Syrian Arab Republic
Ministry of Health
Primary Health Care Directorate
Elderly Health Department

Country Profile

Intra II Project

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COUNTRY PROFILE

Official name  Syrian Arab Republic

Location  Middle East, bordering the Mediterranean Sea, between Lebanon and Turkey

Capital  Damascus.

Population  7130 million (2003.)
Geographical

Syria is divided into four regions:

1. **Costal region**: locates between the mountain and the sea.
2. **Mountain region**: contains mountains that are laying from the north to the south parallel to the Mediterranean Sea shore.
3. **Inland or Flat region**: contains Damascus, Homs, Hamah, Hasakah, Dara’a and Aleppo flats. It is located to the east of the Mountain region.
4. **Desert region**: It is the azalea flats witch is located in the eastern south, on the borders with Jordan and Iraq.

Main Governorates

Damascus, Rural Damascus, Homs, Hamah, Edleb, Aleppo, Lattakia, Tartous, Hassakah, Rakaa, Deir ez Zour, Daraa, Swaida, Qunaitera. **People**: Syrian are mostly Arabs, with minority ethnic groups in the north : Kurds, Turks and Armenians.

**Regime**

The regime is republican according to elections. The presidential period is seven years. Dr. Bashar Al-Asad became the Syrian Arab Republic president in July the 10th, 2000. The government contains 36 ministers that headed by Ing. M. Naji Outri since 2003.

**Languages**: Arabic (official), French, English somewhat spoken.

Population

The Syrian Arab Republic, on the eastern coast of the Mediterranean Sea, has a Population of **17.13 million** according to the projection of the Central Bureau of Statistics (CBS) in 2003.

- Administratively, the country is divided into 14 governorates, 61 districts, 206 *nahya*, 85 cities and approximately 6080 villages.
- Between 1970 and 1994, the population growth rate was **3.3%**, one of the highest in the world. According to government sources, the rate dropped to 2.7% between 1994 and 2000. It is currently estimated at **2.45%**.
- Over the past 20 years, **Fertility rates** have been declining.
- According to the CBS, the total fertility rate has **decreased from 7.5 in 1978 to 3.8 in 2002**, owing in some measure to increased contraceptive use as well as an increase in the average age of first marriage, from **24.5 in 1993** to **25.1 in 2000**.

The Syrian Arab Republic has a young population profile:

- 40.2 % of the population under 15 years of age.
- The proportion of the population aged 15 to 59 years is more than 50%.

The urban to rural ratio is almost equal (according to latest statistical report from the government, this ratio is 50.1:49.9).
Demographic Indicators

<table>
<thead>
<tr>
<th>Demographic Indicators</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area (sq.km)</td>
<td>185180</td>
</tr>
<tr>
<td>Population at mid 2003 (million)</td>
<td>17130</td>
</tr>
<tr>
<td>% urban as the total of population</td>
<td>50.1</td>
</tr>
<tr>
<td>% Population &lt;15 years</td>
<td>40.2</td>
</tr>
<tr>
<td>% Population 60+ years (1001360)</td>
<td>5.8</td>
</tr>
<tr>
<td>% Females 15-49 years for population</td>
<td>24.5</td>
</tr>
<tr>
<td>Population growth rate</td>
<td>2.45</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>3.8</td>
</tr>
<tr>
<td>Crude death rate</td>
<td>4.85</td>
</tr>
</tbody>
</table>

Development and change

For the past three years, the Syrian Arab Republic has been undergoing political and economic transition. There has been political stability in the past three decades, leading to successful transition of power to new leadership. With the appointment of the new cabinet in March 2000 and the election of the new President, modernization has been the keyword. The new government has started a public debate on developmental issues and problems, emphasizing modernization and transparency in public institutions. As part of this modernization, the government is focusing on access to information technology. Many measures have been taken to improve the investment climate in the country, easing controls, and improving the banking sector and foreign exchange regulations.

Economy

According to government statistics, the economy has been growing at an average rate of 5%–7% annually since 1991. GDP per capita has been increasing since 1990.

The strong growth has been partly a result of oil exports and increased agricultural production. The 2002 estimates show a GDP at SPD 51 478 (approximately US$ 1000), up from US$ 839 (constant 1992 prices) in 1989. It should be noted that the estimates of real GDP per capita in US$ may differ from one source to another due to multiple exchange rates in the country in the past. However, economists predict that GDP growth rates in 2000, 2001 and 2002 at around 1.45, 2.1 and 3% respectively.

The Syrian Arab Republic had been classified by the World Bank as a severely indebted lower income country because of its very high foreign debt to GDP ratio (137.5% in 1999 estimates) and its debt-service burden.
Education

Great emphasis has been placed on education as a means for economic development. According to UNESCO, the adult literacy rate has increased from 45.5% in 1970 to 85.5% in 2002. The most outstanding has been the increase in female literacy, which increased by almost 200% between 1970 and 2002. Primary education is universal. However there are still disparities in illiteracy rates between males at 9.5% and females at 26.1%. Dropouts in schools are another problem, especially girls in high-risk areas, and with the enrolment falling further as pupils move into secondary school. With increase in population, there is need for higher allocations for education, which was 6.8% in 2001.

<table>
<thead>
<tr>
<th>Educational Indicators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult literacy rate 15 years and over</td>
<td>85.5</td>
</tr>
<tr>
<td>Male</td>
<td>93</td>
</tr>
<tr>
<td>Female</td>
<td>78</td>
</tr>
<tr>
<td>Gross school enrollment ratio (first level)</td>
<td>100</td>
</tr>
<tr>
<td>Male</td>
<td>100</td>
</tr>
<tr>
<td>Female</td>
<td>100</td>
</tr>
</tbody>
</table>

Health System in Syria

Health development

Great strides have been made in health, as is evidenced by the improvement of the health indicators, namely:

- Life expectancy at birth has increased from 56 years in 1970 to 71 years in 2003
- The infant mortality rate dropped from 132 per 1000 live births in 1970 to 18.1 in 2003
- Under-five year mortality rate also dropped significantly, to 20.2 per 1000 live births.
- Maternal mortality has fallen from 482 per 100 000 live births in 1970 to 65.4 in 2003.
Access to health services has increased since the 1980s as a result of government efforts to provide universal health coverage for all. According to UN estimates, the proportion of the population with access to health services has risen from 76% during 1985–1988 to almost 90% in 2000.

The urban–rural gap is also narrowing. During 1985–1988, 60% of the rural population had access to health services as compared to 92% of the urban population. By 1990–1995, access in rural areas increased to 84%, while in urban areas it increased to 96%.

### Health Status Indicators

<table>
<thead>
<tr>
<th>Health Status Indicators</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborns with birth weight at least 2.5 kg %</td>
<td>93</td>
</tr>
<tr>
<td>Infant mortality rate (Per 1000 Live births)</td>
<td>18,1</td>
</tr>
<tr>
<td>Mortality under five years (Per 1000 Live births)</td>
<td>20,2</td>
</tr>
<tr>
<td>Maternal Mortality rate (Per 100000 live births)</td>
<td>65,4</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>71</td>
</tr>
<tr>
<td>Male</td>
<td>68.7</td>
</tr>
<tr>
<td>Female</td>
<td>73.2</td>
</tr>
<tr>
<td>Married women (15-49) using contraceptives %</td>
<td>46.4</td>
</tr>
<tr>
<td>Children with acceptable weight for age %</td>
<td>94.4</td>
</tr>
</tbody>
</table>

### Coverage with health services

<table>
<thead>
<tr>
<th>Coverage with health services</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pop. With safe drinking water %</td>
<td>82.2</td>
</tr>
<tr>
<td>Pop. With adequate excreta disposal facilities %</td>
<td>81,2</td>
</tr>
<tr>
<td>Pop. With access to local health services %</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>100</td>
</tr>
<tr>
<td>Rural</td>
<td>90</td>
</tr>
</tbody>
</table>
Infant mortality rate (per 1000 live births)

Mortality rate of children less than 5 years (per 1000 live births)
Maternal mortality rate (per 100,000 live births)

Life expectancy at birth (years)
Life Expectancy at birth According to gender
2003

Male  Female

68.7    73.2
Causes of death in Syria during 2003

<table>
<thead>
<tr>
<th>Causes</th>
<th>Total Number</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular diseases</td>
<td>27911</td>
<td>56.6</td>
</tr>
<tr>
<td>Tumors</td>
<td>3758</td>
<td>7.6</td>
</tr>
<tr>
<td>Respiratory tract diseases</td>
<td>3170</td>
<td>6.4</td>
</tr>
<tr>
<td>Accidents</td>
<td>2932</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Nr. Of Chronic Disease Syria 2003

Heart Disease 47597
Diabetes 373568
Asthma 31002
Hypertension 208625
Articular 131332
<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prematurity – perinatal trauma – hypoxia</td>
<td>2295</td>
<td>4.7</td>
</tr>
<tr>
<td>Neonatal malformation and chromosomal abnormalities</td>
<td>2046</td>
<td>4.2</td>
</tr>
<tr>
<td>Genitourinary diseases</td>
<td>1935</td>
<td>3.9</td>
</tr>
<tr>
<td>Gastroenterology diseases</td>
<td>1426</td>
<td>2.9</td>
</tr>
<tr>
<td>Neurological and mental diseases</td>
<td>1408</td>
<td>2.8</td>
</tr>
<tr>
<td>Parasitic and microbial infections</td>
<td>977</td>
<td>2</td>
</tr>
<tr>
<td>Metabolic and endocrinology diseases</td>
<td>974</td>
<td>2</td>
</tr>
<tr>
<td>Death as a result of pregnancy and birth</td>
<td>250</td>
<td>0.5</td>
</tr>
<tr>
<td>Hematological diseases</td>
<td>168</td>
<td>0.3</td>
</tr>
</tbody>
</table>

**Health villages**

**Health development based on community involvement**

Community involvement in health development through healthy villages and healthy Cities in the Syrian Arab Republic constitutes one of the most important developmental initiatives. The healthy villages program (HVP) started in 1996 in three villages and has expanded to cover more than 300 villages in 2002. It is an innovative developmental approach aiming at improving the quality of life through enabling local communities to organize themselves to overcome the challenges at their localities and to be self-reliant. It is a comprehensive socioeconomic developmental program based mainly on the intersectoral approach and the strong involvement and participation of the community. Feelings of ownership, partnership and self-responsibility are among the main features of this program.

The HVP includes many components:

- Basic development needs.
- Self care.
- Community school.
- Village information centre.
- Healthy lifestyles.
- Baby-friendly homes.
- Baby-friendly communities.
- Women’s empowerment.
- Community-based safe motherhood.
- Community entertainment.
- Scouting for intellect and innovation of people and income generation.

It represents one of the most important areas of common interest and joint Planning and action among several UN agencies, donors and nongovernmental organizations. The achievements made in this area are remarkable. However, the need to sustain such important achievements involves developing clear strategy for sustainability and continuity. This strategy can be easily developed in the Syrian Arab Republic because of the high levels of political commitment, national NGO enthusiasm and donor interest.

- Improvement of some environmental indicators in health villages

<table>
<thead>
<tr>
<th>Sanitation</th>
<th>Drinking water</th>
<th>Before program</th>
<th>After program</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 %</td>
<td>63 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 %</td>
<td>85 %</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Improvement of some health indicators as a result of working in health villages

<table>
<thead>
<tr>
<th>Utilization means of family regulation %</th>
<th>Care of pregnant Women %</th>
<th>Tetanus vaccine for pregnant women %</th>
<th>Children vaccination %</th>
</tr>
</thead>
<tbody>
<tr>
<td>before 39.6</td>
<td>after 61.9</td>
<td>before 49.3</td>
<td>after 78.4</td>
</tr>
</tbody>
</table>

Health expenditures

Reports from government show that there has been some increase in the level of Government spending in the health sector. The expenditure of the Ministry of health as a proportion of total government expenditure was 1.1% in 1980. It increased to 3.8% according to the 2002 national budget report. However, the total expenditure on health as a percentage of GDP was 2.5 according to the Human development report 2002, with the private spending on health far outstripping public spending. The private health expenditures on health were 0.9% of the GDP. The 2002 Human Development Report indicates that there has been a small increase in public spending on health as % to the GDP from 0.4% in 1990 to 1.5% in 2002. The national expenditure on health in US$ at official exchange rate in 2002 was one billion. According to national health accounts, private expenditure on health as a percentage
of total expenditure on health was 48.5%. This represents the out-of-pocket expenditure. However, so far there is no private health insurance.

<table>
<thead>
<tr>
<th>financing Indicators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>per capita GNP ($)</td>
<td>1170</td>
</tr>
<tr>
<td>allocated to MOH from total budget %</td>
<td>3.8</td>
</tr>
<tr>
<td>MOH expenditure as % of GDP</td>
<td>1.5</td>
</tr>
<tr>
<td>National health expenditure as % of GDP</td>
<td>5</td>
</tr>
<tr>
<td>Annual budget of MOH per person ($)</td>
<td>18.6</td>
</tr>
<tr>
<td>Government expenditure on health ($)</td>
<td>27</td>
</tr>
<tr>
<td>Total expenditure on health ($)</td>
<td>59</td>
</tr>
</tbody>
</table>

Ministry of health

Current situation

The Ministry of Health in Syria have great role in providing Health services through advancing and comprehensive programs and the primary health care constitute the main entrance to achieve the task (Health for All).

The system of primary health care started the application in Syria from 1988 and it's including 13 Health programs (Child health program – Reproductive health program – Elderly health program ….etc.)

Syria has both a public and a private health care system. The government is working to ensure services are available in both urban and rural areas. Although most villages in Syria have a government clinics or health centers, rural areas have fewer doctors and clinics.

Services at government clinics and health centers are free to all citizens. Government employees and their dependents are also fully or partly reimbursed for private health care and medication costs.

The number of health foundation increased obviously during the past years, also the quality of services improved, as we will see in the next pages.
Hospitals in the ministry of health

The hospital in Syria has increased in numbers also the number of beds, which increased the number of patients admitted and treated.
The improvement in numbers of hospitals in the ministry of health (1970-2003)

The improvement in the number of beds in the hospitals
The improvement in number of patients in the hospitals

Work forces in the ministry of health

The number of doctors, dentists, pharmacists, nurses, midwifes, assistants increase.

Improvement of work forces in the ministry of health:
2000 - 2002
Health care resources and utilization

Both public and private sectors provide health and medical care, with most primary Health care being provided by the public sector.

- Almost 90% of the population has access to primary health care institution.
- According to the Ministry of Health sources:
- Antenatal care is provided in 74% of PHC centers.
- Trained health personnel attend more than 95% of births.
More than 90% of the children are vaccinated.

According to the same source, there are great efforts to improve the secondary health care level and recognized need to strengthen the referral system, with a view to fill the gaps in health services to improve the availability of specialists as needed, to reach the remote areas, and to have an impact on neonatal mortality.

<table>
<thead>
<tr>
<th>Resources</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>14.3</td>
</tr>
<tr>
<td>Dentists</td>
<td>8.7</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>6.3</td>
</tr>
<tr>
<td>Nursing and midwifery personnel</td>
<td>18.8</td>
</tr>
<tr>
<td>Hospital beds</td>
<td>14.9</td>
</tr>
<tr>
<td>Health centers</td>
<td>0.8</td>
</tr>
</tbody>
</table>

The pharmacy affairs directorate

The directorate cares about the drug registration, licensee and import affairs. The number of licensed laboratories reached /51/ laboratories and /15/ of them has gained the ISO certificate 9002. The directorate's tasks: Technical supervision on the drug importation and exportation and the registration of the imported children foods, the domestic insecticides and make-up

1. Register the imported and local drugs and arrange the tasks of the technical committees that concerned with different drug studies.
2. The observance of the bills of the drug’s imported raw materials
3. Study the local drug documents, and put prices for the local brands
4. Supervise the drugs trade and control the laws and systems related to it
5. The informatics department that is responsible for register the local drug on the computer and prepare statistics and drug studies
6. Prepare statistics and drug studies, and follow up the registration of the local drug in the informatics department
7. The central pharmacy that sales cancer drugs, kidney transplant drugs, and vaccines to all who needs

The local drug licenses unit:

1. Drug factories are all licensed and controlled by the ministry of health
2. The factory apply for the initial paper /application/ that includes the composition of the drug which requires license with the international similar drug, in case of the drug presence in the drug main list and according to sequence of the license numbering system, the drug is accepted
3. A technical drug application includes ten technical papers
4. This file is studied by a specialist scientific committee consists of chemists and doctors
5. When the file is accepted, it transferred to the pricing committee then the technical drug committee gives its primary acceptance decision.

The factory presents samples to be analyze in the ministry of health’s laboratories, when they are matched the international constitutional specifications the pharmacy affairs directorate gives the license

**The information department**

The work in this department is done by a technical staff which is responsible for the automation of the drug information in the field of drug license (license number-brand name-chemical composition - price), in addition to the studying and following up the new compositions of drugs and there pharmacology influences. The automation program of the drug information was applied with the cooperation of the World Health Organization (WHO).

**Imported drug registration department**

The imported drug is registered after it has been technically studied and after the acceptance of the technical drug committee. The origin certificate of the drug should be renewal every five years in addition; the importation bills should be approved.

**The disinfectants, aseptic, healthy composites registration department:**

These composites are made by factories that are licensed by the ministry of industry. The factories should present a composite technical file with samples to be examined to know weather they are safe or not. The approval department of the raw materials importation’s bills:
This department gives its approval on the primary and finally bills of the raw materials of the drug factories and stores that are officially licensed. The company -that is the materials are imported from- should have the following conditions:

1. Having the quality certificate
2. The importation of some materials is needed for the factory that produces these materials originally (hormones-vitamins-antibiotics).
3. Imported allowances quantities have to be approved from the ministry of industry (the allowances table).
4. The role of the ministry of health is to give a scientific and technical approval to the imported drug material quality and to be certain of the importation bills (the origin certificate –the analysis certificate)

**Drug composites exportation:**

1. Having an officially and primary exportation license from the archive department of the exportation company.
2. Having an exportation approval from the technical committee
3. Analyzing the composites in the drug control laboratories and having acceptable results.
Improvement in number of medical factory

Improvement of export Syrian drugs to 38 countries in The world (1970 - 2002)
Primary health care

PHC constitutes the main axon for the work of the ministry of health in Syria because of its economic effectiveness. It includes many healthy programs which provide treatment and preventive services, also early diagnosis for diseases. The activity of the primary health care is supported by some procedures such as establishment of public health school, management health system school, and specialist of family medicine. Recently there is concentration to integrate programs in the Primary health care in order to achieve health tasks in Syria.
The Departments which are contained in PHC Directorate

The programs of the primary health care as follow:
- EPI Programs.
- IMCI.
- Respiratory tract infections.
- Healthy child.
- Diarrhea program.
- Reproductive health Programs.
- Elderly health Maintenance and promotion.
- Nutrition programs.

PHC
DIRECTORATE

- Health education
- communicable disease Indicators

Child Health Dep.

Nutrition Dep.

Health Centers Dep.

Health Education Dep.

Elderly Health Dep.
Health centers

The health centers widespread in Syria and the ministry of health working to achieve the task of ministry which it: Health center for every 10000 peoples in rural and for 20000 population in urban at 2020. The number of health centers became 1465 until 30 / 5 / 2004.

The services of health centers:

The services of health centers improved during the past years and the important one was the national round for vaccination which named (100 % vaccination) to reach to vaccinate all children in Syria and begin from 1/10/2002 till 31/12/2002.

The number of health centers

<table>
<thead>
<tr>
<th>coverage with immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG %</td>
</tr>
<tr>
<td>DPT- Hib3 – opv3 %</td>
</tr>
<tr>
<td>measles vaccine %</td>
</tr>
<tr>
<td>Hepatitis B3 vaccine (Third dose) %</td>
</tr>
<tr>
<td>TT2 given to pregnant women % (protection at birth)</td>
</tr>
</tbody>
</table>

last updating 31/12/2003

<table>
<thead>
<tr>
<th>coverage with immunization</th>
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</thead>
<tbody>
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<td>BCG %</td>
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<tr>
<td>TT2 given to pregnant women % (protection at birth)</td>
</tr>
</tbody>
</table>

last updating 31/12/2003
Elderly Health care in Syria

The elderly according to Syrian law: Is a person who reaches 60 years of age. Current situation of elderly in Syria: Population of the Syrian Arab Republic is estimated to be 17130 million in 2003, with growth rate of 2.45%. The population above the age 60 are estimated to be 1001360 from nr. of population in percentage (5.8%). They are expected to be more than 10% by the year 2020 (MOH, 1997).

Syrian study about elderly 1997
In 1997, the Syrian Ministry of Health conducted research in the Syrian Governorates on the health and social status of elderly people. The research resulted in the following findings:

- The percentage of the elderly people is decreasing when they become older, as a percent of 19.6 % were about 75 years old and more.

- There are an approximate equal percentage of the elderly people of both sexes. % of the elderly live alone and 3.3 % live with unmarried children. Therefore the elderly have to care about themselves in addition to others.

- 16.7 % of the elderly have a functional disorder. This percent increases as they become older.

- Most of the elderly require assistance in bathing, moving and clothing.

- 86 % of the elderly suffer from health problems (either one problem or more) and the most frequent of them related to joints, vision and digestion, yet the psychological and neurological problems from no more than 11 %.

- 5 % of the elderly never visit any health center.

- 79.5 % of the elderly see doctors and 20.8 % of them visit more than a health center.

- Most of the elderly spend their time with neighbors or visiting relatives or alone.

- Most of the elderly requirements is to provide them with helping equipments and home care then establish clubs for them.

- The families of the elderly ask for establishing houses and Providian them with social care and specifying salaries for them.
Elderly Health

Old age:

It is a biological process experienced by all creatures. It starts early in age and lasts for the rest of life and accompanied by vital changes in body organs and tissues.

Definition of health:

The most ambitious for definition for heath is the one which was set by the WHO in 1948 and says: Health is a complete state of physical, psychological and social recovery and not only being free from illness or disability. From the above –mentioned definitions and to make health and welfare available in old age, we can summarize The elements of the elderly people health into the following points:

1. Providing free medical services for the elderly people.
2. Early diagnosis of old age illnesses.
3. Awareness of benign nutrition.
4. Providing medical and nursing home care and increase the number of clinics and health centers for the elderly.
5. Establishing departments in hospitals which are specialized in the old age medicine.
6. Set precautions to protect the elderly people in their houses by applying safety measures on food tools and house equipments.
7. Evoking awareness to set limits for the excessive use of drugs concentrating on providing these services equally for both elderly woman and man.
8. Enhancing the role of family and society in caring about elderly people and their social and psychological needs.

Nr. of Chronic Disease persons > 60 years 2003

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>155517</td>
</tr>
<tr>
<td>Hypertension</td>
<td>98040</td>
</tr>
<tr>
<td>Arthritis</td>
<td>47728</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>24811</td>
</tr>
<tr>
<td>Asthma</td>
<td>7954</td>
</tr>
<tr>
<td>Goiter</td>
<td>869</td>
</tr>
<tr>
<td>Total</td>
<td>2003</td>
</tr>
</tbody>
</table>
The tasks OF this directorate are:

1. Supervising elderly health departments and programs in health districts, and follow-up of their restructuring process.
2. Determining health districts objectives on the basis of central goals which have been planned in co-operation with the Central Bureau for Statistics.
3. Health needs assessments from reports of the different health districts and follow-up.
4. Preparing and implementing the training plan for doctors and auxiliaries.
5. Performance improvement and technical skills promotion to increase client satisfaction.
6. Field periodical visits and supervision and preparing related reports.

Elderly health maintenance and promotion program

In each elderly clinic there is medical staff composed of one doctor and one nurse trained at elderly health maintenance and promotion program

Objectives of the program:

- Elderly health maintenance and promotion, and improving productivity of their lives.
- Providing preventive and curative elderly health care services through clinics of the health centers and hospitals, and by trained personnel.
• Prevention and control of geriatric diseases to postpone weakness and disability.
• Providing elderly people with special resources in coordination with other related sectors.
• Providing elderly people with comfortable social life in coordination with other related sectors.
• Creating community awareness to the subjects of geriatric health and diseases.

Strategies of the program:

• Training personnel.
• Health Education about Elderly Health and Needs through (Lectures, publishing, brushes, etc).
• Education through mass media.
• Increasing devoted elderly health clinics in health centers.
• Collaboration and coordination with other sectors in relation.

Elderly Health clinics:

From 1394 health centers in Syria there is 702 center provide services for elderly people in different clinics of the centers (MOH, 2003) and 34 of them provide services of elderly health maintenance and promotion in devoted clinics, the services for elderly people provided by this clinics as follow:

1. Elderly health education.
2. Periodical physical examination, and early detection of the geriatric diseases.
3. Treatment services of the common diseases.
4. Follow-up for some cases like diabetes, heart disease, and hypertension.
5. Referral services.
6. Coordination with other related clinics.

National committee for elderly

It is established at 1995 and included different sectors in relation to elderly health to achieve integration in health and social care provided to them.

We will review the of some sectors:

Role of the Ministry of higher education

• Integration of the subjects of geriatric medicine into the curriculums of the undergraduate medical and nursing students and related institutes of the university, and family medicine post-graduates.
• Qualifying personnel in the fields of family and geriatric health and medicine.
• Developing postgraduate studies in geriatric medicine.
• Allocating special wards for the elderly people in the hospitals of the ministry.
• Integrating services of the elderly health program into the out-patient clinics of the hospitals of the ministry.
Role of the Ministry of Health

- Training personnel (doctors, nurses, and technicians) in the field of the elderly health and geriatric medicine.
- Adoption of a new specialization of geriatric medicine.
- Implementing elderly health programs.
- Integration of the elderly health program services into the general services of all health centers and hospitals.
- Availability of the requirements of elderly health clinics.
- Availability of the elderly drugs and vaccines, and preparing guidelines for their using.
- Allocating special wards for the elderly people in the hospitals of the ministry.
- Preparing learning books and educational materials about elderly health promotion.

Role of the Ministry of Education

- Including the concepts of ageing, ageing processes and mechanisms, elderly health needs, parents care, and elderly respect in the curriculums.
- Educating students the subjects of geriatrics, geriatric care, individual responsibility for personal and community health and environment, and family ties.
- Supporting healthy behaviors.
- Equipping professional schools and institutes with the requirements needed for preparing special elderly health equipments and apparatuses.

Role of Planning Board of state:

- Availability of special informational scholarships and visits in the fields of elderly health care.
- Co-operation with the international agencies.
- Participation in the international conferences on elderly health.
- Demographic studies and surveys.
- Pre-preparation for geriatric stage of life as a natural event.

Role of the Ministry of culture

- Educating people on elderly health.
- Publishing special materials for that.

Role of the Ministry of Information

- Periodical programs on elderly health.
- Educating people on elderly health and geriatric health care and needs.
- Celebrating the international day of the elderly people and other occasions in this context.

Role of the Ministry of Religious Affairs

- Expanding religious mosque lectures on family and elderly health care.
- Motivating people for elderly health care and respect.
- Special interest to the concept of elderly people involvement in all aspects of family and community activities and not only the elderly care.
- Investing devoted money and places.
- Encouraging devoting for the expense of elderly people.
• Establishing health centers in every mosque.

Role of the people organizations

• Educating people on the different subjects of the elderly health.
• Availability of special services according to the organization.
• Developing individual capabilities.

Role of the Ministry of Finance

• Financial support and tax minimization.
• Tax facilities for the organizations of elderly health care.
• Developing geriatric funds.
• Modifying financial legislations for the benefits of elderly people.

Role of the Ministry of Trade

• Facilitating special import of the geriatric requirements, and geriatric project needs, specially the bank procedures.

Role of the Ministry of Justice

• Preparing special legislations for the benefit of elderly people.
• Modifying retirement age.
• Implementing the legislations of the national plan of the elderly health.

Role of the Ministry of industry

• Licensing industrial projects for the benefits of the elderly people.
• Producing geriatric equipments and special apparatuses with suitable prices.

Role of the Ministry of Social Affairs and Labor

• Training personnel of the Charity associations and elderly homes in the fields of promotion and prevention of geriatric health problems.
• Giving the concepts of elderly health promotion and disease prevention and control special interest.
• Developing the role of Charity associations to be provide comprehensive care.
• Working for the availability of job opportunities for elderly people in co-operation with other sectors.
• Supporting establishment of the new elderly health care organizations, elderly clubs and gardens, and elderly day-care homes.
• Developing and distributing elderly health care homes to be in all areas of the Syrian Arab Republic.
• Developing the services of the Charity associations and training personnel.

There are 20 governmental houses in Syria caring for ageing and disabled people distributed in all governorates and contain about 900 elderly benefits from different services in addition to services provided to elderly in their houses by voluntaries. The services in these houses include:
Health services

- Periodic medical examination.
- Provide different medical treatment.
- Physiotherapy according to each case.
- Provide medical devices.

Social and psychiatric services

- Studying the social status to elderly and help them to have suitable solution to their problems.
- Provide suitable climate to elderly so they can have good relationships between others and their families and the community in all.
- Help elderly people to accept their situation and help them to adaptation.

Welfare services

- Doing different education and relaxation travels.
- Putting programs for practice developing avocations.

Services in the family:

- The philanthropy associations provide corporeity aid every month for elderly living with their families in order to help them to buy medications or medical devices or any surgical operations as needed.
- Most of the philanthropy associations compose team from voluntary which visiting elderly in their houses periodically in order to have social connection with theme and provide their needs.

Some houses are private, for example, the general Relief Society Welfare House for the Aged

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The Welfare House for the Aged people

Was opened in 1990, together with two new sections, which were recently joined together with:

1. The Merciful Hands section for the disabled aged people, and
2. The section for physical and aqueous therapy and rehabilitation

This was a great accomplishment achieved by the General Relief Society which was established in 1945 in Damascus. The House provides residency for dwellers from the various social classes who exceeded one hundred dwellers of both sexes. The House takes care of and performs the services for all of them equally whether or not they are able to pay for their residency. It accommodates 40% of the dwellers free of charge, bearing in mind that the paid material remuneration is just symbolic if compared with the high level of living and the burdens shouldered by the House.

The residency wards:
1. Class of the ward: a dweller or (two spouses together) in one ward.
2. First class: a single dweller in a chamber with a special bath.
3. Second class: two dwellers in a room with a bath.
4. Third class: free of charge (3 dwellers in a spacious single room with common bath.

The House provides the aged with the following care and services:

**Health care:**

Health care is rendered through a clinic and a dispensary of the House (which also extends its services free of charge even to patients not dwelling at the House).

The section of the physical and aqueous treatment and rehabilitation, which is equipped with the latest devices, required for the dynamic, aqueous, and electric or the radiological treatment is supervised by:

- A woman doctor for the Merciful Hands section (the disabled section).
- A woman doctor for the Welfare House.
- A specialist doctor in the physical therapy.

A special attention is dedicated to the aged people psychological status, and has sought the expertise of a social assistant who daily attend at the House and whose responsibility is to keep conversing with the old people in order to find out and alleviate their sufferings, grieves and psychological problems. She submits a monthly report in this respect to the board of directors’. The board, through reviewing these reports realized the importance of the aged people psychological health so they can enjoy the remaining days of their life.

**Social services:**

A number of services are in place for the older persons:

1. **Day club** frequented by the older persons during the day

2. Paying visits to the aged people at their own houses based on the opinion of keeping the aged staying with his (her) family, while a committee from the board of directors and the General Meeting submits every assistance whether materially or in kind or health aids through periodic monthly visits. All this in accordance with our oriental traditions which make the aged person prefers staying with his (her) family and neighborhood, besides, our religion of Islam urges the children to take care of their parents.

3. The House in collaboration with some other societies set up voluntary work forums which very often are under the auspices of the Ministry of Labor & Social Affairs. Moreover, recurrent meetings are made by and between the dwellers with volunteers from the Red Crescent and the Palestinian Red Crescent societies, who represent the juvenile generations. The volunteers try to alleviate the psychological sufferings of the dwellers through these meetings and by reading some books and various stories for entertaining them.
4. The House keeps performing domestic tours for the dwellers within the frame of Damascus countryside (Al-Ghouta) and to the city restaurants.

The cultural services and the Welfare Club

The Welfare club was opened in 1997 in which persons of various ages participate and perform the following activities:

1. Lectures, forums and meetings are set up during the winter season.

2. The educational committee of the House issues the magazine of (Al-Waha “The oasis”) with the participation of the dwellers and others from the general authority and the board of directors, so the dwellers are availed the opportunity to express themselves and to highlight their past activities and the jobs they used to do in their past careers and to publish their poetic and literary innovations, if any.

3. The musical activity and making parties at the summer club in the garden of the House. Besides, celebrating in all the national and religious holidays, the Mother Day, and the like, especially on the Aged World Day, which receives a special attention of the House.

4. The summer club receives its members every day and serves the light and popular meals besides receiving the dwellers’ relatives in the garden.

Our ambitions and aspirations still are big and ever growing which all aims at creating a family society at this House prevailed by an atmosphere of affection and understanding and which interacts with external juvenile groups in order to expel monotony and boredom off the aged people.

We, also wish to have a new view of the subject of taking care of the old age people, as the society’s mission is not only to secure the domicile, food and services to the aged, but it also go beyond this frame after the view to this tranche of the society has changed so that the missions of the societies now include facilitating the way for benefiting from the aged people’s accumulated expertise through the interlock of generations, which fact would avail to them a material and moral support and would also strengthen their self-confidence and make them feel of their ongoing influence in the society and that they are not looked to as a burden, after it became the trend of the societies toward ageing.

National strategy for Elderly health

Main Targets of the National Strategy for Elderly

The National Strategy for Elderly aims to achieve the targets set by the Arab Working Scheme for the elderly people until 2012 and the strategy of the Ministry of health until 2015, which consider caring and enhancing the elderly people health one of the targets of the primary health care in the society. The main targets of the strategy can be identified as follows.
Enhancing health and welfare for the rest of life and provide health services for the elderly people in all areas regardless of age or sex through:

- Control harmful food and set safety measures.
- Set legislative precautions to prevent selling medicines without prescriptions in order to limit the excessive use of drugs by the elderly people.
- Fight against harmful health habits such as smoking, drinking alcohol, lacking of physical activity, and concentrating on healthy habits.
- Reduce the disability of elderly woman through improving her health and protecting her from illness that woman usually suffer from such as (Bones Osteoporosis).
- Provide elderly people with suitable nutrition systems through encouraging them to have healthy and balanced food also develop a long healthy nutrition systems starting from childhood, paying a special attention for the women nutrition system especially during the fertility year.
- Set policies to protect elderly people from weakness through providing regular medical examinations, concentrating on training those people to practice self-care.

Since the health care system depends on the social and medical staff, it is important for workers in the Medicare domain to run continuous training courses and obtain information and basic required training. Qualifying elderly people of special needs to preserve the utmost of their functional abilities as long as they are alive and involving them fully in society.

The International organizations which have relationship with Ministry of Health
Future planning of MOH

The Ministry of Health has adopted a number of main strategies for 2000–2020. These strategies were derived from statements of the president, from government policies on health situation analyses and from the recommendations of WHO.

The overall goal remains:
- continuing emphasis on primary health care,
- Strengthening and developing secondary and tertiary care
- And ensuring equity in health care.

Emphasis has been placed on
- Development of human resources.
- Improved fair financing of health.
- Provision and maintenance of equipment.
- Upgrading of ambulatory services.
• Improving health administration and management.
• Conducting more health research.
• Strengthening drug and food quality control.
• Increasing community participation.
• Emphasizing the role of health as a development sector.
• And reviewing all health related legislation to implement these new strategies.

There are several facilitating factors on which the health sector can build. These include:

• Strong network of health care facilities spread throughout the country.
• Improved basic health indicators.
• A strong public sector with mass media and other public resources, committed national program managers and staff.
• Moreover, excellent support and good working relationships with all UN agencies.

Developing Elderly Health Services:

Currently increasing the number of clinics provide health care for the elderly people to achieve a clinic in health center by 2015. Furthermore the percent of elderly people registered in the clinics within the health centers to be 95% by 2012 and 98% by 2015 has been rising. Referral system between health centers and hospitals to perform x-ray and medical laboratory tests for the elderly people are becoming increasingly common as well as equipping the areas health centers with laboratory and x-rays apparatus to enable sub-health centers, which are away from any hospital, to do the required x-ray or laboratory examinations for the elderly patients. Enhancing communication between all sub-centers and area centers and developing the unified information systems to simplify obtaining the required indicators.

References:

1- The Central Bureau of Statistics
2- Statistic and planning directorate.
3- Web site of ministry of health in Syria.
4- Primary health directorate statistics.
6- National strategy of Elderly Health Department.
7- The General Relief Society Welfare House for the Aged (Al- Saada House for Elderly Care)