into an armed conflict, health facilities became a legitimate target for the Syrian regime, by assaulting and arresting staff, and then preventing the arrival of medical aid to areas that have gone out of its control, as well as withdrawing all health facilities in those areas to its areas of control, and depriving employees of their salaries if they do not comply with its requests, which led to the absence of any form of health services in the OHAs, as a clear message from the regime to the residents that their punishment is deprivation as a result of their standing against the government and their demand for freedom". (HB4)

Syrian regime's Ministry of Health and its directorates were indifferent and had no sense of responsibility for what might result from depriving these areas of health

services, their only concern was pleasing the ruling authority in Syria, represented by the head of the Syrian regime, Bashar al-Assad, and the military institution that implements the security authority over the health sector, this deprivation has led to an increase in the rate of morbidity and mortality and the spread of epidemic diseases that were not originally present, or the percentage of their spread is almost non-existent or rare. "**H**ealth services were used as a war weapon, preventing the arrival of any aid or services to OHAs, which led to the absence of implementing any health policies in those areas, in 2012, the arrival of vaccines, including polio vaccine, to the southern countryside of Idlib, which is controlled by the Syrian opposition factions, was prevented, and this led to the emergence of new cases of polio, which was rare, as the last case of polio recorded in Syria was in 1998". (HB1)

The siege applied to many areas of Syria, such as Eastern Ghouta and Eastern Aleppo, and the control over the humanitarian aid that enters them led to the inability of health institutions in those areas to perform the minimum of their health and humanitarian duties towards patients, and thus the inability to implement any health policies, or even thinking about drawing it. "**T**he absence of the state anywhere in the world, and the absence of an alternative body to cover this gap, will, like it or not, lead to the collapse of the systems on which the state is based, including the health system, consequently, the Syrian regime's abandonment of its health services in OHAs was one of the main reasons that led to the collapse of the health system,the absence of even the nucleus of an alternative authority with its own systems, policies and laws will ultimately lead to a state of chaos, and one of its most important effects will be the collapse of the health system". (SN3)

In the Syrian regime control areas, the health system and its health policies were also affected, and they were not applied correctly or even some of them due to the interference of the military institution with health services provided within hospitals and health centers, "With the beginning of the Syrian uprising, the security and military interference of the Syrian regime in health institutions increased, and the authority of the health administration became marginal and useless, so there is no voice above the sound of bullets, and no decision is above the decision of the military authorities". (HB3) it pushed for the allocation of most health services to the military sector and supporters of the Syrian government. Governmental hospitals have become intelligence branches of the Syrian regime, in which the wounded are interrogated and

tortured, and in some cases, they are finished off if it is proven that they are linked in one way or another to the Syrian opposition. Also, discrimination increased in the provision of services on the basis of religion, sect, and area. "**T**here was an increase in corruption within health institutions in the areas under the control of the Syrian regime, and a large spread of nepotism that was originally common, in addition to stealing humanitarian aid and funds allocated to the health budget in Syria, in addition to the interference in the work of health institutions by influential military and political figures in Syria,in addition to the interference of various militias and irregular military groups in health institutions and the way they work". (HB1, HB3, SN1, SN2).

A large number of human rights organizations have documented the violations practiced by the Syrian regime against health workers through killing or arrest and the use of government health institutions as detention and torture centers "**T**he Syrian regime transformed hospitals into detention centers and torture centers, and the upper hand is given to the intelligence services and the military establishment, and there is no role for health directorates in formulating health policies or health planning, and their role is limited to implementing the will of the Ministry of Health, which represents the Syrian government". (HB1)

The Syrian regime's use of health services as a war weapon was very clear, as it resorted to the use of collective punishment against its opponents by depriving cities and villages with a population of hundreds of thousands of health services. "**A**fter the return of large geographical areas from Syria to the Syrian regime control, such as Daraa, Quneitra, Eastern Ghouta, Homs and Eastern Aleppo, these areas remained neglected by health services, and there is no interest in restoring their infrastructure or providing them with medical expertise and the required specialties, as a collective punishment for the people of those areas because they were content and accepted to live in areas controlled by the Syrian opposition factions, or because there was a kinship and blood relationship between the people of those areas and the members of those factions". (SN2).

Some geographical areas in Syria, although under Syrian regime control, were deprived of the logistical supply of medicines, medical equipment, or even generator fuel, oxygen, and other supplies. This deprivation was either systematical because

those areas revolted against the regime and demanded freedom with the beginning of the Syrian uprising, and their punishment was deprivation, or for reasons either related to the geographical division of the regions between the parties to the conflict, or related to the security conditions associated with the conflict and its effects. "**T**his challenge and obstacle was not only related to the logistical supply, but also to the health human resources, which became difficult for them to move between their place of residence and the health institutions in which they work due to security risks due to military operations, or fear of arbitrary arrest at the checkpoints of the regime army, which reflected on the performance of the health sector and its institutions, even in the areas controlled by the Syrian regime, and made them work with the minimum number of health services". (HB3, SN3, SP1, SP2)

"The health institution has turned into a tool of war in the hands of the military authority of the Syrian government, in order to achieve military and political victories over its opponents. Even the areas that came back under its control were deprived of services, finance and health supply as a collective punishment for their people". (HB1)

Violations and systematic deprivation of health services and the use of the health sector as a tool of war by the Syrian regime for the OHAs was a major reason for the collapse of the health system in those areas, as according to the rule of the health system's building blocks, the Syrian regime's action led to the destruction of the: governance, health services, and funding pillars, consequently, the health system collapsed in those areas.

4.2.2.2.2. Lack of Health Workers

Since the beginning of the conflict in Syria, a large number of factors have contributed to the shortage of health cadres, either the disappearance and absence outside the law or forced emigration and displacement, the arrest and prosecution was not limited to doctors, but extended to nurses, pharmacists and other health workers who treated the wounded, as the Syrian government's intelligence services arrest any health worker who is proven to have engaged in any activity related to the demonstration, treating the wounded, or even dispensing medicine to them. "**T**he Syrian regime was very harsh with the health staff that stood with the popular movement in attitude, or through the performance of their humanitarian and medical role. It pursued, arrested, killed, or targeted them with bombing while working in

health facilities, because their presence on the side of the opposition and the popular movement would give the civilized and legitimate character to this movement". (SN1).

During the peaceful demonstrations, the Syrian regime resorted to shooting at the demonstrators, and this resulted in wounded that initially resorted to government hospitals for treatment, thinking that the security services would not chase them there. But what happened was that they chased them in hospitals, arrested them, tortured them, and killed some of them during treatment. "Wounded resorted to private clinics and hospitals, so the regime began to pursue health staff, and considered them more dangerous than those carrying weapons, which prompted them to flee either to safer areas inside Syria, or to migrate abroad, which led to a significant decrease in the number of health workers in that period". (HB2, HB4)

During the past decade, a large number of doctors and health staff who took an opposing position and were playing their humanitarian role in treating the wounded in the demonstrations, or those injured as a result of the bombing and others were arrested, and a large number were killed in the field or in their absence forced or subjected to prison for long periods in inhumane unbearable conditions. "**A**nyone who helped the wounded and performed their humanitarian duty towards them was considered a terrorist, and was directly arrested". (HB1, HB4, SN1, SN2, SP3, SP3)

Likewise, specialized health staff with administrative experience in organizing and supervising health work were a target of the Syrian regime, as it resorted to arresting health work leaders at the beginning of the Syrian uprising, as happened in 2011 when it arrested the founder of Nour al-Hayat medical team, Dr. Nour Maktabi, in Aleppo city15/12/2012, and he remained in prison until his death, affected by torture according to zaman-alwsl net Also, Doctor Hassan al-Araj, director of Hama health directorate, was directly targeted in 13/04/2016 by a guided missile, and he was killed after the targeting according to Orient News.

The health staffs, who were working within the institutions of the Syrian regime, but in OHAs, were subjected to accountability and arrest at the checkpoints of the Syrian government, while they were going to receive their monthly salaries. In many cases, it was not limited to accountability or arrest, but in many cases direct killing or under torture. (HB3)

In addition, health facilities in Syrian OHAs have been, and still are a target for the Syrian regime planes and its allies, Over the past decade, Physicians for Human Rights (PHR) has documented more than 600 targeting of health facilities in Syrian OHAs, and the killing of more than 923 health workers. These and other factors, such as the economic situation in the areas under the control of the Syrian regime, the low wages and poverty among the general public, the loss of security and the spread of kidnappings, which increased dramatically among health personnel, with the aim of obtaining a ransom.

All of the above factors prompted large numbers of doctors and health staff to migrate outside the country, which was reflected on the availability of medical expertise in formulating policies, or those that might play a role in organizing and properly planning health work

4.2.2.2.3. Systematic Targeting of Health Infrastructure in Syrian OHAs.

Since the beginning of the Syrian uprising, and even before geographical areas were out of the control of the Syrian regime, hospitals and health centers that provide medical services to the wounded in demonstrations and the indiscriminate shooting of civilians have been a target of the intelligence services and military forces of the Syrian government, as these agents were storming hospitals, health centers, even pharmacies or the homes of health workers, vandalizing, burning and breaking their equipment, or looting during the security campaigns that they implemented on the areas where the demonstrations took place, or were opposed to the Syrian government in nature, or their owners have some inclinations to demand freedom.“**T**he Syrian regime is aware that targeting health facilities and destroying their infrastructure will push citizens in OHAs to despair and servility and return to its authority, since the health sector is linked to the lives of citizens and the lives of their families, and without it they cannot live safely”. (SN1)

I have lived through these conditions as an activist within the health sector since the beginning of the Syrian uprising, as the security forces and the army of the Syrian government stormed my town in the northern countryside of Hama more than once, and each time my pharmacy was a target for them by looting its medicines and destroying them, finally it was targeted with a guided missile and burned. There are also many examples of the regime’s practice of systematic targeting of hospitals since the beginning of the Syrian uprising, as it targeted the hospital where we treated the

wounded, as a health team, in the northern countryside of Hama, which is Aphamea Hospital in Qalaat al-Madiq, and it looted all its medical equipment and then burned it.

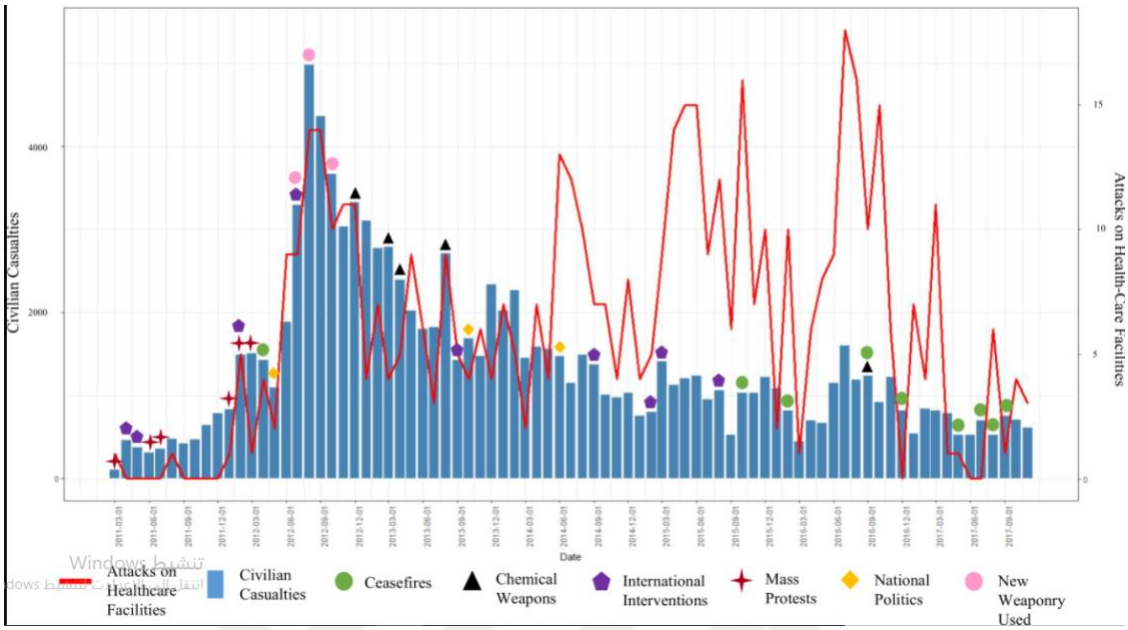

Figure 2. The Association of civilian casualties and attacks on healthcare facilities from March 2011 –November 2017/ Journals.plos.org/plosone/article.

The figure shows the rate of attacks on health facilities during the period from 2011 to 2017

As soon as some areas got out of the control of the Syrian regime, it began targeting hospitals, health centers, and ambulances, and considered them a legitimate target for its weapons. “There are methods adopted by the Syrian regime in order to accelerate the collapse of the health system, which is the systematic targeting of the infrastructure of hospitals and health centers in a systematic manner”. (SP1).

The Syrian regime did not only abandon its responsibilities, but also destroyed the infrastructure of health institutions that were originally under the umbrella of its health system, and destroyed them almost completely, and did not leave an area of OHAs without targeting its facilities, as happened in Eastern Ghouta, Homs, Daraa, Idlib, Hama, Aleppo and many other areas. During the conflict period, the regime used two strategies: The first weapon is starvation, and the other is spreading disease (SN2)

A number of human rights and humanitarian organizations have documented since 2011 until now the targeting of more than 600 health facilities throughout the

Syrian geography, and the partial or total withdrawal of more than 70% of them from service, and the loss of the lives of at least 923 health workers according to PHR, This impeded the implementation of the health policies in OHAs, and the preoccupation of health staff with providing the minimum emergency health service that saves the lives of the injured, regardless of public health policies or the quality of health work. There was originally no chance to write any policy, especially in the period from mid-2011 to the end of 2012. (HB1)

The continuation of this targeting of the infrastructure of health institutions in OHAs drains the health sector in general, and prevents or limits the ability to rebuild the health system and implement health policies in Syrian OHAs.

4.2.2.2.4. Lack of Funding

Health response in OHAs, or in some areas that witnessed violence by the Syrian regime in its infancy from mid-2011 until late 2012, depended on the personal initiatives of health workers who began collecting material and in-kind donations such as medicines, health supplies and medical devices donated by some doctors, pharmacists, and owners of drug factories and health supplies in order to meet the needs in treating the wounded and injured. With the increase in violence, medical needs increased as a result of the increase in the number of wounded and injured, especially with large areas getting out of the control of the Syrian government. It was difficult to provide humanitarian aid from outside the borders due to the Syrian regime's control over most of the international border crossings, not allowing humanitarian organizations to work in Syria, and considering their intervention and work in Syria illegal. Foreign aid was limited to some modest financial transfers collected by Syrian expatriates, sent to trusted health workers, who in turn establish some medical points, and purchase some medicines and health supplies used to treat the wounded. In addition to financial donations, some medical materials in kind, such as medicines and medical devices, were delivered through unofficial crossings with some regional countries. Nonetheless, this aid was not sufficient to meet the needs, in light of the absence of humanitarian organizations, the delay in the intervention of UN Agencies, the work of some humanitarian organizations individually and without coordination with each other, and their dealings with unreliable personalities that dissipate the support and do not use it optimally, which did not help the

implementation of a health system and health policies in the early stages of medical work in Syrian OHAs.

In addition, most of the international support that was provided to the Syrian regime through UN offices located in Damascus was interfered with by the Syrian regime, and it directed it in a way that serves its political and military interests through its direct authority over the Syrian Arab Red Crescent, which represents the executive arm of the activities of the UN in Syria as has been proven by a number of human rights organizations, in addition to the corruption rooted in the institutions of the Syrian government and its individuals who used every chance to obtain financial gains from humanitarian aid without accountability or oversight, due to the control and interference of the military institution in all Joints of health work in Syria. (SN1, SN2, SP1, HB1, HB3)

With the growing humanitarian needs due to the increase in the number of wounded in OHAs, the need for funding increased in order to fill those gaps, and it was difficult to secure funding due to logistical difficulties and the control exercised by the Syrian government over financial transfers to Syria.

4.2.3. The Formation of Health Bodies in Syrian OHAs.

With the beginning of the Syrian uprising, and the spread of demonstrations in most regions of Syria, the Syrian regime confronted these demonstrations using violence through arrest or weapons, which caused a number of casualties, and wounded people who had difficulty finding a safe place to be treated, because of the practices carried out by the branches Security forces, by arresting the wounded in hospitals, or finishing them off while they are in the operating rooms. “The Syrian security man had permission to enter any hospital and arrest any wounded person, doctor or any health staff, which prompted a number of health staff and health workers to volunteer to treat the wounded either in homes, in private clinics, or even in pharmacies, in order to spare the wounded the danger arrest or murder in hospitals”. (HB1, HB2, HB4, SN1, SN2, SN3, SP1, SP3). Most of those interviewed confirm that the formation of the nucleus of health work was through the establishment of health coordination and offices, whose names differ from one region to another, considering that they are not affiliated with any party, and self-financed through personal donations among those personnel, or through collecting some donations from

merchants and families, or through some Syrians residing outside Syria, in Hama, the nucleus of health work was the Health Office in Hama, in Aleppo the Aleppo Medical Council, and in Idlib, the Medical Office in Idlib. The response of these offices, groups, and bodies was limited to life-saving activities and first aid, and to follow up on the wounded secretly and away from the eyes of the Syrian intelligence services, which considered anyone who was injured or wounded to be a terrorist, and the same applied to health workers who provide health services to the wounded, most of these activities were carried out in secretly in secret medical points in the basements of houses or in caves in the mountains, where it was difficult for the Syrian regime to reach them.

With the development of the conflict in Syria, the expansion of the protests and the Syrian opposition's control over large areas of more than 70% of Syria 2013.

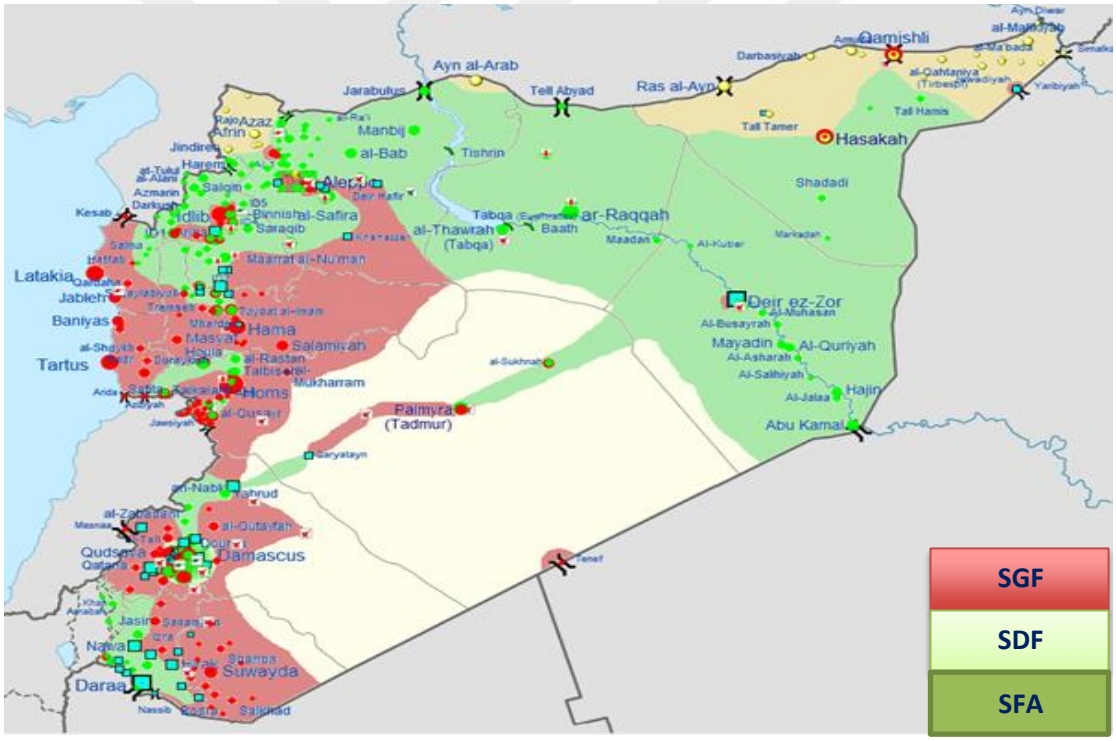

Figure 3. Map of military influence in Syria May/2013 Sasapost.com/Syria-war-map.

The health institution that was managing and supervising health activities, which is the Ministry of Health, which is one of the institutions that implement the strategy set for it by the Syrian government abandoned its responsibilities and duties in the areas controlled by the Syrian opposition factions, and prevented the arrival of medicines, vaccines and aid logistics to those areas, in addition to the siege and

restriction imposed on those areas, with the Syrian regime's military forces continuing to bombard those areas, which increased the needs for emergency and routine medical services, with a large number of residents who need all kinds of services. This prompted those small entities that were formed to frame and organize their work in line with those needs, and to be able to implement the required response in the appropriate time and place, according to studied and agreed bases and rules.(All participants)

"A large segment of the population in areas outside the control of the Syrian regime became subject to systematic deprivation of health services, and they were in urgent need of those services that they could not obtain in any way. So it was necessary at that time to form and create alternative health institutions and bodies to meet their needs". (HB1)

A reasonable number of health workers who refused to leave Syria preferred to stay with their families and citizens in OHAs. They developed these health entities with the available capabilities, and tried to provide the best service to the population, but without being bound by written policies due to the absence of any central authority to enact and impose health policies, as well as the lack of funding in the beginning. However, with the entry of local and international humanitarian organizations to contribute to health work and fill the humanitarian gaps, these bodies began to develop more and more through the development of the infrastructure that qualified and equipped them, and the human resources that they were able to attract in the service of projects funded by these organizations, whose support was in the beginning random and lacking sufficient coordination, until the formation of SIGMOH, and proceeded to name the health directorates for those bodies that include most of the health activities in Syrian OHAs. At that time, 8 main directorates were formed, spread over 8 geographical areas in Syria, which are the Directorate of Health (Damascus countryside - Daraa - Quneitra - Aleppo - Homs - Hama - Idlib - Lattakia). These directorates had different work mechanisms and policies at the beginning, but with the passage of time, they had unified written health policies through the coordination body that was established with funding from one of the international organizations interested in health sector governance, and the standardization of health work in conflict areas in Syria. These directorates had a major role that began to appear with the emergence of the first case of polio in Syria in 2013, which

constituted a pivotal turn in the role of health bodies in Syrian OHAs. (HB1,HB2.HB4,SN1,SN2,SP3)

"The health staff found themselves facing much greater challenges than they expected, as they found themselves in front of a whole scene of lack of health services, and the spread of epidemics, and they were required to deal with this reality seriously and professionally. The practical step in the right direction was to transform health entities, such as offices and agencies, into health directorates that undertake all the responsibilities and duties abandoned by the regime's institutions in those areas". (HB1)

Some health bodies were formed in Syrian OHAs, and specifically in NW Syria, for political purposes, the Salvation Government, which is the political wing of HTS, resorted to forming the so-called Ministry of Health according to Enab Baladi news, whose role is limited to enacting some laws related to the health sector, without having any hospitals or health institutions that implement those legislation or laws. This is due to the fact that the health directorates were originally formed before the Ministry of Health of the Salvation Government was formed, and this ministry was not able to control the health directorates for reasons related to the directorate's structure and their commitment to agreements concluded with international and local organizations and UN Agencies.

Thus, we see that the main reason that prompted the formation of health bodies is to provide health services to people and communities affected by the war in Syria, which are difficult for them to obtain those services, and then these bodies developed to take the role of the Syrian state institutions that withdrew from providing those services in the areas outside the control of the Syrian government.

4.2.4. The change of health policies in Syria During the conflict, and the most prominent actors in their transformation.

Public health policies in Syria changed and transformed due to the change in institutional governance as a result of the geographical division. The Syrian Ministry of Health was no longer responsible for managing the health sector in the various regions, and each region had its own form of government, regardless of this form,

which was uneven and different according to the circumstances of each area, and the surrounding and influencing factors, according to the main actors in them.

Health policies in Syria have changed since the beginning of the conflict, especially during the period when the popular uprising turned into an armed conflict, and Syria was divided into different areas of control, part of which is controlled by the Syrian regime, and the various opposition factions controlled a part, and SDF controlled another part. After the health sector in Syria was managed by the Syrian Ministry of Health, each region had its own administration and institutions that supervised the provision of health services and the governance of the health sector became different in every geographical part of Syria, and a major change occurred in the health system in Syria. At a time when the military institution of the Syrian government was roaming within the health institution and imposing new work mechanisms and health policies commensurate with its military strategy and the goals it aspired to, at the same time a nucleus of health work was being formed in other areas of control in order to fill and meet the needs of the population of the health services that the Syrian regime denied them. (HB3, HB2, SN1, HB4).

4.2.4.1. Changes in the Health System and its Policies in the Area under Syrian Regime Control.

The policy of discrimination in providing service and distributing services in areas under Syrian regime control area has not improved. On the contrary, discrimination in service provision on the basis of religion, sect, regionalism and nepotism has increased, and many people have been prevented from free health services on the pretext that priority is given to the military. Most of the government hospitals have become military barracks, all their operational capacity has been mobilized for the battle of survival led by the Syrian regime against its opponents, which made the Syrian Ministry of Health a tool to achieve the political goals that serve the ruling regime in Syria, by exercising its guiding role for the health sector through its directorates, which have become far removed from the decision-making circle, and transparency has been absent at all levels, and the health institutions in the areas under the control of the Syrian regime became vulnerable to interference from other military parties, such as the National Defense Militias and the Iranian militias, which are the strategic partner of the Syrian regime's army in suppressing the civil

popular movement. These militias exercised their authority over hospitals and health centers that fall within the scope of their military operations, and used their infrastructure to serve their goals through the use of ambulances to transport the military wounded or sick affiliated with them, as well as the use of ambulances in some cases to carry out military operations and transfer weapons or soldiers during their battles. Also, health facilities in the Syrian regime-controlled areas were used as detention centers and investigation centers, and various types of torture were practiced at the hands of some doctors who owe allegiance to the ruling authority in Syria, without being committed to health policies and their application. On the contrary, they abolished the policies and the implemented policies that serve the interests of the Syrian government, serve the interests of these militias, and enhance their power and control over health institutions. (All participants).

Health policies during the conflict period in the areas under the control of the Syrian regime were completely forgotten, and no positive development or modernization took place, on the contrary, it was applied in the interest of the Syrian regime, and other than that, some decisions and circulars were issued by the military institution, which were considered as a mandatory health policy that must be applied by service providers and the institutions in which they work. (All participants).

"There are clear instructions from the military institution to detain anyone who visits the hospital because of a gunshot wound or shrapnel wound, and to inform the security branches of this immediately, any covering of such cases is considered support and cover-up for terrorism". (HB4)

The significant interference of the military institution in health activities in the areas under the control of the Syrian government, in addition to other military militias, affected the implementation of health policies and transformed it, and even canceled some of them, and turned hospitals and health services into a tool of war.

4.2.4.2. Changes in the health system and its policies in Syrian OHAs.

As for the health system and its general policies in Syrian OHAs, the case was completely different. In the beginnings of the conflict, there were no health policies, and no health system as a result of the Syrian government abandoning its main role in supporting the health sector, as it was before the uprising. And not only abandoning

them, but also seeking to destroy health institutions in areas that have gone out of their control through the systematic targeting of various types of weapons, and arresting and intimidating health workers who were trying to exercise their humanitarian role at the health level. Health workers in Syrian OHAs sought to form the nucleus of a health institution that meets the humanitarian needs of the population, and sets health policies that guarantee comprehensiveness in health services and a fair distribution of them, and to ensure that most of the needy have access to those services by investing the funding obtained from humanitarian donors, and its rationalization in serving the health sector. (All participants)

During the ten years of the Syrian conflict, the health staff, through the health bodies they formed was able to be health institutions that succeeded to some extent in maintaining a medical service that meets the minimum needs of the population. Through health policies that have been approved and agreed upon between these institutions and the humanitarian organizations that support them, in the absence of a central authority in the opposition-controlled areas, the governance of the health system and the implementation of its policies are difficult and face great challenges that prevent their ideal implementation. (SN1, HB3, HB1, HB4).

The most prominent actors in the transformation and change of health policies and rebuilding new health policies in Syrian OHAs were the health bodies and entities that were formed during the conflict that began in 2011 and has continued until the moment. The most important of them are small health teams, such as volunteer teams, offices, bodies and health councils that formed in the early years of the conflict were greatly assisted by non-governmental humanitarian organizations, which had a positive and effective role in the various stages of the conflict, in addition to other entities that took on a political character, such as SIGMOH, and the Ministry of Health, which is affiliated with the Salvation Government, the political wing of HTS. (All participants)

There were many factors that contributed to the transformation and reconstruction of health policies, such as donors and their interests and the diversity of their agendas, in addition to the societal forces in OHAs, which played a role in the regional context of Syria, and greatly affected health policies, and imposed new health policies that suit their needs. The most important factor in the transformation and

change of health policies was the context of the conflict in Syria and its specificity, which imposed on health entities to create new policies that suit each geographical area according to its contextual conditions, and the impact of the war on it. (SN1, SP2, HB3, HB4, SN2, SN3, HB4).

"A lot of health policies in Syria have changed and become a thing of the past due to the war conditions and the systematic targeting of health infrastructure in Syrian HOAs. For example, before the start of the conflict, most health facilities and their services had be grouped in one place. Now, it is required that they be relatively far from each other to avoid their destruction at once, and are distributed in a way that ensures the beneficiaries' access to them according to their areas of residence and the risks surrounding them that may prevent their access". (HB1)

Also, the siege practiced by the Syrian government authorities on different regions of Syria imposed new policies that are commensurate with the needs of the population. It was no longer the census criterion that determines the type and size of the health facility and the type of service it provides in the besieged areas, but rather the need for the service and its accessibility. It was natural in the besieged areas to find an area with a population of 5,000 people, with a specialized hospital, a primary health care center and rehabilitation centers due to the residents' inability to obtain any health service elsewhere due to the suffocating siege. (HB4, SN2, SP3)

The absence of the state in OHAs and the lack of the appropriate infrastructure and human resources to bridge the gap that resulted from the conflict which is the collapse of the health system, in addition to the impact of the conflict's conditions, lack of funding, forced displacement and population increase in confined areas contributed to changing the formation of the health system and its policies and prompted the rebuilding of the health system and its policies by new actors: Health bodies and Syrian NGOs.

4.2.5. The role of health bodies in rebuilding health system and forming health policies in OHAs.

They are health bodies a group of entities and institutions that formed spontaneously at the beginning of the Syrian uprising, in response to the health needs of the population, due to the Syrian state abandoning its role in providing those

services, preventing the arrival of health supplies to the needy in OHAs, and targeting and destroying the health system's infrastructure.

These bodies started with different names and ended with the name of the health directorates, volunteering teams, health offices (provincial council offices - health offices for military groups), health coordination bodies, medical bodies, Health Directorates in addition to, the Syrian Interim Ministry of Health and Salvation Government Ministry of Health.

Health bodies founded in OHAs for the reasons that were reviewed in the factors that prompted the formation of health bodies, and these bodies gradually progressed in their roles and responsibilities since their inception until now. At the beginning, when health bodies were offices and voluntary groups, their first concern was to provide life-saving emergency health services to the injured and wounded who could not receive them, follow up on their injuries, bandage their wounds, and secure the medicines and needs necessary to provide those services, through the money they collect from their income, or those that they receive from some secret donors, because the Syrian regime's knowledge of these activities under its control over most of the areas will expose them to arrest, torture and killing, as happened with the Nour Al-Hayat medical team, when the team manager was arrested, and 3 of the team members, who were medicine students at the University of Aleppo, were burned, and their bodies were mutilated to make them an example to others. As for the team manager, he was assassinated in prison after a period of his arrest, and his body was used for autopsy material for medical students at Aleppo University Hospital, which was a clear message from the Syrian government to health workers that whoever thinks of helping the wounded and injured will be burned, killed, or arrested. (SP3, HB1, HB2, HB4, SP2, SP1, SN3, SN1, SN2).

After large areas of Syria became under the control of the Syrian opposition factions, these small entities began to develop themselves by attracting more health staff, which have administrative expertise. As most of those who participated in the establishment of health offices are health service providers such as pharmacists, dentists, medical students, nurses, technicians and some doctors whose number was limited as a result of various restrictions either due to their social status, or their association with the health system institutions directly, and most of them are not

health policy makers, but rather implementers, in line with the health needs of the population in OHAs, the primary concern of these bodies became to build and form a health system supported by health policies, in line with the medical needs of the population. (HB1, SN2, HB4, HB2)

The health bodies in the Syrian OHAs inherited a collapsed health reality, and started building it from scratch, laying the basic building blocks for it through the available resources, which were scarce on the human and material level, as well as on the cognitive level. In light of this reality, and the withdrawal of state institutions, these bodies represented by medical offices and health authorities, and then health directorates, played the main role in taking the initiative in forming the first nucleus for the establishment of the health system in the areas that were outside the control of the Syrian government, and building health policies that are commensurate with the Syrian context, and the conditions of the war, which made the environment in which health services are provided an exceptional environment that requires special health policies that can be applied in this environment. (HB1, SN1)

Rebuilding health policies in areas outside the control of the Syrian government was not based on an existing model or a model for a country of conflict, but rather these policies were built according to the needs and requirements imposed by reality. Since the work of health offices is limited to providing ambulance services, health policies were developed to suit this need. It was not easy for these newly born and weak health bodies to create a health system and integrated health policies in the early years of the conflict from 2011 to 2012, because their activity and response was linked to a few health workers and volunteers in providing health services within a limited financial possibility, and in light of deteriorating economic conditions, and very dangerous security conditions. They moved from one place to another, offering what they could in order to alleviate the suffering of the wounded and treat them. (SN2, HB1, HB4)

The increase in the number of health workers in Syrian OHAs, the increase in the number of health facilities and hospitals in these areas, the diversity of medical specialties, and the entry of some experts in building health policies and the entry of non-profit humanitarian organizations in response to the humanitarian crisis caused by the war in Syria, made these bodies aspire to a greater role in building health policies

at the level of health facilities, such as hospitals and health centers, and applying treatment protocols in accordance with the standards set by the WHO for conflict areas. Thus, health authorities and health directorates in Syrian OHAs began to build and develop policies that suit medical needs, such as primary health care, secondary care, protection and nutrition programs. The construction and development of these policies were linked to the immediate needs and funding and its availability. (SN1, SN3, HB2, HB3, SP1)

Health bodies, during the first years of the conflict from 2011 until 2015, were struggling alone in order to build themselves, and they were trying to prove themselves to the local community, donors and organizations, and to prove that they were able to replace the official state institutions, and be a substitute for them, which was greatly doubted and mistrusted by those parties, namely, being capable of it, and able to provide an ideal service to the population. (HB1, HB4, SN1, SN2)

"The emergence and development of medical needs prompted health bodies to build health policies to deal with these needs, therefore, building these policies was based on the immediate need of the population, not on a model of an existing health policy, or it was used in one of the conflict areas in the world, due to the inability of these bodies to implement integrated policies in the Syrian context, and through very few and modest capabilities." (HB1)

During the conflict period, health bodies were the first nucleus for building the health system and forming health policies, by drawing the basic features of the health reality and mechanisms for responding to human needs, by securing protection for health institutions in the field from all forms of interference by the various parties to the conflict, as well as providing the organizations with the necessary information on the most urgent needs, and pointing out the most influential gaps on the health sector, as well as playing a major role in communicating with society, as it is part of it, and they were established for it, and it was the link between it and those organizations. (SN1, HB2, HB1, SP3, SP1)

The role of health bodies was very important, and took a technical, service character rather than a political one, but it needed framing and cognitive and material support, which was not able to secure except through humanitarian NGOs, which played an important and major role in supporting the health sector, and creating new

health policies, developing them and supervising their implementation. (HB3, HB1, SN1, HB4)

Syrian Interim government Ministry of Health (SIGMOH) contributed through the funding it obtained in 2014, amounting to 50 million dollars provided by the Qatari government. The health directorates are relatively grouped under one umbrella, after each directorate was operating independently. The Ministry provided funding for these directorates, as it contributed a lot to attracting more health staff, by structuring the directorates and slightly governing them according to the contextual conditions, covering employee salaries, and supporting the rehabilitation of appropriate infrastructure for the directorates. It was able to emerge and raise the status of the directorates as real institutions before the health staff, the community, and humanitarian NGOs. But this support did not last long, Which made the role of the Ministry of Health decline after a year of this funding, which brought the health directorates back to the stage of self-proofing and gaining the confidence of the various parties, in order to continue and develop themselves through the formation and implementation of health policies and systems. (HB1, HB2, HB4, SN1, SP3)

Healthy bodies played an important role in establishing the health system and preparing the appropriate environment for the intervention of humanitarian organizations in the Syrian crisis, in spite of its diversity, it played an important role in providing the necessary health services to the local population through direct or indirect implementation, in addition to the supervisory and coordinating roles it played. It played a pivotal role throughout the years of conflict

4.2.6. The response of Syrian NGOs to the humanitarian crisis in OHAs

After the popular uprising in Syria turned into an armed conflict, which resulted in the collapse of the health system, an increase in the number of wounded and sick, and an increase in morbidity and mortality, as a result and impact of the collapse of the health system in OHAs,, the humanitarian catastrophe and human rights violations in Syria prompted humanitarian organizations to intervene in the Syrian crisis in order to alleviate human suffering and carry out their humanitarian role entrusted to them in times of conflict or disaster.

4.2.6.1. Intervention NGOs in the Response to the Syrian Crisis

After the peaceful movement and the popular uprising in Syria turned into an armed conflict, and the Syrian regime's practice of major violations against civilians, and after Syria entered into a humanitarian crisis at the end of 2011 as a result of the large number of wounded as a result of the violence practiced by the Syrian regime, There was no real and effective presence of humanitarian NGOs in the areas under the control of the Syrian government that could be relied upon in responding to the injured and wounded. The only organization that represented the humanitarian sector and the organizational form was the Syrian Arab Red Crescent, which was under the direct supervision of the Syrian government, and was used by the security services to arrest the wounded, using the pretext aiding them, as happened in Daraa and Damascus at the beginning of the Syrian uprising.

UN Agencies are present in the areas under the control of the Syrian government, and they have the activities they provide in the areas under its control. However, the Syrian regime interfered with the humanitarian activities of the organizations, especially the activities of WHO, which appeared in the practice of the security forces during the introduction of medical aid to the besieged areas in Eastern Ghouta, as the security forces often prevented the entry of medical devices, specific medicines and surgical tools and confiscated them, which is a violation of the freedom of humanitarian organizations and their independence.

4.2.6.2. Humanitarian action in areas controlled by the Syrian regime during the conflict.

During the conflict period, humanitarian activities declined in the areas under the control of the Syrian regime, and the role of humanitarian NGOs declined significantly, and a large number of humanitarian NGOs had great fear and keenness not to interfere to respond to humanitarian needs in areas controlled by the regime, and this is for many reasons, the most important of which is the security dominance and the interference of the political and military parties affiliated with the Syrian government in the work of the organizations, and their attempt to use the services and funding it provides to serve their interests, and the war they are waging against the Syrian opposition. They also resorted to stipulating the implementation of the activities and projects of local societies and organizations through organizations that

are loyal to the ruling authority and, work according to its agendas, such as the Syrian Arab Red Crescent and other charitable organizations whose management is supervised by the Syrian intelligence services, and directed to serve the political and military interests of the Syrian government. Therefore, some organizations preferred to withdraw, which prompted a number of humanitarian NGOs to refrain from working in the areas under the control of the Syrian government, Because they found that working there would push them to make concessions regarding humanitarian principles, and they would lose their impartiality and independence due to the influence of pressures that might be exerted on them by the Syrian intelligence services, or by the military institutions and militias allied with them.(All participants).

UN institutions located in the areas under the control of the Syrian government were restricted by the Syrian government under the pretext of security measures, and that their mobility is very limited, and that they do not have any real impact on the health policies of the Syrian government. As a result, the strategy and goal of the Syrian government was not focused on improving the health reality in its areas of control, but rather focused on the war that the Syrian regime is waging against the people who revolted against it. Consequently, it had the choice of accepting the work of an organization and giving it a work permit or rejecting it, or restricting organizations that work or wish to work within its areas of control, especially organizations whose strategy and work policy do not correspond to the general political and military orientation of the Syrian government, which has been at the top of its priorities and concerns during the past ten years of conflict. (SN1, HB`,HB3).

"The great corruption in the areas under the control of the Syrian government, the theft of medical aid by the military authorities, and their interference in that aid and diverting it in a way that serves to achieve its goals greatly limited the presence of these organizations in the areas under the control of the Syrian government". (HB1)

There were no activities of Syrian NGOs in the areas controlled by the Syrian regime during the past years of the conflict, as all Syrian humanitarian organizations were considered by the regime organizations that supported terrorism, and their workers were considered terrorists, wanted by the Syrian regime. The apparent form of humanitarian work in the regime-controlled areas was through the Syrian Red

Crescent, which was loyal to the Syrian regime, and implemented the directives and instructions dictated to it. (SP2, SN2, HB1, HB4, SN3)

"I was a volunteer in the Syrian Arab Free Crescent at the beginning of the Syrian uprising, thinking that it was a neutral international humanitarian organization, affiliated with the UN, but within a short period, it became clear to me that it was affiliated with the Syrian regime, and that it was biased towards it, and that it was not impartial. Rather, it was part of the system with which the regime was fighting the Syrian opposition". (SP1)

During the conflict , there was no role for NGOs in the areas controlled by the Syrian regime, because these organizations were considered terrorism supportive while at the same time imposing many restrictions on the registration of these organizations, which makes them under its supervision and authority ,even a number of NGOs those that were operating in regime-controlled areas withdrew or reduced their activities due to the significant interference by the military and political government authorities, and thus humanitarian action was limited to the United Nations(UN) agencies represented by the Syrian Arab Red Crescent (SARC).

4.2.6.3 Humanitarian Action in Syrian Opposition held Areas OHAs

Humanitarian NGOs in general, and Syrian ones, played an important and essential role in building the health system and forming health policies in areas outside the control of the Syrian regime, especially in light of the absence of a form of government for the existing health bodies, and the absence of a central authority that supports their existence. Those bodies were not compatible enough with each other as a result of the absence of governance, and the geographical distance between them as a result of the siege, and the different conditions of conflict in each region, and the multiplicity of de facto authorities in them, which constituted a major challenge to building the health system and its governance, and the formation and implementation of its policies.

4.2.6.3.1. The first phase of the Syrian NGOs intervention in OHAs.

Syrian humanitarian NGOs, especially those concerned with health issues, began their response to the Syrian crisis, which resulted from the Syrian government's early use of violence against civilians, a result of the increasing humanitarian need,

and the inability of volunteer teams and health offices to achieve an integrated response to health needs in the early years of the conflict, These organizations initially began to practice their activities by implementing some response projects, such as sending medicines that are collected in European countries or in America by volunteers from the Syrian, Arab or Islamic communities in those countries. They were delivered unofficially to those areas exposed to violence, and where there are health needs, through humanitarian crossings set up by some neighboring countries to Syria such as Turkey, Jordan and Lebanon.

This in-kind aid was one of the factors that helped health bodies and volunteer teams at the beginning of the conflict to better carry out their activities. This continued until the beginning of 2012, when these organizations began organizing their work and sending aid to these bodies or volunteer teams in order to establish field hospitals and medical points in the besieged areas, or those outside the control of the Syrian government, which contributed to supporting these bodies to meet the growing needs population as a result of violence. (All participants)

At this phase, the Syrian NGOs played a simple but important role, which is the funding that is not linked to humanitarian allocations, but rather the funding that depends on collecting donations and fundraising from Syrian expatriates and businessmen in addition to some interested in the Syrian crisis.

4.2.6.3.2. The second phase of the Syrian NGOs intervention in OHAs.

The logistical support operations provided by the Syrian NGOs to the affected areas controlled by the opposition factions remained in the form that was explained in the first phase of the intervention, until the areas controlled by the Syrian opposition factions increased. Some of those areas had border crossings, such as Bab al-Hawa crossing with Turkey, Nassib crossing in the south with Jordan, and other humanitarian crossings with Lebanon. This opened the door wide for the entry of humanitarian NGOs into Syria, and the start of their implementation of health projects themselves, with limited cooperation with the health bodies that were formed inside Syria during that period.

Organizations began to grow and the size of their projects grew at a time when healthy bodies were trying to prove themselves. Although humanitarian NGOs were

seeking to achieve a wider spread for them, and saw that they could be an alternative to the governmental health institutions that the Syrian regime abandoned after losing geographical control over them, health bodies, because of their relationship with society, and considering that they were the first to respond to the population's health needs, and their accurate knowledge of medical needs, they have maintained the role they played from the beginning, In addition to the role played by SIGMOH through the funding that it obtained, and provided a large part of in 2014 to the directorates, through which the directorates were able to structure themselves and establish technical departments, such as the hospital department, primary health care, warehouse management, human resources and financial management, and directly support some hospitals and health centers and contribute to their rehabilitation and equipment, which gave it the shape of the institution, and was able to attract a number of organizations to work in partnership with them, and were able to obtain a supervisory role over the facilities financed by those organizations, with the labor and health policies remaining within the facilities, which are controlled and implemented by the organizations in a manner that is commensurate with their agendas and objectives. (SN1, SN2, HB1, HB2, HB4)

The opening of the crossings between OHAs and some regional countries that have borders with Syria has contributed to allowing Syrian NGOs to enter Syria and carry out their activities on their own, thus, it became playing the role of a competitor to health bodies in providing health service, rather, they believed that they could replace the state institutions in managing the health sector, this phase is considered negative at the level of coordination and governance, but positive at the level of service provision.

4.2.6.3.3. The third phase of the Syrian NGOs intervention in Syrian crisis . (OHAs)

United Nations Security Council Resolution 2139 of February 22, 2014 which authorized the entry of humanitarian aid for UN Agencies across the border, and the establishment of the Health Cluster, which framed the work of organizations and health directorates, and was an umbrella for coordinating all actors in the health field through regular periodic meetings of the cluster, and coordinating all efforts aimed at bridging the health gaps in the areas under the control of the Syrian opposition, which

are constantly violated and bombarded, and contributed to the formation of technical committees, which were a basic nucleus for developing health policies, such as a package of primary and secondary health care services, blood bank policies, tuberculosis protocols, etc. The Health Cluster created the Syria Immunization Group, which is considered a successful model in the application of health policies. One of the most important roles played by the Health Cluster is to open channels of communication and dialogue between organizations and health directorates, and to set governance policies, It indirectly strengthened the leadership role of these directorates, through the adoption of data, needs assessments, and the projects they propose, and giving them priority, which raised the status of these directorates among humanitarian NGOs, and prompted them to start effective coordination and joint cooperation with them. (SN3, SN1, SP1, HB1, HB4)

"It contributed to the emergence of real initiatives to support the Health Cluster in Syria, through a number of organizations that called themselves the Charter Organizations (SNGOs Honor Charter -Annex D), which are SAMS, Sham, UOSSM, Physicians Across Continents (PAC), and SEMA. The text of this agreement and its most important clause is "strategic planning, cooperation and joint coordination in the implementation of projects and cooperation in supporting alternative medical bodies (health directorates), working on the governance of the Health Cluster, rebuilding its policies in Syria as a whole, and sharing resources and support provided and transforming it from parallel support to regions to hierarchical support for building health institutions in Syria". (SN1).

Here, a new phase of health work began, building health policies, and building the capacities of directorates at various levels of government, financial, human resources, etc. Through this charter, the undersigned organizations have given the alternative health bodies the legitimacy and to be a true, reliable, and locally acceptable partner for them, and can be relied upon, and I found that there is a mutual interest in sharing it with the health directorates, which was the result of the work of alternative health bodies, the medical offices, and bodies that played the first role in the health system from 2011 until 2013, when the health directorates were formed. This partnership was closely related to patriotism, and the concept of mutual interest, to achieve the goals of institutions that work with each other in a single humanitarian context, united by unified values and principles. (HB2, SN1, SN3, HB1)

“Health bodies used to secure the protection of health facilities on the ground from military or civilian interventions, and to secure an accurate database of medical needs and gaps on the ground, as well as to ensure communication with the community. On the other hand, the organizations provide funding and a source of knowledge, and advocate for issues that concern the health issue in Syrian OHAs”. (HB1)

Thus, this Charter was the first gateway to creating a real partnership between health organizations and bodies in general and health directorates in particular. This Charter prompted a good number of organizations to follow the same behaviors and mechanisms in their cooperation and partnership with health directorates in implementing their activities. (SN1)

This alliance between humanitarian NGOs and health directorates led to upgrading the staff of these directorates through the trainings and workshops that followed this charter, especially the workshops related to Health Cluster governance, and building a correct structure, and the agreements signed with the health directorates, and the start of marketing these directorates globally by the Charter organizations by presenting them to the European Union countries Through visits to the foreign affairs of some of these countries on 29-6-2016, which resulted directly in the approval of funding for a project that supports the largest health directorate in northwestern Syria, which is the Idlib Health Directorate, for a period of 8 months, and huge funding followed to the other directorates of Hama, Homs, Latakia, Aleppo, Damascus countryside, Daraa and Quneitra in October 2017.This funding was considered the first funding provided to health directorates to be directly responsible for implementing its activities. This project included the production of the Central Coordination Body, which was later renamed the Technical Body, a body that links the eight health directorates, and its task is to formulate and write health policies, unify and circulate them to all directorates, to be implemented by them in parallel. This project is one of the unique projects. It was considered the most important project in the history of health work in Syrian OHAs, as for the first time, it unified the health policies in force in the eight directorates, and unified their slogan and paper work, and it was a project that covered Syrian geography, despite its division and distance, and the absence of borders between them. Despite that, it gave the directorates unified systems and policies, and unified the human resources and

financial policies that were previously completely different from one health facility to another. (HB4, HB2, HB1, SN1, SN2, SN3)

Many local and international humanitarian NGOs followed the example of the Charter organizations, and built partnerships with the eight health directorates in varying proportions, due to the different capacities of the directorates, according to the geographical area they cover, and the health facilities they manage or supervise. These organizations intensified building the capacities of health bodies from the bottom up and from the top to the bottom through specialized trainings explaining the mechanisms of policy formulation and formation, and trainings related to management, leadership and governance of the health sector. These trainings were intense and at a high level of professionalism, and were designed specifically for building institutions and developing appropriate policies for the different contexts in Syria. (SN1, SN2, HB1)

This stage can be considered the golden phase of rebuilding the health system and forming its policies, and the Syrian NGOs played a major role in that by advocacy, forming alliances and signing agreements in order to commit to supporting the health system and empowering the health bodies represented by health directorates and through this role played by the SNGO health directorates were able to obtain direct governmental funding, which contributed to the formation of the health Directorate correctly and strengthened the loyalty of services provider health facilities, and during this phase there was financial stability and an acceptable governance structure in controlling the relationship between NGOs and health directorates and facilities Which is concerned with services providing

4.2.6.3.4. The fourth phase of Syrian NGOs intervention in OHAs.

Dramatic changes took place at this phase, the most important of which are changes in the map of control over the Syrian geography, where the regime regained control over large parts of Syria, which led to a decline in the geographical area over which the health system infrastructure is distributed in OHAs as well as the controlling authorities has a significant impact on donors' interest and the continuation of their funding.

The Coordination Body (Technical Body), which was the outcome of cooperation between Syrian NGOs and health directorates, did not last long, despite the great role it played in the formation of health policies, after 2018, health directorates wrote policies and standardized systems, the reason for not continuing this project was the presence of a large number of stakeholders who did not like the idea of the coordinating body, and they saw in it a threat to their existence, and an overlap between its powers, in addition to the conditions of the conflict, and the changing areas of geographical control, and the cessation of support for the project by donors for security considerations related to the presence of de-facto authorities classified under Terrorist regulations, and they saw that they could benefit directly or indirectly from the project. Likewise, the Ministry of Health in the Salvation Government, which was formed in 2017, believes that the growing strength and capabilities of the health directorates will not give it the opportunity for any leadership role in the areas controlled by HTS. (All participants)

"It is considered a stage in which the support of Syrian NGOs to health directorates has declined". (SN1)

After the technical body project stopped, and some donors stopped supporting projects directly to health directorates due to the contextual circumstances, some NGOs found an appropriate opportunity to return and implement their projects and supervise them themselves without deep coordination with the directorates, as these organizations had the ability to implement their health policies themselves, because they are the ones who write and design these policies, and they have the human, scientific and financial capabilities to implement these policies. Thus, organizations, from a practical and logical point of view, are best able to implement health policies. But the organizations' policies were not unified, and the coordination between them decreased to a large degree for many reasons, the most important of which are the agendas of donors, and considerations related to supporting development projects that were considered impossible in areas controlled by classified military groups, and changing funding mechanisms through the Health Cluster, which is often associated with people responsible for managing the financial allocations for projects, some of which were disproportionate to the health needs in OHAs in NW Syria. (SP3, HB3, SN1, SN2, SN3, HB4, HB1, SP1)

All the alliances between NGOs changed after 2019, when the Syrian government regained control of large parts of Syria, and took control of the infrastructure of the health directorates. This change in alliances was for many reasons, the most important of which was the discontinuation of the coordination body project, which used to group the eight health directorates and unify their policies and work systems, and the decline of the directorates' role due to their loss of geography, as happened with Hama Health Directorate of, Daraa, Quneitra, Damascus countryside, Homs and a large part of Aleppo and Latakia, as well as the differences between the Charter organizations and the considerations related to governance and policy unification. Also, there was a view of many organizations towards the Charter organizations themselves, as those organizations saw that the great effort made by the organizations and their collective contributions are reduced to the Charter organizations only. (All Participants)

Most of the organizations created alliances between them and the rest of the health directorates, such as the Directorate of Aleppo and the Directorate of Idlib, which did not have the real authority through which they could compel organizations to implement their policies after they were weakened due to the loss of the leading role at the level of the health sector for the reasons previously listed, and for reasons that will be explained in depth in the section on obstacles and challenges that hinder implementing and developing health policies in Syria. Likewise, the continuous bombing of the infrastructure of hospitals and the loss of a large part of their geography with the advance of the Syrian government forces, which made them seek to maintain the minimum institutional form with the help of a number of Charter organizations and other organizations that had national values, and believed and appreciated the role played by these bodies in the early stages of the uprising, and the effort they exerted during the conflict stage, and allowed them to exercise their moral authority, which is what health directorates relied on it to compel organizations to implement some of their policies in the absence and absence of an authoritarian role as a state institution. This authority was effective, and brought about the results of a real partnership between some NGOs and the rest of the health directorates, while a number of organizations remained far from coordination with them, and were not subject to the moral authority of those directorates, and continued to implement their

activities and projects according to their own policies and agendas, and moved away from real partnerships with Health Directorates. (SN1, SN2, SP3, HB1, HB4)

"Different viewpoints between NGOs, and their lack of agreement on a unified vision in building the health sector and formulating its policies led to the failure of some of these organizations to commit to supporting and empowering health directorates and respecting their policies, as the organizations' commitment to the directorates' unified policies was a voluntary, moral, non-committal option due to the absence of authority, the legal and political aspects of these bodies". (HB1)

The conditions of the conflict, including changes in control, the continuation of military operations, in addition to the decrease in funding played the largest role in this phase declining in Syrian NGOs role , which resulted in a decline in activities aimed at supporting and rebuilding the health system.

4.2.7. Obstacles and challenges facing health system rebuilding and public health policies implementation in OHAs.

Despite the presence of health bodies in the north and northwest of Syria, represented by the health directorates, which are considered structured institutions and have their specialized departments, and despite having written health policies that are commensurate with the surrounding contextual conditions, these policies face great challenges at the level of implementation, and at the level of application. These challenges are due to the existence of obstacles and causes imposed by the nature and circumstances of the conflict. Although health directorates have the policies, tools and knowledge to implement and develop some of them, they often face real challenges that most of the interviewees agreed on:

4.2.7.1. The influence of the dominant authorities (de facto authorities), and the absence of a state form

After the area controlled by the opposition factions has shrunk due to the Syrian regime's control over them again, it is now confined to northern and northwestern Syria, HTS controls NWS, which includes Idlib governorate, part of northern Latakia, part of NW Hama and western Aleppo, and it is considered one of the military factions listed under international terrorism lists ,as for northern Aleppo, it is

controlled by the National Army factions, and it is classified as one of the moderate and internationally accepted factions, and it is an area of Turkish influence.

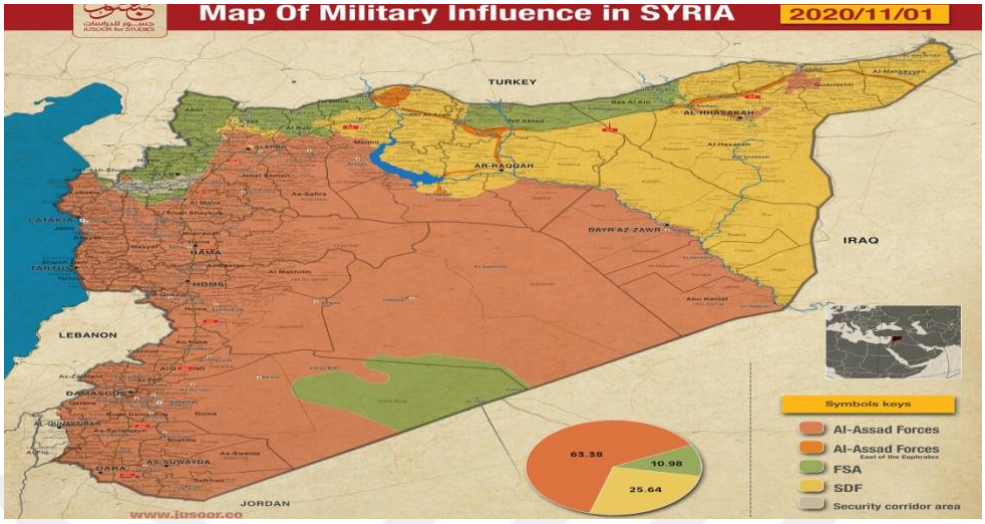

Figure 4. Map of the military bases and posts of foreign forces in Syria (Jusoor for Strategic Studies)

The challenges lie in the fact that NWS , which is controlled by HTS, is worrying for most donors and NGOs, and they cannot support development projects and stabilization projects, including governance projects, building health systems and their policies for many reasons, the most important of which is the interference of HTS in some of the organizations' activities, and donors' fear of aid reaching them or obtaining an indirect benefit such as reputation, which will support its authority and control, and thus they will be funders and supporters of terrorism, given that HTS is on the terrorist lists also, the Salvation Government formed by HTS in 2017 does not allow the presence of governmental bodies outside its authority, which prevented the presence of SIGMOH in the same geographical area. Thus, the institutional form of the health system cannot be formed so that the health directorates are under the supervision of a central authority represented by SIGMOH, likewise, health directorates cannot fall under the umbrella of the Ministry of Health in the Salvation Government, because this matter will greatly affect their relationship with donors and NGOs alike, as it is not acceptable for them to deal with entities affiliated with the Syrian Salvation Government. This reality makes the health directorates independent of any de facto authority. Thus, the form of an integrated state is absent, as there is no Ministry of Health, no Ministry of Justice, Judiciary, Police, Finance and other institutions supporting the health directorates. Thus, the bodies responsible for

implementing health policies become unable to implement some of their health policies that require the presence of a supportive executive authority. (HB4, SN1, SN2, HB3, HB4, SP1)

While SIG is present in northern Aleppo, it is unable to fully support the implementation of health policies Because of the multiplicity of authorities, the absence of a central authority that can be referred to, and the impact of political positions on supporting and empowering the health sector, especially from European donors who believe that the areas north of Aleppo are areas of Turkish influence that have no legitimacy, and supporting them means empowering this influence and recognizing its legitimacy, which makes the health sector the most affected, especially in terms of financing, and the type of development projects that support building the health system and formulating its policies. (HB4, HB3)

"The failure of healthy bodies in general to recognize the de-facto authority to be an authority that monopolizes violence and can support the implementation of the policies of these bodies creates a deficit in those bodies in implementing some of these policies". (SN1)

The difference in military control and the diversity of the dominant factions and the absence of a single internationally accepted central authority will remain a major challenge in rebuilding the health system and implementing its policies, and the continuous interference in NGOs and health directorates will affect the continuation of funding and may push donors to stop their activities in opposition-controlled areas and thus will be affected the health system is greatly affected, especially at the level of service provision and sustainability.

4.2.7.2. Health bodies relationship with the health facilities on the ground

The relationship of the health directorates is unclear and precarious with the health facilities they supervise, such as hospitals, primary health care centers, ambulance systems and other activities provided by these institutions, and this is due to the association of these institutions with NGOs that directly finance and operate them, and their commitment to their policies, especially after the suspension of the health directorates funding, which weakened the authority of the directorates over these institutions, and the reduced the geographical area controlled by the opposition,

the weak funding provided by the directorates, and the lack of a central authority to support the directorates in implementing their policies made health institutions not commit to implementing the unified health policies of the directorates, and commit to the policy of the funder represented by NGOs, The moral relationship remains only between them and those directorates , and their priority is to implement the agendas and policies of the organizations that fund them. (HB3, SP2, SP3, HB2, HB1)

The provision of services is linked to the existence of operational funding for the institutions that provide them, and without this funding, these services will inevitably cease, and this is what makes their relationship with NGOs stronger than their relationship with the health directorates closest to them in principle.

4.2.7.3 Health Sector Governance

Most of the participants in the study, including the researcher himself, believe that despite many attempts to govern the health sector and intensive workshops and training for this, which were led by a number of organizations bearing national concern, they did not produce an acceptable form of health governance for many reasons, the most important of which is the large number players and stakeholders in the health sector, and their different visions, each of them sees governance from their own point of view and their own interests.

The Health directorates considered they had the right to lead health work, and no party had the right to dictate or direct them, given that they established the first nucleus of health work, and their staff sacrificed and exerted a lot in order to build the health system and improve services. On the other hand, SIGMOH sees that it has political legitimacy over these directorates, and the health sector must be represented in it, especially at the stage when this ministry was an important source of funding for these directorates, at the same time, the institutions that provide services to the beneficiaries directly, such as hospitals and health centers, were not sufficiently loyal to the directorates, and their loyalty was linked to funding, so whoever finances is the owner of the authority over these facilities, In addition, most health facilities are linked to their regions and consider them a regional achievement, and the local community has the right to intervene in their policies and regulations. Besides, the medical offices that belonged to the local councils in cities and villages, which were trying to impose their authority derived from the community on the directorates and

organizations, and to restrict them in the event of marginalization or bypassing them, especially in the foundation stages of the projects, as the local councils represented by their medical offices are considered the main reference in determining the type and form of services and mechanisms for their provision, recruitment processes and other activities associated with the stages of launching medical projects, in addition, we find that the medical offices affiliated to the military groups operate independently of any other health entities according to their own policies, local or international NGOs did not adopt a single form of relationship between them and the directorates, some of them believe that the directorates are political bodies, and should not be dealt with deeply, and should not be given any powers over the facilities financed by these organizations, others give them supervisory authority, without having anything to do with the implementation of health policies or systems, and another part of the organizations gave these directorates their true value, and made them reliable partners, and gave them all the powers that make them a governance umbrella for the facilities financed by these organizations. (All participants)

The biggest challenge for the governance of the health sector was, and still is, the de-facto authorities represented by the military factions, Especially the factions that seek a civil project as HTS and Jaysh al-Islam in the past, and now HTS, through its political arm, which is the Syrian Salvation Government(SSG), which seeks to bring all health bodies under its supervision and management, and believes that any idea of a government initiative without being part of it will be a threat to its existence , at the expense of its desired authority, this was clear in its rejection of the idea of a technical body that united the trans-geographical health policies among the 8 health directorates in the Syrian OHAs.

4.2.7.4 Weak coordination among donors and their different agendas on the one hand, and the coordination of NGOs with each other on the other

There is a big gap between the donors who fund the humanitarian response in Syria, and there is a lack of coordination regarding the type of projects, their shape, size, and the geographical areas that these projects should cover, this is due to the different agendas of each donor, especially governmental donors who comply with and are subject to the policies of their country and their relationship to the conflict and their role in it.

The American donor has different agendas from the European donor, and the Arab donor has agendas that differ from the agendas of the American and European donors, these agendas are affected by political relations with regional countries on the one hand, and their view and position on the Syrian regime and its allies on the other. as well as the evaluation of each donor to the military parties, groups and factions involved in the conflict, some of them believe that some of the dominant military groups are extremists and fall under terrorist regulations, and it is not possible to support or fund any projects within their areas of control, and some see them as moderate, and implement their projects without any hesitation or reluctance. (SN1, HB1, HB4

Most donors are reluctant to support development projects, and see that the necessary Syrian response is of an emergency type, and should only provide projects that cover emergency needs.

"If the funding is directed, it strengthens the community and civil forces, and it may have a positive side effect and an indirect benefit to the de facto authorities, but the other option, which is to cut off the funding, will have a negative impact on the community and societal forces, and make them meet their unknown fate by being prey to the local authorities and the de facto authorities, and it will be in the interest of those authorities". (SN1)

At the same time, the organizations that implement donor projects, their alliances are fragile and have no continuity because of their association with the agendas of the donors, and due to the mutual mistrust between most of those organizations, and looking from the perspective of the benefit that the allied organizations will derive from those agreements. This explains the collapse of the alliances that took place during the past years, and their lack of continuity, which is reflected in the relationship of these organizations with the directorates, especially from the aspect related to the implementation of policies. (SN1, HB1)

Each organization implements its own policies, regardless of policies of other organizations or health directorates, in the absence of a central authority supporting those directorates to oblige health organizations and facilities to implement them.

4.2.7.5. The turbulent relationship between NGOs and health directorates

Although a number of NGOs played an important role in rebuilding the health system in OHAs in NW Syria Through the alliances they established, and through advocacy and funding at some phases for government and development projects, however, soon those alliances collapsed, and funding the projects stopped due to circumstances related to the nature of the conflict, de-facto authorities, and donors' agendas, which made the relationship in flux between those directorates.

The weakness that befell the directorates as a result of the collapse of the Technical Body, and the cessation of their direct funding, gave an opportunity for organizations that were not originally enthusiastic and encouraged to support the health directorates, cooperate with them, and work according to their policies until they work independently and without coordination with them, or morally committing to their policies. This took the application of the health policies of the directorates again to the phase of weak application and inability to develop at the present time. (SP2, SN1, SN3, HB4)

"There is an equation that shows the relationship between organizations and directorates, when directorates are strong and have direct funding and a leading role, we find that most organizations are committed to their policies and work systems, and when their leadership role declines and weakens, organizations return to exercising their leadership role independently from those directorates". (SN1)

Since the conflict conditions are still the same, and given that the health directorates do not have government funding that enables them to have real authority over the institutions that provide services, the relationship between them and the NGOs will remain volatile, and it will make it difficult for them to have authority over any organization, given that most service providers are financed from those organizations.

4.2.7.6. Continuous targeting and destruction of health infrastructure

All participants in the study agree that despite the lower level of violence and bombing in northern Syria, hence the lower rate of targeting health infrastructure, the cumulative effect of the targeting and the destruction of it is still evident in the health sector, especially since the continuous destruction of infrastructure over the past ten

years has made it difficult to compensate for the shortfall, in light of the decrease in funding and donor orientations that no longer focus on equipping and rehabilitating the destroyed infrastructure, especially after the continuous depletion during the past years of the operational budgets in order to compensate for the damaged and destroyed devices or the buildings destroyed by the bombing, In addition to permanently losing an important part of the infrastructure between 2018 and 2019, when the Syrian regime took control of large areas of Syria that included a large number of health facilities equipped and funded by organizations in cooperation with health bodies.

Infrastructure weakness is reflected in the quality of work and quality standards, and therefore its negative impact will be on the implementation and development of health policies.

4.2.7.7. Scarcity of human resources

Since the beginning of the uprising in Syria, health staff has been the target of the Syrian regime's violence, as it practiced arrests, forced disappearance, or direct killings by targeting the health facilities in which they work.

The violence pushed health workers to emigrate, which affected the number of health staff in Syria in general, and those that reside OHAs in particular, especially those staff who possesses scientific and practical expertise that can build, plan and develop health policies, or those that implement them. (SN1, SN2, HB1, HB4, SP3)

We find that health policies are present for most health directorates, but they cannot be applied due to the lack of expertise or competencies, such as drug control, forensic medicine or other health policies, despite their importance and the necessity of their application.

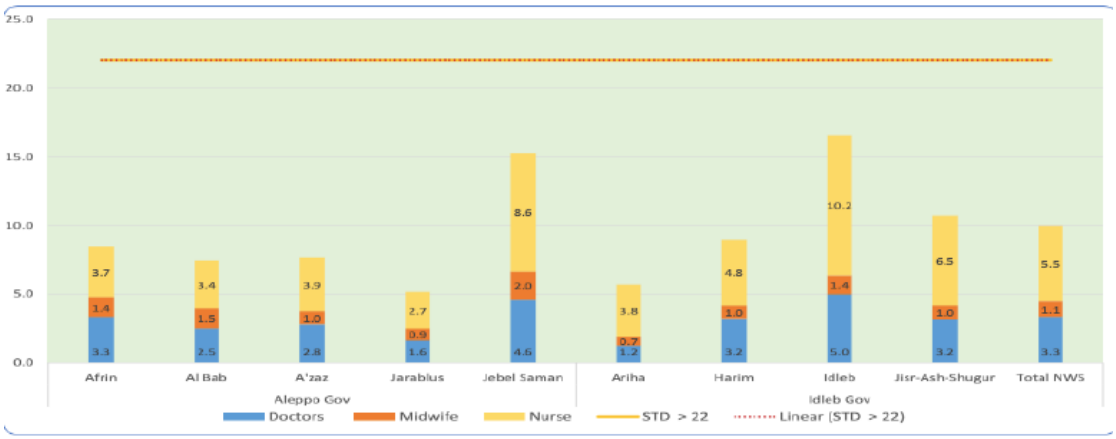

Figure 5: Number of health workers (medical doctors + nurse + midwife) in Idlib and Aleppo per 10,000 populations, by district, according to the WHO NWS HeRAMS June 2020 report/ www.syriahealthnetwork.org.

4.2.7.8. Impairment and declining funding

All study participants see that with the passage of ten years of conflict in Syria, humanitarian needs, especially health ones, are still a top priority. The most important of which is the noticeable decrease in funding after the crisis of the COVID-19 epidemic which was one of the most important reasons that affected the funding provided to the health sector in the NW Syria, In addition to the orientations of the donors whose desire to intervene in response to the humanitarian crisis in Syria decreased, either because of their political agendas related to the parties to the conflict. or for reasons related to the complexities and dangers of the Syrian context, and the continuous depletion of infrastructure and operational budgets. During the past two years, funding for the most important projects that finance health directorates has stopped, and in turn, funding for development projects has also decreased, which makes the implementation of health policies almost impossible.

Every policy needs tools for its implementation, and the most important of these tools is funding, without which it is not possible to implement integrated health policies of acceptable quality.

4.2.7.9. Depletion of the operational capabilities of health facilities

The health directorates and health facilities that are supervised by the health directorates, or those managed and supervised by governmental organizations, are

working with their full operational capacity in order to provide health services to more than 4 million Syrian citizens who live in deteriorating economic conditions, due to the conditions of the war, which made the level of per capita monthly income less than 20$ as more than half of the population in NW Syria are forcibly displaced from different regions of Syria, the Syrian regime abandoned them during the years of war according to a systematic plan to bring about demographic change at the country level. These numbers of residents live in camps that lack the minimum necessities of a decent life, and lack any sources of income, after most of them lost everything they had during the displacement. (HB4, SN1, SP2, HB1, SP1)

This huge number of the population, most of whom are among the most vulnerable groups of children, women and the elderly, in light of a deteriorating economic reality, receive health services free of charge from health facilities distributed in northwestern Syria. Although these facilities operate at full capacity, they are not quantitatively or qualitatively proportional to these needs, and are unable to meet the growing medical needs of this large number of the population, compared to the operating budgets of these institutions, and the abundance of their staff, as the latest study shows that for every 1500 citizens, a hospital bed is available, and for every 1,000 citizens, there is a1.4 doctor. These values do not comply with international health standards. (HB1)

In light of this economic and health reality, and in the absence of alternative solutions on the horizon with a significant decrease in funding, the health sector and health staff remain depleted and busy occupied with emergency health needs, and are unable to implement and develop health policies in whole or in part.

4.2.8. The current status of the health system in OHAs.

A large area was controlled by the Syrian opposition factions lost it during the past two years, thus the health system lost more than half of its infrastructure, including hospitals, health care centers and other health facilities which covered the population medical needs , as the Syrian regime and its allies during the military operations it launched in order to take control on those areas, the regime systematically targeted the health infrastructure and destroyed more than half of the hospitals in the northern countryside of Hama and the southern countryside of Idlib, in addition to storming those areas, which prompted the local population to move

northward searching safety, also Health workers were among displaced, due to the impossibility of staying within the health facilities because they were directly targeted.

The military operations resulted in losing HHD the most of its health institutions such as hospitals and health centers, as well as its main office as a result of the Syrian regime's control over most of Hama geography and it was compelled to start working on Idlib geography after all its employees were displaced to these areas, HHD tried to maintain its Institutional structure and Preserving its role in managing and supervising health facilities after it started again to provide activities near the Turkish border, where the largest number of Hama IDPs are located, striving to maintain its continuity in providing health services to them even in the areas of displacement, but the circumstances did not allow it to continue on the geography of Idlib, and the most important of these circumstances is IHD refusal to have another entity parallel to it that provides health services on the same geography, and despite the negotiations between the two parties, it failed, which also prompted NGOs to stop supporting projects that It is managed and supervised by the HHD over Idlib geography ,which eventually led to the almost total HHD collapse and loss its authority which used to exercise over its health facilities,HHD became only a governmental entity linked to the Ministry of Health in the Syrian Interim Government in a non-public manner and without any administrative or supervisory authority or tasks.(HB1,HB4.SN1,SN2,SP1)

The same applies to the Lattakia Health Directorate, which has completely lost its geography and its work is limited to supervising one hospital located on the geography of Idlib and providing health services for the displaced from the countryside of Latakia and some local residents from the countryside of Idlib. As for the Aleppo Health Directorate, it was divided into two entities due to the division of Aleppo geography and the different controlled authorities, as the western countryside of Aleppo, which is controlled by HTS, there is a health directorate under the name of Aleppo Health Directorate in the western countryside of Aleppo, which is an independent entity, secretly affiliated to the Ministry of Health in the Syrian Interim Government, as for the northern countryside of Aleppo, which is considered an Turkish influence area and is controlled by the Syrian National Army factions, health sector represented by Aleppo Health Directorate in the northern countryside, which

oversees some health activities in this area and is directly affiliated with the Ministry of Health in the Syrian Interim Government, in addition to the presence of a large number of health sub-directors as each city in the northern countryside of Aleppo has its own health directorate that is affiliated with the local councils and works according to the Turkish government health system and under its supervision, such as Azaz Health Directorate, Al-Bab Health Directorate, Jarabulus, Afrin and others, the coordination between these directorates and AHD,Ministry of Health in SIG is very weak, for various reasons, the most important of which are political and governance.(HB4,SN1,HB3)

Syrian and international NGOs, in addition to the United Nations agencies, continue to implement their response programs to the Syrian crisis in OHDs, either directly or in coordination with the health directorates, but the level of coordination varies from one region to another and from one health directorate to another, and political considerations play an important role in determining the type and form of the relationship between them, In northern Aleppo, which is considered Turkish government influence areas, the level of support provided by non-governmental organizations is much lower than the support provided to NWS, although the controlling authorities in NWS are less acceptable than those that control the areas of northern Syria.

We can explain the current form of the health system in the opposition-controlled areas, that it is based almost entirely on the Syrian and international NGOs support for health programs, either through direct implementation or in partnership with health directorates, as for the relationship between health directorates and health services provider facilities, it is related to funding, when the funding through health directorates, the relationship will be stronger, and when through the organizations, the relationship with the directorates weakened.

The main concern and challenge to rebuilding the health system and implementing its policies is the health sector governance and the preservation of its independence away from the interference of the de facto authorities, in the presence of two different governments, one in NWS, which is the SSG and the other in northern Aleppo, which is the SIG, the health system will remain erratic and its policies are not practically implemented.

4.2.9.The appropriate form of the health system and its policies from participant's perspective

The experiences of similar contexts are usually reproduced in the implementation of health policies, and taken as a model according to which a health system is built in disaster and crisis areas. But for the Syrian context, it seems from the point of view of most of the participants, that the Syrian context is completely different from all the contexts of disaster and conflict areas, for many reasons, the most important and most logical is the absence of the state and its institutions in northwest Syria, which makes health bodies paralyzed. They are like a head without organs that carry out the orders that the mind gives it to them. Today, in NW Syria, we see health directorates that run themselves. They are neither satisfied with the de facto authorities to be their tool to implement their policies, nor are they able to impose these policies through their financial ability to fund projects, nor through the cooperation with NOGs, if we try to justify these conclusions, we find that they are right when they refuse to fall under the umbrella of the de facto authorities, which are considered and classified as extremist and listed by most European governments and some American institutions under terrorist lists, this justifies for these directorates avoiding falling under them to ensure the continuity of funding and support provided to them and to the institutions that supervise them, as well as the lack of direct and continuous funding and their inability to self-fund through charitable projects and paid services, given that the economic situation and the state of poverty experienced by the population does not allow that. Moreover, it is difficult to convince governmental organizations, donors, as well as society, of the need to switch to charitable work, as most donors and organizations that implement their projects are far from mixing charitable work with humanitarian funding because of the complexities and overlaps that constitute a source of concern and discomfort for them.

“The health system is built on policies, systems, infrastructure, authorities, human resources and funding, and it is not possible to implement policies without systems that frame them, infrastructure, human and financial resources that implement and develop them, and authorities that are required to apply. These policies will be ink on paper, and only a few will be implemented”. (SN1)

A decade of humanitarian catastrophe, during which the population became accustomed to absolutely free medical services as a result of their difficult living conditions on the one hand, and their conviction that everything provided to them through health institutions is free and must remain free until Syria reaches the phase of stability and recovery makes it difficult to convince them of the necessity of implementing charitable work in some health services due to the necessity of continuing those services not to reach total collapse of the health sector, which may occur suddenly in the event of stopping the humanitarian aid provided across the border through the United Nations Agencies, or a sudden stop of the funding provided by the local and international NGOs. Most of the participants in the study believe that the optimal form in which to ensure the continuity of health services, prevent the collapse of the health system, apply minimum acceptable level of health policies is further systemize the relationship between health directorates and NGOs, In a way that achieves the organizations' goals, and implements their policies, and ensures for the health directorates and facilities they supervise the continuation of funding that achieves the ultimate goal, which is providing medical services to the population, and the application of health policies in a manner commensurate with the different contexts and circumstances facing the health sector in NW Syria. (All participants)

CHAPTER V

CONCLUSIONS and RECOMMENDATIONS

In this chapter, the results obtained through in-depth interviews will be summarized, which was confirmed through discussion focus group, in addition to what was confirmed by the analysis of previous studies and research, and during this part there will be recommendations related to the study itself and recommendations for stakeholders at the level of the health sector in Syria.

5.1. Conclusions

It is clear from the research, which was based primarily on in-depth interviews with open-ended questions, with KIIs, who have long experience and heavily involved in building the health sector in Syria, and played roles in building health policies. In the second place, the study was based on an analysis of articles and research related to the health system in Syria in general, and NW Syria in particular, during the past decade of conflict. It was evident during interviews and analysis of articles and studies on the health system and health policies that the health system in Syria before the start of the uprising was centrally planned by the Syrian Ministry of Health, and its health policies are designed in a way that achieves the government's vision and strategy, without having any role for the Syrian health directorates or other institutions concerned with the health aspect in health planning and policy-making. Their role was limited only to implementing the policies drawn up by the government, regardless of their negative effects on society, even at the expense of the lives of the Syrian citizens. The study showed an unfair distribution of health services in Syria, and discrimination based on region, religion, kinship, and nepotism. This was evident during the conflict period, when the Syrian government abandoned its health role and responsibilities in the areas controlled by its opponents, and used health services as a weapon of war, and made the military institution the guardian of the health sector. Not only did it prevent the arrival of medical supplies, but it made targeting hospitals, centers and health personnel a legitimate target, which contributed greatly to the collapse of the health sector in the Syrian OHAs in the early period of the Syrian uprising.

The research showed that the formation of the health system and its policies in Syrian OHAs passed through major stages that contributed to its formation. During these stages, both health bodies and NGOs played a major role in this. When the health bodies took the first initiative in forming the nucleus of health work after the collapse caused by the systematic violence by the Syrian regime through their self-funding and voluntary efforts, NGOs had a great role in securing the largest funding for the operation of health institutions in OHAs, including those abandoned by the Syrian regime. The study shows the unstable relationship between health bodies and NGOs, When those bodies were weak, NGOs greatly grew by implementing their projects themselves, with little or no coordination with these bodies, Until the health bodies were framed in the form of directorates, especially in 2014, during the period in which SIGMOH funded 8 health directorates in various regions of Syrian OHAs. This gave the institutional form to these directorates, which prompted a number of local NGOs to form alliances in 2015 in order to support and empower them, which resulted in direct funding for these directorates, and between 2016 and 2017, made them reliable entities that could be partnered with, and it was the motivating and encouraging factor for a large number of NGOs to coordinate and work with them and in accordance with their policies. The Technical Body that was part of the direct support project during this period contributed to writing health policies and circulating them to the eight directorates. But the security conditions, and the de-facto authorities and their interference in some of the activities of the directorates, and other political considerations prompted the cessation of direct funding, which weakened them again, and it was an opportunity for some organizations that originally had no desire, or were not encouraged to work or partner with them, to work independently and carry out their activities in isolation from the directorates, or with modest participation.

Despite this, the health directorates in the NWS continue to exercise their role as an independent health service institution, far from political strife and outside the governance framework of the de-facto authorities and other governmental institutions by not being affiliated with any government on the ground. They are now caught between two evils, if they become subordinate to SIG, they will not be acceptable to work in areas controlled by HTS and the Salvation Government. and if they agree that they one are institutions of the Salvation Government, the impact will be much

greater, as there will be no funding for them, because the policies of local and international NGOs do not allow dealing, supporting or partnering with anybody or institution linked to entities classified as terrorist entities, and internationally unacceptable, therefore they remained independent without any executive authority, and thus weak and unable to implement or develop health policies as required. Through this strategy, they preserved some NGOs that are still interested in supporting and empowering the health sector, and giving them executive, administrative or supervisory powers as permitted by their policies as well.

The study showed that not only the de-facto authorities and other governmental entities had a negative impact on the application and development of policies, but other factors contributed, such as the continuous targeting and destruction of medical infrastructure, the migration of health staff, the scarcity of administrative experience among health staff, due to the migration of most of them as a result of the dangers of war, such as arrest, kidnapping, and direct targeting of the facilities in which they work, different donor agendas, especially with regard to the type of projects implemented during the humanitarian response, and the reluctance of most of them to support stabilization and development projects, with a noticeable decrease in humanitarian funding for the Syrian crisis, in addition to the lack of unified policies in the organizations, or accepting to work in accordance with the policies of the directorates, and each of these organizations operate with its own policies. There are neither human resource policies, nor financial policies, nor health policies are compatible with each other, and most of them have a volatile and turbulent relationship with the directorates. This turbulent relationship had an impact on the relationship of the directorates with the health institutions supported by NGOs, which in turn imposed the implementation of their policies on the institutions that they fund independently from the directorates. The economic factor, population density, and poverty among the population contribute to the depletion of the capabilities of the health sector at the level of human and financial resources, due to the quantitative and qualitative disproportion in the number of patients with different health needs on the one hand, and the number of service providers and their specializations, on the other hand. also, the quantities and types of medical consumables and medicines on the one hand, and the large number of beneficiaries and the diversity of their needs for these medicines and medical consumables on the other hand.

This reality, these challenges, and the security, political, military, financial, social and economic conditions faced by the health sector and health actors in NW Syria require the implementation of health policies that differ from most global contexts in stable countries or countries of disasters and conflicts. Health policies of a country of conflict cannot be reproduced and applied in NW Syria. Rather, the policy to be implemented is the de facto policy, i.e. contextual health policies, and the implementation of these policies according to the requirements of each health issue, with continued coordination among the directorates, NGOs and health institutions providing services. This is the current reality of the health sector and its health policies in NW Syria. Although the relationship between health directorates and NGOs has passed through stages of stagnation and fluctuation, their positive role was clear in building the health sector and formulating its policies.

5.2. Recommendations

This study is based on in-depth interviews with key informant participants and decision makers, and by analysis and review of studies, articles and government documents that addressed health policies and their composition in Syrian OHAs, especially NW Syria, which is an important geographical part of Syria, as it is home to more than 4 million Syrian citizens, and a big number of health institutions and bodies, and it is controlled by HTS, and is politically managed by the Salvation Government, it is a geographical area with its own peculiarity and unique context. It is important and necessary in order to achieve a greater understanding, and to obtain a comprehensive vision of the health systems and their policies in all the different areas of control in Syria. The role of NGOs in it requires a comparative analytical study of the systems and policies applied according to each context. In addition to the context of NW Syria, this study includes the areas north of Aleppo that are controlled by the National Army factions linked to SIG, supported by the Turkish government, and areas controlled by SDF, backed by the United States of America and other international parties, and areas controlled by the Syrian regime, mainly supported by the Russian government, and other countries and militias, as the current conditions do not allow this comprehensive study to be conducted in light of the inability to reach most of these areas, and the difficulty of selecting reliable people who can be interviewed and obtaining accurate and correct information, in addition to the small amount of data and information available about those areas.

5.3. Special Recommendations for Decision-Makers at the Level of Syrian NGOs, Health Directorates and other Governmental Bodies:

Continuing to provide health services to those in needs throughout Syria requires all stakeholders to focus on coordination between all stakeholders and the development of convergent and agreed health policies that satisfy all parties and achieve the desired goal is needed, which is the implementation of health activities and services in accordance with these policies, in addition to governance of the relationship between health institutions and health directorates will have a positive impact on the continuity of health directorates, which is a mutual interest between them, as the directorates are the body that represents health institutions that provide services.

Building new alliances and partnerships between NGOs in order to support and empower health directorates and health bodies, and thus build a solid health system and defining the roles between the health directorates and the Syrian NGOs, and the non-overlapping of those roles are necessary, which will reflect positively the implementation of joint projects and programs and joint planning among all stakeholders in order to draw a vision of the appropriate form of the health system and its policies in the future of Syria, based on context analysis and the development of possible scenarios should be conducted.

Advocacy by Syrian NGOs to highlight the role of health directorates in maintaining the health system and implementing its health policies epically if the health directorates unanimously agree on a governing body that represents all of them, and to be an umbrella for them and a tool through which they can implement their health policies ,so the recognition of Syrian NGOs of the health body on which the directorates agree will have an impact on the health system in general, and on the implementation of health policies in particular, both health directorates and Syrian NGOs must seeking to secure new sources of funding for the health sector by turning to charitable work and advocating for, because it is the only solution to the continuation of health activities, and to preserve the health system from collapse.

Protecting health workers and ensuring a safe work environment is very necessary, and all procedures must be activated through which it is possible to reduce the risks facing health workers, and activate policies that guarantee their rights and

create trust between them and the institutions in which they work, and at the same time it is important to activate accountability and control over the work of all stakeholders and those involved in the implementation of health activities.

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Annex A:

Invitation to participate in a research study

This notice is for a research study for a master's thesis in the Department of Political Science and International Relations at Hasan Kalyoncu University for researcher Ahmet Al-Dbis.

This is not an official letter from HASAN KALYONCU University

I would like to invite you to participate in a research study entitled:

THE ROLE OF THE SYRIAN NON-GOVERNMENTAL ORGANIZATIONS IN REBUILDING HEALTH SYSTEM IN SYRIAN OPPOSITION-HELD AREAS DURING THE CONFLICT

The study aims to identify the most important causes and factors that led to the collapse of the health system in Syria and to highlight the most important players and their role in rebuilding health system and forming public health policies in Syria before and during the conflict

You will be asked to participate in a telephone interview (via WhatsApp) in order to talk in depth about the health system and public health policies in Syria before the conflict and during the conflict through your experience and expertise while working within the humanitarian response to the Syrian disaster, especially the health aspect.

You are invited because we find you the perfect person to talk about the health system and how the conflict conditions affected it and how NGOs and local health entities played a role in rebuilding health system and reconfiguring health policies.

The estimated time to complete the research interview activities ranges from 60 to 90 minutes as a maximum.

This interview can be conducted through a phone call or any means of communication that suits you, and after your approval, the interview will be recorded from beginning to end. If you do not want the interview to be recorded audio, detailed written notes about the interview will be recorded.

Please read the informed consent form and consider whether or not you wish to participate in the research.

If you have any questions about this study, you can contact researcher Ahmed Al-Dbis (tel, email: or more inform

دعوة للمشاركة في دراسة بحثية

هذا الإشعار لدراسة بحثية لرسالة ماجستير بقسم العلوم السياسية والعلاقات الدولية في جامعة حسن كولينجي للباحث احمد الدبيس.

*** هذه ليست رسالة رسمية من جامعة حسن كولينجي***

أود دعوتك للمشاركة في دراسة بحثية بعنوان: (**دور المنظمات غير الحكومية السورية في اعادة بناء النظام الصحي في مناطق سيطرة المعارضة السورية خلال الصراع**),تهدف الدراسة الى تحديد اهم الاسباب والعوامل التي ساعدت وادت الى انهيار النظام الصحي في سوريا وابراز واهم اللاعبين ودورهم في بناء وتشكيل سياسات الصحة العامة في سوريا قبل واثناء النزاع.

سيُطلب منك المشاركة في مقابلة عبر الهاتف من اجل الحديث بشكل معمق عن النظام الصحي وسياسات الصحة العامة في سوريا قبل بدء الصراع وخلال الصراع من خلال تجربتك وخبرتك اثناء عملك ضمن الاستجابة الانسانية لسوريا وخصوصا الجانب الصحي .

أنت مدعو لأننا نجد انت الشخص الأمثل للحديث عن النظام الصحي وكيف اثرت ظروف الصراع عليه وكيف كان للمنظمات الحكومية والكيانات الصحية المحلية الدور في تحويل هذه السياسات واعادة تكوينها.

يتراوح الوقت المقدر لإكمال انشطة المقابلة البحثية من60 إلى90 دقيقة بالحد الاعلى.

يمكن إجراء هذه المقابلة من خلال اتصال عبر الهاتف او أي وسيلة اتصال تناسبك وبعد موافقتكم ستكون المقابلة مسجلة من بدايتها الى نهايتها. واذا لا ترغبون ان تسجل المقابلة صوتياً ستسجل ملاحظات حول المقابلة كتابياً.

يرجى قراءة نموذج الموافقة والنظر فيما إذا كنت ترغب في المشاركة في الدراسة او لا .

إذا كان لديك أي [illegible] هذه الدراسة، يمكنك الاتصال بالباحث احمد الدبيس)هاتف بريد الكتروني (nail.com.[illegible] لومات حول الدراسة.

Annex B:

Information Sheet and Consent Form

Dear Participant

You are invited to a research study entitled:

THE ROLE OF THE SYRIAN NON-GOVERNMENTAL ORGANIZATIONS IN REBUILDING HEALTH SYSTEM IN SYRIAN OPPOSITION-HELD AREAS DURING THE CONFLICT

Aim of the study

The study aims to identify the most important causes and factors that led to the collapse of the health system in Syria and to highlight the most important players and their roles in rebuilding health system and forming public health policies in Syria before and during the conflict, Researching the reasons for the weak implementation and developing public health policies in OHAs and the influence of conflict parties in this regard, identifying the most important actors who contributed to changing and transforming these policies, and demonstrating the role of local health authorities in rebuilding and forming health policies in cooperation with humanitarian Syrian NGOs. Finally, we can explore through the study the most appropriate public health policies for the Syrian context at the present time.

Recruitment methodology and inclusion criteria

I would like to invite you to participate in this research project, which forms part of my master's study at Hasan Kolyoncu University. Before you decide whether you want to take part, it is important for you to understand, why the research is being done and what your participation will involve. You are being invited to participate in this research because you were or are still a part of the main actors in health sector management and you had a role in one way or another in rebuilding it and forming its policies, and as one of the experts in the humanitarian health field in Syria, you are the most experienced in order to talk about the health system and public health policies in Syria before and during the conflict.

You are asked whether or not you are willing to allow me to receive your contact information and whether or not you authorize me to contact you for research purposes. If you do agree to participate, I will inform you of the research activities and you will have the choice to choose whether you would like to learn more about the research and participate in it.

I am seeking the participation of about 13 expert participants in the health and humanitarian sector in Syria at the level of non-governmental humanitarian organizations and health bodies in Syria, who are not less than 30 years old and have experience of at least 5 years in the Syrian context.

Participation

Your participation is voluntary and your decision whether to participate or not will not have any consequences of any nature. You will be free to skip any question. You can withdraw from the study at any stage and you would not have to give a reason. Refusal to participate or deciding to withdraw from the study will involve no penalty or loss of benefits to which you are otherwise entitled to. It will not affect your continued participation or future involvement in other activities, and will not affect your relationship with us. During the interview, you will not be requested to identify any third party by their name.

If you agree to participate in the study, the duration for the data collection will range from 60 to 90 minutes. Also, please note that you may be contacted post your participation in the initiative to confirm some of the information that we obtained from you. Interviews may be conducted via WhatsApp or over the phone; the interview will be fully recorded (if you agree to this otherwise notes will be taken) and will not be shared with any other party without your acceptance. We do not expect any serious risks or discomforts from your involvement in this research study

Data Protection

The findings of the project will be used for research purposes only. Your individual privacy and the confidentiality of all the information will be totally respected. Your name or any other identifiers will not be collected if you decline to give it or are not comfortable to do so. Therefore, it will not be possible for you to be identified in reporting the gathered data especially seeing that it will be published in aggregate. Records will be monitored and may be audited by the Institutional Review Board while assuring confidentiality. Hard copies of collected data will be stored in a locked cabinet in the principle investigator's office, whereas soft copies of collected data will be stored on a password-protected computer. Only I will have access to the data.

Your data will be processed in accordance with the General Data Protection principles where all data will be stored in a secure, password protected computer and only I will have access to this.

Transcription the audio recordings to written texts will be by me and nobody else will listen to them.

All data will be destroyed after the research is completed and published (within 3year)

Audiotaping

We would like to audio-record interviews to be able to gather as much information as possible if you allow it. Data will be stored in a secure place at a password protected computer in my office.

Risks of participation in the study

There are no risks possible and virtual interviews will be online to avoid infection with Covid 19.

Study benefits

It is expected that this research will provide an explanation about the reasons that led to the collapse of the health system in Syria, including public health policies. This study is a preliminary guide for building the health system and public health policies in the recovery phase in Syria.

Reimbursement

As part of your participation, you neither will receive nor be asked to pay any direct monetary compensation

Contact details

If you would like to ask any questions or raise any concerns, please contact:

Researcher Ahmet Al-Dbis:

Documentation of Informed Consent

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research study, and my questions have been answered. I am prepared to participate in the research study described above. I will be offered a copy of this consent form.

☐ I agree to participate in the research activity.

☐ I give permission audiotape the interviews. (Please note that extensive notes will be taken if voice recording permission is not granted).

ورقة المعلومات ووثيقة الموافقة المستنيرة

عزيزي المشارك/(ة)

أنت مدعو للمشاركة في دراسة بحثية بعنوان:

" دور المنظمات غير الحكومية السورية في اعادة بناء النظام الصحي في مناطق سيطرة المعارضة السورية خلال الصراع "

الهدف من الدراسة

تهدف الدراسة الى تحديد اهم الاسباب والعوامل التي ساعدت وادت الى انهيار النظام الصحي في سوريا وابراز واهم اللاعبين في بناء وتشكيل سياسات الصحة العامة في سوريا قبل واثناء النزاع والبحث في اسباب ضعف تنفيذ سياسات الصحة العامة في سورية وتاثير اطراف الصراع في هذا الصدد والتعرف على اهم الفاعلين الذين ساهمو في تغيير هذه السياسات وتحولها واظهار دور السلطات الصحية المحلية في بناء وتشكيل السياسات الصحية بالتعاون مع المنظمات الانسانية غير الحكومية وفي النهاية يمكن ان نستكشف من خلال الدراسة سياسات الصحة العامة الاكثر ملاءمة للسياق السوري في الوقت الراهن.

منهجيّة الاستقطاب ومعايير الاشتمال

أود أن أدعوك للمشاركة في هذا المشروع البحثي، الذي يشكل جزءًا من دراسة الماجستير في مجال العلوم السياسية والعلاقات الدولية في جامعة حسن كولينجي وقبل أن تقرر ما إذا كنت ترغب في المشاركة او لا ، من المهم بالنسبة لك أن تفهم ، لماذا يتم هذا البحث وما الذي ستتضمنه مشاركتك ، فأنت مدعو للمشاركة في هذا المشروع لأنك كنت او لاتزال جزء من ادارة القطاع الصحي وكان لك دور بشكل او باخر في تشكيل هذه السياسات وباعتبارك عامل في المجال الانساني الصحي في سوريا ، فأنت الأكثر خبرة من اجل الحديث عن النظام الصحي وسياسات الصحة العامة في سوريا قبل واثناء النزاع .

سيتم سؤالك عما إذا كنت ترغب في السماح لي بالحصول على معلومات الاتصال الخاصة بك أم لا، وما إذا كنت تسمح لي بالاتصال بك لأغراض البحث أم لا. إذا وافقت على المشاركة، فسأبلغك بالأنشطة البحثية وسيكون لديك الخيار في اختيار ما إذا كنت ترغب في معرفة المزيد عن البحث والمشاركة فيه.

اسعى للحصول على مشاركة حوالي من 13 من المشاركين الخبراء في القطاع الصحي والانساني في سوريا على مستوى المنظمات الانسانية غير الحكومية والمؤسسات الصحية في سوريا وان لا تقل اعمارهم عن 30 عام ولديهم خبرة لاتقل عن 5 سنوات في السياق السوري.

المشاركة

مشاركتك طوعية ولن يكون لقرارك ما إذا كنت تريد المشاركة أم لا أي نتائج من أي نوع. سيكون لك مطلق الحرية في تخطي أي سؤال. ويمكنك الانسحاب من الدراسة في أي مرحلة ولن تضطر إلى تقديم أي مبرر. وإن رفض المشاركة أو اتخاذ قرار بالانسحاب من الدراسة لن يحملك اي عقوبة أو خسارة للمزايا التي يحق لك الحصول عليها بخلاف ذلك، ولن يؤثر ذلك على مشاركتك المستمرة أو مشاركتك المستقبلية في أنشطة أخرى، ولن يؤثر على علاقتك معنا. خلال المقابلة لن يطلب منك ان تحدد اي شخص باسمه.

إذا وافقت على المشاركة في الدراسة، فسوف تتراوح مدة المقابلة من 60 إلى 90 دقيقة. يُرجى أيضًا ملاحظة أنه قد يتم الاتصال بك بعد مشاركتك في المقابلات لتأكيد بعض المعلومات التي حصلنا عليها منك. ويمكن إجراء المقابلات عبر سكايب أو الواتساب منصة زوم أو عبر الهاتف؛ وسيتم تسجيل المقابلة بالكامل ولن يتم مشاركتها مع أي طرف آخر دون موافقتك. لا نتوقع أي مخاطر أو انزعاج خطير من مشاركتك في هذه الدراسة البحثية.

حماية البيانات

سيتم استخدام نتائج المشروع لأغراض البحث فقط. وسيتم احترام خصوصيتك الفردية وسرية جميع المعلومات تمامًا. ولن يتم جمع اسمك أو أي معرفات أخرى إذا رفضت ذلك أو لم تكن مرتاحًا لذلك، ولن يكون من الممكن تحديد هويتك في الإبلاغ عن البيانات التي تم جمعها وخاصةً مع ملاحظة أنه سيتم نشرها بشكل إجمالي. وستتم مراقبة السجلات ويمكن مراجعتها من قبل مجلس المراجعة المؤسسية (مع ضمان السرية. وسيتم تخزين النسخ الورقية للبيانات المجمعة في خزانة مقفلة في مكتب الباحث الرئيسي، بينما سيتم تخزين النسخ الإلكترونية للبيانات المجمعة على جهاز كمبيوتر محمي بكلمة مرور. وسيكون فقط لدي حق الوصول اليها.

ستتم معالجة بياناتك وفقًا للمبادئ العامة لحماية البيانات حيث سيتم تخزين جميع البيانات في جهاز كمبيوتر آمن ومحمي بكلمة مرور، ولن يتمكن احد من الوصول لها الا انا.

سأقوم أنا بنسخ التسجيلات الصوتية إلى نصوص مكتوبة ولن يستمع إليها أي شخص آخر.وسيتم تدمير جميع البيانات بعد اكتمال البحث ونشره (في غضون سنة واحدة)

تسجيل المقابلات الصوتية

نود إجراء مقابلات مسجلة صوتيا حتى نتمكن من جمع أكبر قدر ممكن من المعلومات إذا سمحت بذلك. وسيتم تخزين البيانات في مكان آمن في كمبويتر محمي بكلمة مرور في مكتب الباحث .

مخاطر المشاركة في الدراسة

لايوجد اي مخاطر متوقعه وستكون المقابلات افتراضية عبر الانترنت لتجنب عدوى كوفيد 19 .

فوائد الدراسة

من المتوقع ان يقدم هذا البحث شرحا عن الاسباب التي ادت لانهيار النظام الصحي في سوريا بما فيه سياسات الصحة العامة وستساعد نتائج البحث صناع القرار واللاعبين الاساسيين في الازمة السورية على المستوى الدولي والمحلي وفي تحديد اهم الثغرات والتحديات التي تواجه بناء وتنفيذ سياسات الصحة العامة في سوريا وستكون هذه الدراسة كدليل مبدئي من اجل بناء النظام الصحي وسياسات الصحة العامة في مرحلة التعافي في سوريا.

البدل

لن يتم منح أي بدل ولن يُطلب منك دفع اي تعويض مالي لمشاركتك في أنشطتنا البحثية.

تفاصيل الاتصال

إذا كنت ترغب في طرح أي أسئلة أو إثارة أي مخاوف، يرجى الاتصال ب:

/ايميل0الباحث احمد الدبيس :هاتف/

توثيق الموافقة

لقد أتيحت لي فرصة قراءة نموذج الموافقة هذا واطّلعت على الدراسة البحثية. لقد أتيحت لي الفرصة لطرح أسئلة حول الدراسة البحثية، وقد تمت الإجابة على أسئلتي. وأنا على استعداد للمشاركة في الدراسة البحثية المذكورة أعلاه. ستقدم لي نسخة من استمارة الموافقة هذه.

☐ أوافق على المشاركة في البحث

☐ أعطي الإذن بالتسجيل الصوتي للمقابلات (يرجى ملاحظة أنه سيتم أخذ ملاحظات مستفيضة إذا لم يتم منح إذن بتسجيل صوتي)

Annex C:

THE ROLE OF THE SYRIAN NON-GOVERNMENTAL ORGANIZATIONS IN REBUILDING HEALTH SYSTEM IN SYRIAN OPPOSITION-HELD AREAS DURING THE CONFLICT

Study Questions

During the interview, you will not be requested to identify any third party by their name.

1- Would you please tell me briefly about you and your background and experiences in health Management and humanitarian action in Syria?
2- Can you tell me about health System and its policies in Syria before the conflict and who were the main actors in its formation?
3- What are the reasons that led to the collapse of the health system and health policies in Syria OHAs during the conflict?
4- Please explain to me how the new health bodies were formed in Syrian OHAs during conflict period and what are the reasons that prompted their formation?
5- How did the health System and public health policies changed in Syria during the conflict and who are the most prominent actors who played a role in its transformation and what are the main factors that made it change
6- What is the role of the Syrian health authorities (Health Bodies) in rebuilding health system and forming new public health policies in Syrian OHAs?
7- What is the role of Syrian non-governmental humanitarian organizations (SNGOs) in rebuilding and forming new public health policies in Syrian OHAs?
8- What are the most important obstacles and challenges facing rebuilding health system and its policies development and implementation in Syrian OHAs?
9- According to your opinion and from your perspective, what is the appropriate form of health system and public health policies that can be proposed for the current Syrian OHAs context?

"دور المنظمات غير الحكومية السورية في اعادة بناء النظام الصحي في مناطق سيطرة المعارضة السورية خلال الصراع"

اسئلة البحث

خلال المقابلة لن يتم الطلب منك تحديد اسماء اي اطراف اخرى .

1- من فضلك حدثني بشكل مختصر عنك و عن خلفية عملك وخبرتك في الادارة الصحية والعمل الانساني في سوريا ؟
2- هل يمكنك ان تخبرني عن السياسات الصحية في سوريا قبل بداية الصراع ومن كانوا هم الفاعلين الرئيسين في تشكيلها؟
3- ماهي االاسباب التي ادت لانهيار النظام الصحي والسياسات الصحية في مناطق سيطرة المعارضة السورية خلال الصراع ؟
4- اشرح لي من فضلك كيف تشكلت الاجسام الصحية الجديدة في مناطق سيطرة المعارضة السورية خلال الصراع في سوريا وماهي الاسباب التي دفعت لتشكيلها؟

5- كيف تغيرت السياسات الصحية في سوريا خلال الصراع ومن هم ابرز الفاعلين االذين لعبو دورا في تغييرها وتحولها وماهي العوامل التي جعلتها تتغير او اثرت عليها ؟
6- ماهو دور السلطات الصحية السورية في اعادة بناء النظام الصحي و تكوين السياسات الصحية الجديدة في مناطق سيطرة المعارضة السورية خلال فترة الصراع ؟
7- ماهو دور المنظمات الانسانية غير الحكومية في اعادة بناء النظام الصحي و تكوين السياسات الصحية الجديدة في مناطق سيطرة المعارضة السورية خلال الصراع ؟
8- ماهي اهم المعوقات والتحديات التي تقف امام بناء النظام الصحي و تطوير وتطبيق السياسات الصحية في مناطق سيطرة المعارضة السورية في الوقت الحالي؟
9- من وجهة نظرك وبرايك ما هو الشكل المناسب للنظام الصحي والسياسات الصحية التي يمكن اقتراحها من اجل السياق الحالي في مناطق سيطرة المعارضة السورية؟