INDEPENDENT HEALTH-POLICY RESEARCH

Syrian National Health Reform Strategy
2027–2035

VOLUME I

Strategic Architecture

From reconstruction to transformation: a framework for universal health protection in Syria

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Briefing deck · Independent research edition

Aita Consulting
November 2026

THE QUESTION

Not whether Syria's health system will be rebuilt, but how

16.5M

people expected to need humanitarian assistance in 2026

WHO Health Emergency Appeal 2026

513 / 1,728

public health centers fully functional in 2025

WHO Syria, HeRAMS data, 2025

≈20,000

doctors remaining in the country

UNICEF Syria, 2026

70 · 40%

Compact targets for 2030: UHC service index 70; out-of-pocket spending 40% of health spending

National Health Compact, Nov. 2025

Syria's Ministries of Health and Finance signed a National Health Compact in November 2025 to move the sector from humanitarian response toward recovery and universal health coverage. In April 2026 the World Bank approved a US$75 million project to restore primary care in 150 health centers.

THE STRATEGIC PROPOSITION

A unified health protection architecture, built in layers

Syria should progressively build a unified health protection architecture, in four layers, so that every entitlement it promises can be delivered and paid for.

01

Essential guarantee

A tax-funded essential package of primary care, public health, emergency and maternal and child care for everyone living in Syria.

02

Contributory pool

Mandatory pooled coverage for public employees and formal-sector workers, funded by payroll contributions.

03

State-paid coverage

The State pays or subsidizes contributions for poor, vulnerable and non-contributing groups.

04

Supplementary cover

Regulated private insurance for services and amenities beyond the national guarantee.

A distinctly Syrian hybrid of tax-funded systems, social health insurance, public purchasing from public and private providers, and modern digital eligibility, claims and quality management. It copies no single foreign system.

FIVE ARCHITECTURAL CHOICES

What the strategy commits to

1. **Effective coverage, not nominal coverage**
   Judged by whether people actually receive care, at adequate quality and without hardship, not by laws passed or cards issued

2. **Separated functions**
   Stewardship, pooling and purchasing, service provision and independent assurance are distinct responsibilities

3. **Primary care as the platform**
   A population-based primary care network is the foundation for financing, digital systems and hospital reform (Volume IV)

4. **Digital foundations before digital applications**
   Health number, registries and standards before large software purchases; DHIS2 is not the patient record (Volume III)

5. **Sequencing governed by evidence**
   No permanent package, contribution rate or institutional merger before a credible baseline exists

WHY FIVE THINGS MUST WORK TOGETHER

Health protection is more than health insurance

- An explicit, costed entitlement that people can understand and claim
- Services that are actually available, staffed and supplied where people live
- Financing that is pooled, protected and used to purchase results
- Information systems that identify each person and follow their care
- Institutions that are accountable, audited and open about performance

The weakest of the five determines the strength of the whole.

A generous legal entitlement without functioning services is an empty promise. Functioning services without financial protection push families into poverty. Both, without reliable data, cannot be managed or improved.

THE ARCHITECTURE

The person at the center; institutions organized around outcomes

Every person living in Syria

SERVICE DELIVERY	Primary care networks, hospitals, pharmacies, laboratories, emergency and public-health services: public, private and NGO, under common rules
FINANCING & PURCHASING	Pooled funds, a defined essential package, contracts, provider payment, claims and audit
STEWARDSHIP	Policy, public health, planning, standards and regulation; sector oversight
ENABLING FOUNDATIONS	Health number and registries, digital health, workforce, medicines and supply security, quality and law
NATIONAL DIRECTION	Whole-of-government priorities, fiscal alignment and one coordinated partner framework

FOUR FUNCTIONS

Separate the responsibilities, not necessarily the agencies

Stewardship

National policy, public health, planning, standards and regulation

Pooling & purchasing

Collecting and allocating funds, defining benefits, contracting and paying providers

Provision

Delivering clinical, preventive and support services in public and private facilities

Assurance

Accreditation, quality measurement, audit, appeals, anti-fraud and public reporting

Regulated pluralism: public, private and non-governmental providers can all deliver services under common rules for accreditation, data, quality and payment.

TEN TRANSFORMATION PROGRAMS

How the strategy becomes operational

01 Universal health protection	**02** Primary care renaissance	**03** Hospital transformation	**04** Health financing reform	**05** Social protection integration
06 Digital health Syria	**07** Health workforce excellence	**08** Medicines and technology security	**09** Health economy and investment	**10** Governance, quality and resilience

Volume II	**Health insurance and financing: programs 01, 04 and 05**
Volume III	**Digital health and information: program 06**
Volume IV	**Primary healthcare reform: program 02**

FINANCING ARCHITECTURE

Every entitlement creates a liability

Source	Proposed role
General taxation	Public health, prevention, emergency care, essential primary care, subsidies for non-contributors
Payroll contributions	Initially public employees, formal private-sector workers, organized professions
State-paid contributions	Poor households, people with disabilities, children, pregnant women, displaced and returning people
Earmarked health taxes	A supplement to, not a substitute for, the core budget
Grants and concessional finance	Rehabilitation, digital systems, workforce, transitional support
Supplementary insurance	Services beyond the national guarantee, under consumer protection rules

WHAT SYRIA SHOULD AVOID

- Insurance cards before eligibility, providers and benefits are verified
- A generous package before it is costed
- Payroll contributions as the only route to coverage
- Uncontrolled fee-for-service and politically set tariffs
- Mixing pension reserves with health spending
- Donor projects with incompatible data and reporting

A STAGED PATH TO 2035

Each phase moves forward only when the evidence allows it

2027

BASELINE

Map facilities, workforce, coverage and financing flows; restore urgent services

Gate: Reliable baseline exists

2027–28

DESIGN

Cost the essential package; build registries and the health number; analyze institutional options

Gate: Package costed, pilots funded

2028–30

PILOT

Test coverage, purchasing and primary care networks in selected governorates

Gate: Safety and feasibility shown

2030–33

EXPAND

Extend coverage, consolidate public pools, scale contracting and data exchange

Gate: Equitable gains verified

2033–35

CONSOLIDATE

Universal essential protection, mature institutions, published performance

Gate: Performance sustained

Planning windows offered for debate, not commitments.

WHAT IT MEANS FOR PARTNERS

One framework multiplies the impact of every investment

Donors and development partners

Build national systems, not parallel ones: a costed essential package, registries and the health number, primary care with funded running costs, independent evaluation.

Providers

Open to all accredited providers under common rules. Early investment in accreditation, coding, electronic claims and data exchange pays off.

Insurers and purchasers

Supplementary insurance has a defined, regulated place above the national guarantee.

Technology companies

Demand will be for systems that work offline, in Arabic and English, and exchange data through national standards.

Investors

Diagnostics, pharmaceutical supply, biomedical maintenance, training and digital services will all be needed at scale.

The common thread

The objective is not to restore the health system Syria once had. It is to build the one Syria will need.

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II — Volume II — Health Insurance Reform
Universal health protection, pooling, the essential package and strategic purchasing

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