

Barriers to Healthcare Access and Utilization among Urban Syrian Refugees in Turkey

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ABSTRACT

Turkey currently hosts 3.6 million registered Syrian refugees, most of which reside in urban centres. Urban refugees in Turkey face significant challenges in accessing the healthcare to which they are entitled under international and Turkish law. This literature review seeks to provide a holistic overview of the major barriers refugees face in accessing adequate healthcare. Language forms the single greatest obstacle despite efforts to provide services staffed by Arabic speakers. Poverty exacerbated by lack of employment, unhygienic living conditions, and the COVID-19 pandemic also play significant roles. Above all, hostile Turkish public sentiment towards refugees motivates restrictive government policies and discourages aid. Potential means by which this situation may be addressed include prompt address of the financial hardships brought on by COVID-19, permitting NGOs to evaluate the effectiveness of migrant health centres, and the resumption of refugee registration in key provinces.

Introduction

Ongoing conflict in Syria has resulted in unprecedented mass migration over the past decade and shows few signs of stabilization within the foreseeable future. Turkey has received the overwhelming majority of these asylum seekers, with 3.6 million Syrians registered as under temporary protection currently residing in the country. Over 95% of these asylum seekers live in urban centres such as Istanbul and Gaziantep (UNHCR, 2021). Though their registered status entitles them to basic healthcare, education and social services, their presence in Turkey remains an unwelcome one for much of the Turkish public. Despite years of concerted effort from international organizations, NGOs, and the Turkish government, refugee communities in urban centres remain impoverished and are greatly disadvantaged in seeking and receiving the healthcare services that Turkish law and international convention dictates they are entitled to. The immense scale of this humanitarian challenge is further exacerbated by the ongoing COVID-19 pandemic, which has put great strain on Turkey's healthcare system and economy. As repatriation at any meaningful scale becomes increasingly unlikely, and refugee resettlement to other countries struggles to catch momentum, policymakers must reckon with the need for long-term care provision and integration. The quality of life and the ongoing health of millions hinges on the prompt and effective addressing of these issues, which must in turn be informed by a robust body of knowledge regarding which barriers are the most critical. This multifaceted investigation seeks to identify the major challenges facing refugees in accessing and utilizing healthcare services both prior to and in light of the COVID-19 pandemic. In addition, it seeks to examine the ways in which related issues such as extreme poverty, discrimination, and lack of employment worsen health outcomes.

Methods

A literature review was conducted that focused on identifying and synthesizing English-language peer-reviewed papers published on the subject of Turkish healthcare systems and policy, barriers to healthcare access for refugees in

Turkey, and the legal framework for refugees' entitlements in Turkey. Important keywords in searches included "Syria", "Turkey", "urban", "Istanbul", "Ankara", "healthcare", "refugee", and "COVID-19". Articles were identified with these keywords through Google Scholar, Mendeley, and JSTOR. Articles published after 2015 were further selected based on relevance to the topic: seven articles discussing refugees' interactions with the Turkish healthcare system, public sentiment on refugees, and their socioeconomic conditions in urban environments were identified. In addition, both the United Nations High Commissioner for Refugees (UNHCR) and World Health Organization (WHO) websites were searched for relevant reports on refugee health outcomes and related initiatives in Turkey. Additional sources were identified through direct Google searches using the aforementioned keywords.

Official English-language Turkish government websites were also used: COVID-19 data was collected from the Turkish Ministry of Health, and the Directorate General of Migration Management, a department of the Turkish Ministry of Interior, was a source on refugee populations, immigration, and their legal status.

Discussion

Law, Policy, and Socioeconomic Status of Refugees

The 1951 Refugee Convention, to which Turkey has acceded, outlines the basic rights and entitlements of refugees under international law, including protection from *refoulement*, or the forcible return of an asylum seeker to a country where their life or freedom is threatened on account of race, religion, nationality, membership of a particular social group, or political affiliation (Convention Relating to the Status of Refugees, 1951). At the time of accession, Turkey was one of a handful of countries to opt in to a geographical limitation clause, which limited the definition of refugee to those fleeing conditions from European countries only. It is the only nation to have retained this limitation despite being party to the 1967 Protocol Relating to the Status of Refugees, which generalized the definition of refugee to apply to those fleeing events occurring after 1950 (Protocol on the Status of Refugees, 1967). As a direct consequence, Syrian asylum-seekers residing in Turkey are not entitled to protections under the Convention and international law. Instead, they are granted the legislated status of Temporary Protection, which was introduced into Turkish Law in October 2014. Once registered with the Turkish government, asylum seekers under temporary protection are granted access to various social services and healthcare coverage under a national insurance plan. While Turkey has been praised for the guarantees it has provided for Syrians, those guarantees are made under Turkish law as opposed to under the Convention. This distinction allows the entitlements granted to refugees to be revoked through repeal or presidential decree and positions the rights that would otherwise be inalienable as contingent on their perceived good behaviour.

Syrians registered under temporary protection are entitled to free primary and secondary care equivalent to Turkish citizens', although this is difficult to achieve in practice. The vast majority of care is provided by public Turkish healthcare facilities, with NGOs serving primarily in ancillary and specialist roles such as translation, physiotherapy, and mental health services (Yilmaz, 2018). The large number of refugees and their relatively high burden of disease resulted in a severe shock to Turkish health facilities, with hospitals on the Syrian border regularly devoting 30-40% of their capacity to refugees in 2015 (Orhan and Gündoğar, 2015). In response, the Turkish government established dedicated health centres for refugees, which are referred to as 'refugee health centres' or 'migrant health centres' depending on the source (Yıldırım, Komsuoğlu, and Özekmekçi, 2019). The Turkish government intended for these migrant health centres to be the first point of contact for refugees in need of health services, serving as alternative primary care locations and providing basic services such as screening for disease, vaccination, and reproductive health services. In addition to doctors, nurses, and administrators, these centres are also staffed by social workers, translators, and physiotherapists (Ekmekci, 2016). In recent years, efforts have been made to further eliminate language barriers by employing Syrian doctors and nurses at these facilities following an 'adaptation' course and certification by the Turkish Ministry of Health (Utas et. al, 2018; Ekmekci, 2016).

Despite the social services they are entitled to and many efforts over the past years, urban refugees residing in Turkey live overwhelmingly in a state of deprivation. The link between poverty and worsened health outcomes is well-evidenced and conventionally understood to be a critical contributor to acute and chronic disease. 64% of Syrian refugees in Turkey live at or below the national poverty line of 284 Turkish Lira (TL) per person per month, and about 18% live at or below the national extreme poverty line of TL 165 per person per month (Cuevas et. al, 2019; Utas et. al, 2018). In addition, they suffer from poor water, sanitation, and hygiene (WASH) conditions, dramatically increasing exposure to disease. While urban refugees have better access to clean water and basic sanitation than their rural counterparts, they still are disadvantaged compared to urban Turkish citizens: 13% of urban refugee households lack access to clean water, compared to less than 3% of the total urban population (Médecins du Monde, 2019; WHO & UNICEF, 2019). Other challenges to hygiene exist for urban refugee households: 24% of households lack access to basic hygiene items such as sanitary pads for women, and 32% report open defecation (Médecins du Monde, 2019).

Urban refugees' poverty is driven in large part by the lack of employment opportunities in the formal sector. While 84% of refugee households reported at least one working member, only 3% of those working admitted to having a work permit allowing them to seek formal employment (Turkish Red Crescent and World Food Programme, 2019). As a consequence, the vast majority of working refugees do so in the informal economy, without legal protections, in such fields as the textile industry. Beyond the threat of arbitrary termination, underpayment, and employer-employee power dynamics common when refugees are employed in informal work, their presence has also resulted in significant friction between refugee and host communities. The informal sector is already quite large in Turkey, estimated to account for over a quarter of the nation's total productivity (OECD, 2018). Refugees' participation in this labour market is seen to drive down wages for Turks working informally, a perception which engenders resentment among many citizens (European Commission, 2020).

Syrian refugees' presence in Turkey has become increasingly unwelcome over the past few years, to the extent that the government uses the euphemism 'harmonization' instead of 'integration' - which has become a loaded term in Turkish political discourse - when referring to refugees (Makovsky, 2019). Almost 70% of Turkish survey respondents expressed dissatisfaction with refugees' presence in the country, a trend that defies otherwise stark party lines (Cagaptay, 2019). Hostile sentiment presents a direct threat to safety in the form of anti-Syrian riots, but also impacts Syrians' ability to access healthcare and other services more indirectly. The Turkish government's rhetoric surrounding aggressive repatriation strategies, 'removal centres', and high-profile deportations belie continued policies of integration, and Turkish citizens are increasingly frustrated by the government's perceived hypocrisy (Kınıklioğlu, 2020). Because temporary protection entitlements are enshrined not by international law but by local legislation, the possibility that the government will restrict registrants' rights in acknowledgement of public opinion is a real one.

Major Barriers to Healthcare Access

Language is among the most significant barriers to healthcare accessibility for Syrian refugees in Turkey, whose primary language is most often Arabic. 49% of refugees surveyed reported ability to hold a basic conversation in Turkish, with the remaining 51% roughly split between those with knowledge of a few words and those with no knowledge at all of the Turkish language (Kesgin et al., 2020). As a consequence, the majority of refugees struggle to communicate with host communities, government officials, and Turkish healthcare professionals. Less than 20% of respondent refugees reported that they could complete Turkish-language healthcare treatment consent forms "most of the time", and over half reported that they were "never" able to understand dosage or usage instructions printed on medications. Beyond representing an administrative barrier, such a failure to secure true consent represents a major breach of medical ethics. Being able to understand the side-effects or risks of any procedures a patient may undergo is a critical expression of patient autonomy. Even a brief, one-page summary of the form in Arabic might serve to alleviate this issue. Other metrics of health literacy, such as ability to complete medical history forms or understand the details of their referrals, show similar results (Mipatrini et. al, 2019). Because Syrians registered under temporary

protection are permitted to access tertiary healthcare services only through referral from migrant health centres or an alternative primary care facility, the fact that a majority cannot reliably locate the time and place of their referred appointments is alarming (Assi et. al, 2019). Ultimately, this results in challenges at every level of interaction with the healthcare system. Patients' difficulty in expressing their physical or mental condition to the attending physician or healthcare professional is the greatest challenge, especially when the patient is in need of mental health services and finds themselves struggling to explain their experience (Bilecen & Yurtseven, 2018).

The process of becoming registered for temporary protection is also a significant obstacle for many refugees living in Turkey. Because Syrians in Turkey are entitled to most forms of healthcare only through temporary protection status, those who are not registered are able to access only emergency care and essential public health services such as treatment for infectious disease (UNHCR, 2018). As a result, the unregistered are only able to visit informal healthcare providers, which are almost always fee-for-service and lack the resources of public institutions (Kayali, 2020). While registration was a relatively simple procedure early in the refugee crisis, in recent years the increasing hostility towards refugees among host communities has contributed to a less welcoming attitude. In 2018, following announcements by Turkish regional governments and reports of deportation on the ground, a number of NGOs reported the near-total cessation of temporary protection registration in Istanbul and the provinces bordering Syria - most notably Hatay province, where the majority of crossings occur (European Council on Refugees and Exiles, 2020). With no means to register, newly arrived refugees in need of healthcare must either return to Syria or violate refugee travel restriction laws to move to a province where registration remains open (Human Rights Watch, 2020). While public health institutions had previously treated unregistered patients before referring them to registration, many state providers have since been advised to report unregistered Syrians seeking care for deportation (Kayali, 2020). Finding the number of unregistered refugees in Turkey has been proven difficult for many organizations. Information is limited, as the government strictly forbids aid agencies from seeking out, assisting, or otherwise servicing unregistered refugees (Human Rights Watch, 2020). Some official data exists; Turkey's Directorate General of Migration Management reported that 55,236 Syrian "irregular migrants" were "captured" in 2019, although the extent to which this number is representative of the unregistered Syrian refugee population in Turkey is uncertain (Directorate General of Migration Management, 2020). Recent publicized relocations and deportations of 'irregular migrants' and refugees initially registered in other regions on the order of over 100,000 persons may give some indication as to the scale of the problem (Deutsche Welle, 2020). Whether there exist 100,000 unregistered refugees or 1,000,000, the existence of a large class of persons in Turkey totally without legal protection and unable to access public healthcare for fear of deportation is a problem which must be addressed with utmost haste.

Unregistered refugees' need for healthcare, the language barriers posed by seeking services at most public healthcare facilities, and the bureaucracy involved with seeking care at a migrant health centre has driven the growth of a significant fee-for-service informal healthcare system. Clinics run by Syrian healthcare professionals without Turkish certification range in size from very small (one provider) to dozens of doctors, nurses, and administrative staff, and provide services from primary care to dentistry (Kayali, 2020). Since the introduction of migrant health centres, the Turkish government's initial tolerance of this practice has waned, resulting in high-profile shutdowns of major operations in recent years. Despite this, informal services remain popular as they represent the only option for both the unregistered fearing deportation, and Syrian healthcare professionals who wish to practice in a capacity other than primary care at a migrant health centre (Kayali, 2020).

COVID-19

The COVID-19 pandemic has proven an extreme challenge even for developed nations' healthcare systems, to say nothing of its disproportionate effects on marginalized populations the world over. As of late December 2020 and early January 2021, the Turkish Ministry of Health reports that total active cases are on the decline, with about 200 deaths per day (Turkish Ministry of Health, 2021). The percent positivity, a measure used by many nations as an

indicator of undertesting, stands at 8%, somewhat above the WHO's initial recommendation of 5% for reopening issued in May 2020.

There exists no reliable data on the prevalence of COVID-19 among refugee populations in Turkey, as the Ministry of Health reports no details on the geographic or demographic distribution of cases. While there is no obvious difference between COVID-19 transmission in host and refugee communities, this may belie a significant number of unreported, less symptomatic cases. Whether or not specific data will emerge, what is certain is that the pandemic has placed refugees in a place of uncertainty. While the government has explicitly stated that COVID-19 treatment was to be provided to even unregistered refugees, a lack of clear directive and poor communication has resulted in confusion among refugee communities and healthcare providers (Üstübcü and Karadağ, 2020). That testing and care is available to them is not clear to many refugees, and there are no guidelines on whether or not unregistered refugees should be charged for any hospital services.

The drastic measures that Turkey has implemented to control the spread of the virus has resulted in significant financial distress for many, but the refugee community is especially hard-hit. Refugees in Turkey are already disproportionately impoverished, and their employment in the informal economy is especially vulnerable to sudden termination. Almost 70% of households report that at least one working member had lost their employment due to COVID-19, while 78% report increasing expenses, especially for food and hygiene products (Turkish Red Crescent Society, 2020). In light of urban refugees' already low quality of life, the effective elimination of their income would critically impact their living conditions and future health. Cash-transfer schemes have been somewhat successful in mitigating some of the pandemic's impact. The most prominent such program is the Emergency Social Safety Net (ESSN), funded by European Union member states and which transfers 120 Turkish Lira per household member per month to eligible families. In response to the pandemic, additional funds have been allocated, with 500 Lira granted to families to aid with COVID-19 related financial difficulties (Turkish Red Crescent Society & International Federation of Red Cross and Red Crescent Societies, 2020).

Conclusion

Uncertainty dominates both the lives of Syrian refugee households living in Turkey and the academic study of their lived experience. A worsening local and global attitude towards refugees has left millions in a state of anxiety regarding their legal status and basic rights. Government restrictions on independent monitoring and NGO operations limit the information available to those outside of Turkey, or indeed the localities in which refugees live.

The COVID-19 pandemic is currently the greatest challenge to the health of refugees living in Turkey, and while the economic impact of the virus is disproportionately affecting the already underprivileged refugee population, the government is likely focused on reopening as soon as they deem it safe. Current priorities should lay in supporting refugee households financially, such as through the ESSN's cash-transfer program and emergency COVID-19 allotment, in order to assist households in overcoming the immediate crisis.

The reevaluation of refugee healthcare policy is an important step in the long-term that could improve healthcare access and lower utilization of informal healthcare. Language barriers and restrictive registration policy represent the greatest challenges for households seeking care. While migrant health centres have been partly successful in overcoming language barriers, there have been no formal evaluations of their effectiveness and quality of care. Loosening restrictions on NGO operations in Turkey to allow them to examine the health centres would allow the country to understand why a number of registered refugees continue to seek care elsewhere and potentially lift some burden from other public health facilities. In addition, allowing qualified Syrian healthcare professionals with particular specializations to provide those specialist services, either at migrant health centres or elsewhere, would reduce the number of informal clinics and encourage refugees to seek public care. The resumption of registration services for refugees in those localities that have effectively made it impossible is a critical step that must be taken as soon as possible, both to reduce the number of refugees living without services or protection from deportation and to keep in line with international law.

Ultimately, the restrictive policies and difficulties refugees face in seeking healthcare stem from hostile public sentiment both in Turkey and abroad. The vast majority of Syrian refugees reside in Turkey largely due to the unwillingness of other nations to resettle them within their borders. The financial, political, and cultural strain this has placed on a decidedly middle-income nation is significant and has in part contributed to public dissatisfaction. It is clear that challenges and deprivation, not only in seeking healthcare, but in all matters, will continue to dominate refugees' lived experiences for the foreseeable future. However, prompt and concerted efforts to alleviate the financial hardships brought on by COVID-19, re-evaluation of policy, and the reopening of registration for refugees would significantly improve the living conditions and healthcare access of millions.

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