

# Health care services in Istanbul for “Syrians of concern”

## İstanbul’da geçici koruma altındaki Suriyelilere yönelik sağlık hizmetleri

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**Received/Accepted:** August 25, 2019 /September 30, 2019

**Conflict of interest:** There is not a conflict of interest.

### SUMMARY

Turkey has historically been a country of origin, transit and destination for migrants. Following the first entry to Turkey in 2011, the Syrian "influx" arrived in unexpected masses and individually. In June of 2019, Turkey continues to host 3,613,644 registered Syrians under temporary protection, of which 546,296 reside in Istanbul. Turkey is the country with the world's largest population and Istanbul is the city with the highest numbers of Syrians. During a time of unprecedented international migration and unparalleled human suffering, health care administrators of Istanbul as torchbearers, present experiences which will help lead the future of international migration. In this manuscript-effort they present lessons-learned for the world to benefit from. The transformation from “emigration” to “immigration” may transform the host country's demographic structure, from the standpoint that “emigration” defines departing from one’s natural home; whereas, “immigration” implies permanent residence. Authors draw attention to policy considerations for integration. The major concern that “universal responsibility should spread more evenly across countries in times of global humanitarian need” is emphasized.

**Keywords:** International migration, public health, international health care management, humanitarian assistance, emergency and disaster medical services

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### ÖZET

Göç hareketlerinde başlangıç, geçiş ve varış noktası olan Türkiye tarihsel olarak, göç alan, veren ve geçiş sağlayan bir ülke konumunda yer almıştır. Türkiye’ye 2011’de giriş yapan ilk Suriyeli sığınmacı kafilesinin ardından bölge, hem bireysel hem de kitleler halinde beklenmedik yoğunlukta insani “akın” ile karşılaşmıştır. Haziran 2019 tarihinde, geçici koruma altında bulunan 3.613.644 kayıtlı Suriyeli’nin, 546.296’sı halen İstanbul’da ikamet etmektedir. Küresel boyutta en yüksek Suriyeli sığınmacı nüfus Türkiye’de yaşamaktadır. İstanbul ise en fazla Suriyelinin barınmakta olduğu ildir. İstanbul’un sağlık yöneticileri, il genelindeki sorumlulukları dolayısıyla, eşi görülmemiş boyutlarda bir uluslararası göçe şahitlik etmiş olup, dünya genelinde uluslararası göç konularının geleceğine ışık tutabilecek deneyimlerini ve benzersiz acıların çekildiği bu dönemde öğrenilen dersleri, bu özgün makalede, insanlık yararına sunmaktadırlar. Geçici korumayı izleyen dönemden, bundan böyle, kalıcı yerleşime geçiş söz konusu olabilir. Küresel boyuttaki “sığınmadan-göçe” geçiş, ev sahibi ülkenin demografik yapısını dönüştürebilir. Öngörüler çerçevesinde, entegrasyonu mümkün kılacak, uyum ve

bütünleşmeye imkân sağlayacak sağlık politikaları değerlendirilmektedir. Küresel çapta insani ihtiyaçlar belirdiğinde, evrensel sorumluluklar ülkeler arasında daha adil şekilde paylaşılmalıdır. Bu temel kaygı vurgulanmaktadır.

**Anahtar sözcükler:** Uluslararası göç, halk sağlığı, uluslararası sağlık yönetimi, insani yardım, acil durum ve afet sağlık hizmetleri

## INTRODUCTION

Historically, Turkey has been a country of origin, transit and destination for migrants<sup>34</sup>. April 29<sup>th</sup> 2011 marks the day of the first entry to Turkey with the admission of 252 Syrians at the border gate. For Syrians enduring to reach refuge and protection, this is also the date when health services were initiated in the host country<sup>1</sup>.

**The scope of international protection is “mass influx”.** Inflows of Syrians arrived in Turkey in unexpected masses and individually for temporary protection (TP). Significant numbers crossed the border over a relatively short period of time and made individual refugee status determination procedurally impractical. Syrians are registered by the Turkish authorities, with statuses ensured by the TP regime<sup>2</sup>.

According to June 1<sup>st</sup> 2017 data from Republic of Turkey (TR) Ministry of Interior (MoI) Directorate General of Migration Management (DGMM), there are 3,613,644 Syrians with biometric registration under temporary protection status (TPS) in Turkey. Istanbul hosts 546,296. Migration statistics show that 109,726 reside inside and 3,503,918 live outside the camps<sup>3</sup>.

**Extent & capacity.** For asylum-seekers residing inside and outside the camps, health services (HS) encompass emergency-postoperative-rehabilitative care of the wounded and primary-secondary-tertiary care, including preventive and treatment services. Particular services in disability assistance, mental and reproductive health are just a few examples of specialized care, which benefit from international participation and collaboration with UN agencies, International Organization for Migration Turkey, partners, and NGOs. The Ministry of Family and Social Policy (MoFSP) takes primary responsibility for psychosocial services, with institutional partnerships such as the Ministry of Health (MoH)<sup>4,5</sup>.

Health care (HC) provision incorporates assessment of the health status for arriving migrants. Initial health evaluations and systematic health assessments are carried out at border crossing. Immunization and preventive measures take into account the needs of vulnerable groups and include vaccinations such as oral-polio-

vaccine for infants-14wks, measles-mumps-rubella for newborns to 9mos-15yrs, age-appropriate polyvalent combinations, diphtheria-tetanus for pregnant women. Thus; follow-up procedures are pursued in accordance with regular vaccine schedules in Turkey. Newborn screenings and free vitamin supplements are administered according to current protocols in the country. Iron and vitamin supplements for Syrian babies, children, and pregnant women are delivered free of charge. In addition to the standard procedures, mass vaccination campaigns have been performed in line with the recommendations of scientific commissions; in the context of which, nine rounds of polio immunization children 0-5yrs were vaccinated. Environmental HS, especially water control, sanitation and hygiene programs were implemented. Syrians underwent screenings for region-specific diseases including tuberculosis, malaria, and cutaneous leishmaniasis. For patients detected with disease, medications were distributed free of charge and treatments were completed. Camp residents were informed about preventive HS and cancer screenings. Mobile tools were used for cervical and colon cancer screenings of women residing in the shelters. War-wounded Syrians fleeing across the border receive prompt life-saving emergency treatment for their injuries and are ambulance-transferred for hospital care. A November 2016 news article by the National Medical Rescue Teams (NMRT) organization reports that 35,671 people were transferred to hospitals after border crossing. Public ambulances and primary health care services (HCS) are available in all camps. Secondary HCS are offered in densely populated temporary accommodation centers which are distant to medical facilities. Syrians outside the camps are able to receive medical care from MoH-affiliated migrant health centers (MHCs), family health centers (FHCs), public hospitals, voluntary health centers, and if referred, from private and university-affiliated hospitals<sup>10,11</sup>. Secondary and tertiary HC comprise inpatient, outpatient, and emergency medical services (EMS), clinical diagnoses, therapeutic interventions and rehabilitative care, at state hospitals operated by TR MoH Public Hospitals Administration of Turkey (Turkiye Kamu Hastaneleri Kurumu, TKHK). This includes family

health and EMS, outpatient diagnosis and treatment, inpatient care, deliveries and obstetric care, “mother hotel” housing services for mothers of infants under treatment, cardiovascular surgery, adult and neonatal intensive care, reconstructive surgery and burn treatment, replantation, rehabilitation, mental health, oral and dental health offered at 841 health facilities under “TKHK”<sup>36</sup>.

## MATERIAL AND METHODS

**More than five years, more than twenty million patient visits.** Data presented by the Minister of Health states that, between April 29<sup>th</sup> of 2011 and September 30<sup>th</sup> of 2016, the number of outpatient visits by Syrians to primary-secondary-tertiary HC institutions, inside and outside the camps, summed up to 20,252,984 in ambulatory care. In inpatient services; 967,452 patients were admitted to hospitals. In surgical care; 824,796 operations were performed. In regard to maternity and newborn services; 177,568 Syrian babies were born in Turkey since the start of the Syrian civil war in 2011. The deputy vice president of the MoH’s Public Health Institution of Turkey (Turkiye Halk Sagligi Kurumu, THSK) spoke to the Refugee Rights Sub-Committee of the Grand National Assembly of Turkey in November 2016. Reported by the press are his comments, that a significant percentage of Syrians taking refuge in Turkey are women and children, that the birth rate of Syrian refugees in Turkey had surpassed the birth rate of Turkish citizens<sup>10,12,13,14,15</sup>.

**Legislation.** In an era of unmatched mass migration, establishing the legal grounds for access to HS in Turkey entailed reconstitution and organizational arrangements. According to the Prime Ministry Disaster and Emergency Management Presidency (Afet ve Acil Durum Yonetimi Baskanligi, AFAD)’s 2011 regulation #27851 on “disaster and emergency management centers”, all medical costs are covered by “AFAD”. The executive order 2013/8 “AFAD” circular on “health and other services of Syrian guests” extended coverage to all 81 cities across the country (September 9, 2013; executive order 2013/8). The 2013 law #6458 on “foreigners and international protection”, together with the 2014 temporary protection regulation (TPR) by the Decision of the Council of Ministers<sup>5</sup>. TPR safeguarded Syrian asylum-seekers in Turkey against refoulement. As per Article 1 of TPR, Syrians received the TPS. Article 21 states that emergency care and immunization services are provided for all Syrians and Article 27 defines the scope of HS. The March 2015 TR MoH directive #2875 on the “principles for provision of HS to be

provided to persons under TP” was established based on TPR. Persons under TPS may benefit from health units established in resettlement centers and health service providers of the MoH and its subsidiaries. Granted that the right referral process is followed, individuals in need may also benefit from university medical research and practice centers, private hospitals, NGO-provided voluntary HS. A September 2015 TR MoH directive affirmed the establishment of Migrant Health Centers and Units (MHCs) under provincial Directorates of Public Health. With the 2015 “AFAD”/MoH protocol on the purchase of HCS, a wholesale price for a lump sum payment was determined, also resolving specific concerns in access and addressing issues in tissue and organ procurement. The 2015/8 “AFAD” circular on the “provision of HS for temporary asylum-seekers regarding persons under TP” as part of the efforts to carry out services more effectively and efficiently, consolidates the integration Ministry of Interior’s (MoI) Directorate General of Migration Management (DGMM)’s registration records with national online networks, such as the MoI’s central population administration system “MERNIS” and National Social Security Institute’s (SSI) “MEDULA” system. In November 2015, the MoH published a revised “directive modification #9648 on the principles of HCS for persons under TP”, with elaborations and modifications regarding referral guidelines<sup>2,6</sup>.

**Access to health care, free of charge.** TR MoH is in lead of coordination and superintendence in the provision of medical services. Registration with the MoI’s DGMM forms the legal basis for access to public services for Syrians in Turkey. Syrian beneficiaries with valid temporary protection identity cards have secure access to a number of public services. Under TPS administration, medical care is provided free of charge, with unlimited coverage is unlimited, equivalent to services provided for Turkish citizens who are insured under the national social security system. The government subsidizes the total cost of medical services for registered Syrians, who have the entirety of health rights granted to citizens with public health insurance. In cases where the referral is made from a state hospital to a university hospital or private hospital, no patient contribution fee is collected if covered by the Health Implementation Directive (Saglik Uygulama Tebligii, SUT). Emergency care and immunization services are provided for all Syrians, including the unregistered<sup>2,7,8,9</sup>.

Under general coordination by “AFAD”, HS delivery for Syrians is provided and regulated by

TR MoH. A Migrant Health Services (MHS) Coordination Unit was initially established under the Directorate General of EMS for oversight and supervision of health promoting practices for Syrian asylum-seekers, and as of August 2016, was expanded to become the Department of MHS, under the roof of the TR MoH “THSK”<sup>11,53</sup>.

**Direct fiscal cost of health care, probably just a fraction of the total public financial burden.** The 2011 “AFAD” regulation states that the cost of HC is covered by “AFAD”. HS are provided free of charge under guidance provided by three “AFAD” circulars<sup>16</sup>. According to TPR, services are priced under “SUT”. For TR MoH Health Directorate of Istanbul (HDI), a billing inspection commission examined thousands of invoices, which turned out to be laborious and impractical, until the “AFAD”/MoH protocol was signed, effective July 1, 2015, and a lump-sum payment in two parts was priced at ₺375,000,000 for the year 2015.

**Data-driven strategy, the inauguration of Migrant Health Centers.** In Turkey, essential medical services are customarily provided by a well-established network of FHCs to all residents. FHCs, built throughout the country to meet the needs of the existing population, initially took on the task of caring for asylum-seekers from war-torn Syria, until the growing needs of the newcomers rendered the health facilities inadequate, generating a structural revision in the provision of basic HCS. An extensive review of the situation revealed the necessity for new MHCs to be built in cities where the Syrian population exceeded 20,000. In March 2015, an inaugural initiative was taken by the MoH with the construction of eighty-five MHCs in sixteen cities, with enduring intentions to increase the number to five-hundred by the end of 2017. The MoH is still in the process of determining new locations<sup>13</sup>.

**New health facilities, still in consideration.** Efforts to expand the scope and improve patient access will take into account the startling trends in the enlarging population. Unanticipated aspects such as availability, capacity, and capability in terms of staff, facilities and infrastructure, medical devices, tools and equipment in areas densely populated with asylum-seekers are important considerations for policy analysis and health systems planning. New health facilities will be built or existing health facilities will be further furnished to meet the expanding needs<sup>13,36</sup>. Policy development will provide a procedural framework for the refurbishment of existing hospitals, building

and equipping new hospitals. In a news report, the Undersecretary for the TR MoH remarked that the ministry considers building smaller hospitals tasked solely with providing HC to migrants<sup>17</sup>. The ultimate goal is the implementation of health systems for Syrians in Turkey, expand on the capacities to provide them with user-friendly care at optimal health service standards and help improve their health-related quality of life.

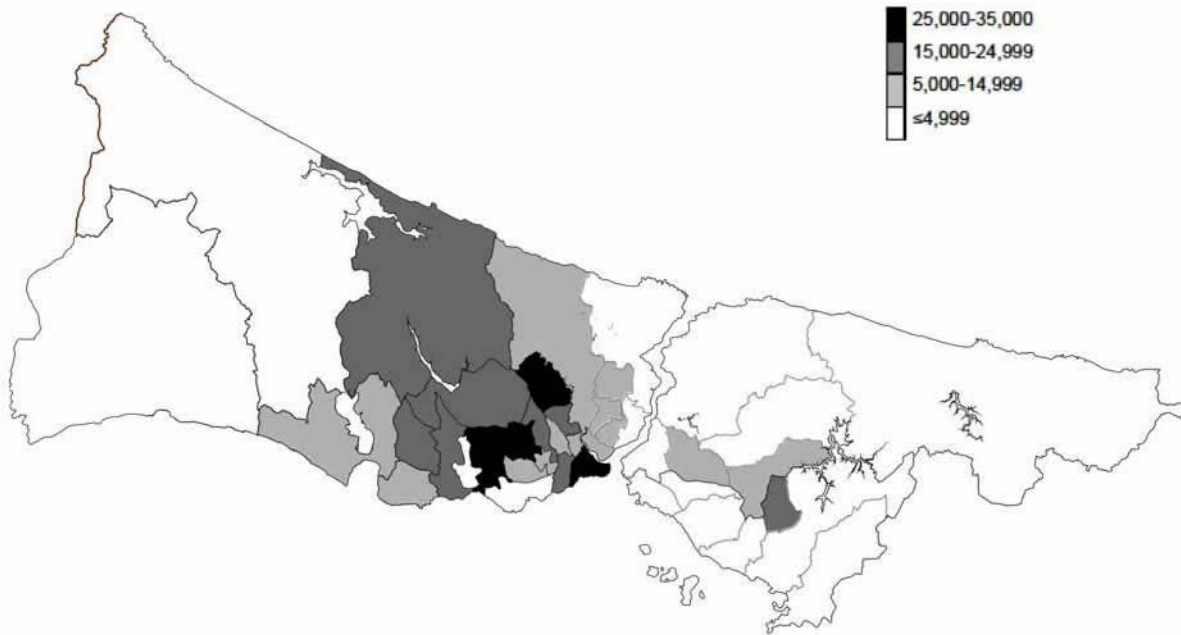
**Work permit for Syrian health care professionals, a pathbreaking development.** The Turkish government met the demand by the EU Commission and completed a legal arrangement to issue work permits for Syrian HC workers, with the exception of dentists, pharmacists, caregivers, who become eligible to apply six months after obtaining their TPS. A preliminary assessment is issued to Syrian doctors residing in Turkey, who are thereafter trained mainly in primary HCS, modern approaches in basic family practice, scientific literature, and certified before they qualify for legitimate medical practice to care for Syrian asylum-seekers in Turkey. There were initially six hundred doctors and medical personnel to begin with; numbers were expected to increase. The five-hundred new MHCs slightly differed from existing FHCs. Employment priority is given to Syrian HC workers; however, where numbers are insufficient, Turkish providers fill in the gap<sup>17,18</sup>.

## RESULTS

### - In the City -

#### “The city” with the highest numbers, in “the country” with the world’s largest population

The population of Istanbul was 14,804,116 at the end of 2016<sup>12</sup>. June 1<sup>st</sup> 2017 data reveals that there are 483,810 biometrically registered Syrians living in Istanbul, outside the camps, all of whom are beneficiaries entitled to free HC. The city hosts the highest numbers in the country. Registered Syrians constitute 3.27% of the city’s population. This overall percentage is in the country 3.79%. Istanbul was the fourteenth city in the country listing in February 2017. Numbers are appalling in estimates that take the unregistered into account. “Istanbul has more Syrian refugees than all of Europe” says David Miliband, Head of the International Rescue Committee, and calls it a “a grisly world record”<sup>19</sup>. A 2015 news article expressed the view, “while Europe panics over 224,000 refugees, the number of displaced Syrians have reached 330,000 in Istanbul alone”<sup>20</sup>. Numbers continue to rise.



\* Map illustration by Murad Kumru based on data provided by the author.

**Figure 1:** Number of Syrians under temporary protection by district in Istanbul; total: 417,359 (May 2016)<sup>7</sup>.

### Primary Health Care Services for Syrians in Istanbul

The task of caring for Syrian asylum-seekers was initially undertaken by FHCs. With the ultimate goal of providing better HS and making essential HC accessible to the entire Syrian community, sixteen MHCs were established in fifteen town districts by the end of December 2015, on which date the city had 889 FHCs and 3,626 primary care physicians<sup>27</sup>. Patient applications per day showed a steady increase at the MHCs in months following the opening of the first center. Daily MHC applications rose by the month in 2015 (19, 98,

137, 183, 372, 435, 552, 591, 545, 626 in monthly order, March-December), while FHCs continued admitting Syrian patients<sup>8</sup>. Two factors might have contributed to this increase; primarily, the growth within the Syrian population in Istanbul; and secondarily, the effectiveness of health communication and information about available services. In early 2017, there are twenty-one MHCs in nineteen town districts, including two MHCs where services are temporarily interrupted. There is one training center for Syrian doctors and nurses who are aimed at serving their displaced compatriots, where they undergo an orientation program to adapt them to Turkey's HC system<sup>21, 22</sup>.

**Table 1:** Number of cases and interventions in primary care for Syrians in Istanbul (January 2015-April 2016)<sup>8,23,59,61</sup>

<b>Visits to Family Health Centers (FHCs) &amp; Migrant Health Centers (MHCs)</b>			
	Patients at FHCs (Year 2015)	Patients at MHCs (Year 2015)	Patients at MHCs* (Jan. 1 - Apr. 30, 2016)
● Examination	46,222	42,514	26,557
● Vaccination (Adults, pregnant women, children, infants)	73,687	21,195	26,410
● Maternal, newborn, child health monitoring	13,272	10,811	9,356
● Neonatal screenings	11,554**	881	611
● Other (Injections, wound care, etc.)	151,580 (inc. AFP, Vit-D, etc.)	708	1,076
<b>Total # of interventions</b>	<b>294,315</b>	<b>76,109</b>	<b>64,010</b>
<b>Cases in 112 Public Ambulance Services</b>			
Primary diagnosis (reason for transport)	Patients transported by ambulance		
	Year 2015	Jan. 1 - Apr. 30, 2016	
Trauma	842	221	
Gynecology & obstetrics	758	315	
Cardiovascular system	624	279	
Respiratory system	561	288	
Mental disorders/psychiatric causes	402	173	
Newborns	242	138	
Neurological disease/symptoms	192	67	
Genitourinary system	170	65	
Gastrointestinal system	116	52	
Infectious diseases	107	70	
Metabolic disorders/causes	107	39	
Intoxications	4	16	
Others	1,889	957	
<b>Total # of cases</b>	<b>6,014</b>	<b>2,680</b>	

\*As of 2016, data are not collected from FHCs.

\*\*Numbers include malaria and tuberculosis screenings.

Number of incoming calls from Syrian patients at the command control center of 112 Public Ambulance Services were 6,014<sup>59</sup>. In all cases, without exception, ambulances were dispatched to the scene. An increase from the previous year was observed in the first four months of 2016, noting that statistical significance testing remains practically inessential. Total number of cases transported in twelve months in 2015 was 6,014.

Cases transported, from January 1st to April 30th of 2016, summed up to 2.680

**Supplementary immunization campaigns.** In 2014; 67,656 house-to-house mop-up visits and 50,492 catch-up vaccinations were performed. In 2015; no mop-up operations were carried out; only 65,909 catch-up vaccinations were administered, in two rounds. Efforts were then made to guide and schedule them for routine immunizations<sup>8,49,50</sup>.

## Secondary and Tertiary Health Care Services for Syrians in Istanbul

**Table 2:** Hospital and health facilities statistics. Visits and procedures in secondary and tertiary care in Istanbul (January 2015-April 2016)<sup>8,23,61</sup>.

Secondary & Tertiary Health Care Services				
	2015	2016		
	All Hospitals (Jan. 1 – Dec. 31, 2015)	Public Hospitals (Jan. 1 - Apr. 30, 2016)	University Hospitals (Jan. 1 - Apr. 30, 2016)	Private Hospitals (Jan. 1 - Feb. 29, 2016)
Ambulatory care visits to physician offices	181,266	97,497	312	789
Surgical procedures	11,802	6,040	35	40
Deliveries	9,733	3,849	4	60
Hospital stays	27,934	21,463	72	163
Deaths	239	114	5	7
Emergencies	166,320	80,793	*	*
<b>Total</b>	<b>397,294</b>	<b>209,756</b>	<b>428</b>	<b>1,059</b>

\*unobtained data<sup>4</sup>

**Voluntary health services by non-governmental organizations.** As of May 2016, one Syrian-staffed NGO application had been approved for service provision, while twenty-one applications in nine town districts were under evaluation at TR MoH. In the first four months of the year 2016, 2,446 HC visits were made to the medical center. Several associations express concern over the fact that relicensure every six months is obligatory. Problems existed with regard to meeting prescriptions from voluntary health institutions. Pharmacies were hesitant to administer prescriptions, unable to determine whether the health facility is officially certified or whether medicines are prescribed with adequate

supervision from a registered physician, for patient safety concerns, beyond reimbursement issues<sup>23,61</sup>.

**Thinking collaboratively, linking national and international perspectives.** While the global medical community continues to search for pragmatic solutions, TR MoH HDI meets the humanitarian imperative, and also welcomes every opportunity for collaborative thinking. Having to deal with the diverse and multifaceted consequences of unprecedented mass displacement, executives and professionals from the HDI seek to widen their vision and develop internationally-minded approaches. 1) *Attending and organizing locally expansive meetings on critical issues:* Institutional authorities attend

monthly coordination meetings organized by the Istanbul Directorate of AFAD and headed by the Governor of Istanbul. On another occasion; a panel discussion in remembrance of the Human Rights Day in 2015 was dedicated to Syrians in Turkey. The event was coordinated by the MoH HDI and the MoFSP Directorate of Istanbul, with active executive participation from universities, the MoI Directorate of Istanbul, the Istanbul Bar Association, UNHCR Turkey, and relevant bodies<sup>24</sup>. 2) *Communications and visits by international organizations*: In the effort to offer acceptable standards of health-related quality of life and well-being, HDI's perception embraces international perspectives. An unofficial visit by Centers for Injury Prevention and Control (CDC) staff took place in March 2016. An informative session was run regarding capacities and procedures in the planning of comprehensive health screenings and mass vaccination programs. Experiences were shared<sup>9</sup>. 3) *International meeting attendances*: Delegates attended a symposium entitled "War, migration and health: What should physicians do?" organized jointly by the World Medical Association, Turkish Medical Association (TMA), and Istanbul Chamber of Physicians in February 2016. Attended by participants from seventeen countries, and organizations including UNFPA, MSF, Physicians for Human Rights, Junior Doctors Network, WHO Turkey, AFAD, professional chambers and local administrations, where a declaration was adopted on HC professionals' obligations in the case of Syrians fleeing the conflict<sup>46</sup>. A first-time World Humanitarian Summit in UN history was held in Istanbul in May 2016. The convention convened 9,000 participants to generate commitments to take action to prevent human suffering and support a new shared agenda for humanity, attended by commissioners from TR MoH and HDI<sup>47</sup>.

**Operations outside the city borders.** Volunteer teams from TR MoH HDI continue to join humanitarian efforts in camps and shelters at border cities, such as Sanliurfa and Kilis. Istanbul NMRTs help set up and maintain field hospitals, lend assistance for chemical-biological-radiological-nuclear protection, provide trainings and HCS. Duties entail equipment transfer and out-of-town deployment for several months.

## DISCUSSION

A time of unparalleled human suffering and need in Syria. The startling sum of Syrians is reported to have outnumbered the local Turkish population in fifteen cities in the neighboring country<sup>38</sup>. Over the course of incidents and circumstances never

experienced before, many challenges had been endured. Since the beginning of the Syrian crisis, TR provided Syrian asylum-seekers with considerable access opportunities in HS. As of June 13<sup>th</sup> 2019, 3,613,644 registered Syrians with ID cards benefit from a free comprehensive medical insurance plan<sup>3</sup>. An evaluation based on observation and best available data comments that the emergency response of the Turkish authorities with collaborating partners, undeterred by the constraints, have demonstrated a notable level of responsibility and accountability<sup>42</sup>. Another research reports adequate health care in 2018<sup>25</sup>.

### Issues with access to care.

The continuum of transitional settlement generated numerous obstacles in practice.

- Upon completion of registration, Syrians under TP in Turkey are issued Foreigner's ID numbers starting with "99" legalizing their presence in the country. This is the key to accessing fundamental rights and services, including HC. Syrians who had previously been issued numbers starting with "98" are also required to obtain numbers starting with "99"<sup>26</sup>. A critical obligation, to denote that the person is registered and active in the system, also for pre-approval purposes for reimbursement, before HCS are provided and costs are engendered. The coordination of the numeral conversion from "98" to "99" with TR SSI entailed some difficulties.
- Additionally; administrators and attendants faced the difficulties of following the continually changing legislation updates. Intricate referral mechanisms complicated care coordination and occasionally obstructed flow of services.
- In some cases, infrastructure was not available or yet prepared to fully meet the newly-developed legislative requirements. Some amount of interpretation was often necessary, as in the case of costs and fees related to orthoses, prostheses, medical devices, high cost treatments, and the practice of organ transplantations.
- A vast majority of Syrian patients still apply at hospitals without appointments from the Central Physician Appointment System "MHRS", resulting in additional strain on the physicians' patient load in outpatient clinics, already booked to capacity, creating discomfort among patients with appointments. Some are unaware that they would be able to enter the MHRS with their ID numbers. The tendency to



skip administrative steps might be driven by Syrian patients' level of anxiety and fear of the unknown. Yet some patient behavior is simply habitual. **POLICY SUGGESTION:** As part of their orientation and integration exercises for temporary asylum-seekers, Migration Management might be advised to incorporate content regarding health systems administration<sup>8</sup>.

- Difficulties were encountered in the registration process of unregistered Syrians, in spite of legislation which determined institutional responsibilities. At discharge from the HC facility, Migration Management is informed, who consequently handles biometrical registration, reporting to the Governor's Office. According to the 2015 "AFAD"/MoH protocol, both parties are to work in coordination. Migration Management Directorate of Istanbul operates telephone numbers for contact centers where authorized officers can be reached 7/24. Especially in the early phases, HC staff faced time-consuming inefficiencies, trying to reach the representatives.
- In the presence of administrative obstacles, the language barrier exacerbates misunderstandings, confusion, and misperceptions. Temporary asylum-seekers sometimes hold preconceived opinions and attitudes. Often hospital administrators have trouble obtaining prior authorization from SSI, unable to proceed with the admission, stressed by procedural complexities but harbor no bias or prejudice against the patient; however, individuals with false prejudgements tend to feel discriminated against. When sufficient communication cannot be established, problems arise at all stages, including patient registrations, appointment scheduling, instructions for post-operative care or post-treatment information<sup>6,8</sup>.

**Inadequate referrals & their financial consequences.** Syrian patients were required by the 2014/4 "AFAD" circular on the "provision of HS regarding persons under TPS" to have referrals from primary to specialty care. As prenotified, health institutions that did not comply with this rule were not reimbursed for relevant costs and expenses. However, Syrian patients continued to arrive without referrals. In order not to victimize the patients, financial consequences were undertaken by the hospitals, until the mandate was removed with a 2015/8 "AFAD" circular, effective October 2015. Public hospitals are also burdened by the

obligation on their part to evaluate financial processing for referrals to private/university hospitals. According to the 2015 MoH directive modification #9648, invoices issued by private health facilities and university hospitals are to be examined by a commission of the regional General Secretariat of the Public Hospitals Union. Charges are to be paid by the referring institution.

**Medicines & medical devices.** Pharmacists met Syrians' needs since the beginning of the mass influx in an altruistic manner, despite the problems and difficulties encountered in the supply and reimbursement process, regarding their excess efforts and monetary losses as public contributions to health and human welfare.

The 2013/8 "AFAD" circular on health and other services extended services to all cities, also referred to the provision of materials such as medicines, prostheses, teeth, eyeglasses, hearing aids, affirming that "SUT" procedures are to be followed.

Under the 2015/8 TPR, patient contribution fees are not collected from Syrians for primary and emergency care pertinent medications, The cost of medication relative to secondary and tertiary HS with adequate referrals from State Hospitals, is also virtually entirely borne by "AFAD", with no additional payment by the patient<sup>2</sup>.

TR MoH's internet-accessible MEDULA system presents HC professionals with a structured network for diagnostics, medicines, medical devices, HC supplies record-keeping. As of October 2015, only prescriptions registered with the central MEDULA Pharmacy System by SSI-contracted pharmacies are processed for reimbursement, in accordance with TR SSI communique October 13, 2015 #39.A.00.004494. Turkish Pharmacists Association (TPA) drew attention to uncertainties in the provision of supplies, and to controversies arising from payback periods, objections to reimbursement cuts, interruptions, and transactions to be made in case of contract termination<sup>39</sup>. Ongoing issues with medical devices concerned both patients and hospital administrators. The Syrian population in Turkey grew at rates beyond any reasonable anticipation. Finally in 2016 chambers' representatives spoke on behalf of overburdened pharmacists running their small retail businesses, declaring that capacities were exceeded. Without practical solutions,

increasing demands could no longer be supported. TPA claimed that, for financial sustainability, a legal agreement with “AFAD” was compulsory<sup>51</sup>. In April 2016, TPA signed a protocol with TR SSI to eliminate the problems in purchasing and supply acquisition. The institution committed to employing new pharmacists in order to prevent delays for reimbursements to be actualized in due time<sup>8,52</sup>.

**Underground care.** Brought to public attention by the media, Syrians have been reported to build illegitimate HC networks in Turkey, informal health centers declaring to treat thousands of Syrians. Unfounded allegations include claims that these risky and unsafe ventures ease the pressure on local hospitals and fill treatment void in southern Turkey in cities such as Kilis, Mersin, Adana near the Syrian border as well as in large cities densely populated with Syrian asylum-seekers. Officials take a series of measures to end illegal actions by uncertified practitioners in unauthorized health institutions. Anti-Smuggling and Organized Crimes Departments of TR MoI Directorate General of Security run operations to raid underground medical centers<sup>28,35,37,41,45</sup>. TR MoH Health Director of Istanbul remarks that interventions are carried out continuously to eradicate underground HC and that efforts are directed to abolishing illicit medical practices<sup>60</sup>. Through the January 2016/8375 regulation #28594 and the June 2016 revision #29744, the recent development to issue work permits for Syrian health workers by the Turkish government is expected to improve the situation by legalizing medical practice by eligible Syrian HC professionals.

**Overcoming the barriers of cross-cultural communication in practice management.** Language barriers hinder the provision of patient information about the treatment, lead to extra workload, create losses in terms of time, confidence in patient-physician relationships, patient and employee rights. HC facilities administration intend to arrange for free on-site translation support for Syrians. Arabic speaking staff are available in some HC institutions; however, due to insufficient capabilities, needs cannot be entirely met<sup>43</sup>. Purchase of medical interpreter services is not feasible under public procurement procedures. TR MoH conducts studies to determine the extent of need for interpreter services, in consideration of central purchasing. TR MoI DGMM contemplates providing language services at the provincial to respond to the needs of all institutions serving

Syrians. Government institutions sought to surmount the language barrier. A protocol was attempted with the office of the Grand Mufti of Istanbul, Presidency of Religious Affairs. In cases of urgent need, UNHCR partners offer assistance. (MoI DGMM launched a foreigners communication call center in 2015 to carry out functions within their own management scope.) Occasionally NGOs provide translation services and interpretation support; discussions are ongoing to increase the insufficient numbers. The Public HDI designed a protocol to attract volunteers, but no application was received. Salary expectations are higher than purchasable by public buying<sup>8</sup> NMRTs make interpreters available in service units which are especially busy. Organizations including “AFAD”, WHO, UNHCR organize workshops and trainings for doctors, nurses, and interpreters<sup>11,63</sup>. In coordination with WHO, “medical interpreter and patient guide trainings” have been organized by TR MoH “TKHK” for interpreters and patient guidance personnel who serve large numbers of Arabic-speaking patients. One such training in Istanbul covered topics including the organizational structure, application processes for HS, legislation, orientation, coordination, intercultural communication, privacy, and patient rights<sup>55</sup>.

- **Problem-solving skills, interim solutions:** In the early phases of the commitment to serve under extraordinary circumstances, sound pre-term solutions are plausible. There is something quite remarkable about HC workers who come up with creative ways of communicating with patients in need. Public HC providers in Istanbul were asked in a questionnaire about strategies staff uses to overcome the language barrier in service provision and if professional on-site medical interpreting is available. Interpreter services were not available at FHCs; Syrians frequently arrived at outpatient clinics with their Turkish-speaking relatives<sup>62</sup>. In public hospitals, staff made an effort to establish communication through foreign-language-speaking team members. Sometimes bilingual relatives or patients lent assistance. The MoH’s international patient call center was used. One hospital received phone support during working hours from the municipal Syrian coordination center. Another hospital had an Arabic interpreter as part of a EU-funded program. Patients would seldom call someone who spoke Turkish on their own phones. Informed consent documents in Arabic were used<sup>62</sup>.

- The MoH's foreign language telephone service: Following a trial period in the 2011, the MoH officially started a 7/24 international patient support line in January 2012 in seven languages, Turkish-English- French-German-Russian-Arabic-Persian. The call center was a public service hotline for patients of "health tourism" in public/private HC institutions. As of April 2017, a more-developed new International Patient Support Unit Interpreter and Call Center was launched<sup>56</sup>. **POLICY IMPLICATION:** International phone service capabilities may be extended, beyond the scope of health tourism, to respond to the specific needs of Syrian asylum-seekers.

**Websites.** TR MoH's official website is in Turkish at <http://www.istanbulsaglik.gov.tr/> and has a link in English at <http://health.istanbulsaglik.gov.tr/> containing only basic information about the organizational structure. TR MoH has an official health tourism website in Turkish/English at <http://www.saglikturizmi.gov.tr/>. **POLICY IMPLICATION:** These existing capacities need to be further developed, especially to include service-oriented features for Syrian asylum-seekers.

**Medical Arabic language trainings at TR MoH HDI.** An Istanbul Development Agency-supported program aimed in 2013 to improve the qualifications needed in health tourism. In collaboration with the HDI, Arabic language courses for medical and service staff were held by the Language Academy and Scientific Research Society. A total of 598 trainees were certified upon successful completion of the program<sup>40</sup>. A similar non-sponsored self-pay program was conducted in 2015 and 80 successful administrative/clinical personnel were certified after 12-13 weeks training<sup>48,57,58</sup>. **POLICY PERSPECTIVE:** The public at large benefits from these trainings. To best promote general welfare, staff members who are keen and enthusiastic about working with Syrian asylum-seekers should be supported by subventions, government grants and subsidy programs for professional development.

**Resource development (human & financial).** In present circumstances, the global obligation to care for innocent civilians continues to present a unique and exceptionally complex situation to Turkish authorities and HC professionals, living next door to the geography of grave humanitarian crisis. Demands grow rapidly, human capital is scarce and financial

resources are limited. Numbers are rising both in "health tourism" and in "MHS" in Turkey where, just as in any country, multilingualism and international experiences are rare staff qualifications within the sector. **POLICY SUGGESTION:** Resource-sharing in "international health services" has been proposed in an earlier presentation<sup>44</sup>. Anticipated benefits of current legislation are that, with the implementation of the regulations, Syrian health workers entering the work force in Turkey to care for their countrymen will partially ameliorate the problem.

**One proposed solution; the license to practice medicine.** In his November 2017 statement, the Minister proclaimed that efforts to overcome health disparities, language barriers, and cultural differences included the establishment of MHCs<sup>13</sup>. The initiative to issue work permits for Syrian medical staff aims to improve HC standards for Syrians, to overcome the barriers of cross-cultural communication in practice management, and to also augment life satisfaction of Syrian HC professionals. Syrian medical staff will be employed at MHCs, which in conjunction with the free medical care offered in hospitals, have been especially designed to further ensure better care. The MoH is currently setting credentials for Syrian HC workers' entrance and integration into the Turkish HC system. A board formed under the MoH will evaluate the professional competence of Syrian doctors, replacing the former pre-conditions such as university accreditation and diploma equivalency. Orientation and quality assurance training programs have been initiated, one in a central district in Istanbul. Following the training period, Syrian professionals will go through a series of assessments before they begin their medical practice<sup>13</sup>.

**Same coverage, free of charge.** In the domestic arena, the government's Syrian policy gave rise to fragmented public opinion. Objections voiced by the opposition put the government in a burdensome position in terms national security, economic well-being, and social welfare, whilst faced with the challenge of establishing the balance between national interests and a peaceful commitment to the international order<sup>29</sup>. Turkish citizens are charged premiums, and they sometimes have to pay additional fees for HS which Syrians receive for free. Some surmise that Syrians have the right to access HCS at no charge, with coverage far beyond what might be considered

preventive care, human protection or fundamental rights. **POLICY IMPLICATION:** The strategic use of resources and the implementation of national policies are yet to be fully explained or presented for public approval. The delicate process of integration may potentially lead to detrimental outcomes of segregation.

### **Temporary asylum versus permanent status.**

**POLICY CONSIDERATIONS FOR INTEGRATION:** As the largest host country for Syrian migrants, Turkey faces the great challenge of accommodating millions of Syrians. Earlier implications are now almost confirmed: a significant number of Syrians are “here to stay”. Temporary asylum-seekers who once had to make the difficult choice of leaving their home country, may initially not have been mentally prepared to become established in Turkey, probably had no intention to become permanent residents. Whether by willingly choice or merely out of necessity, the transformation from “emigration” to “immigration” will potentially transform the host country's demographic structure<sup>54</sup>. Their presence in Turkey will require a comprehensive solution with longstanding economic, social, and political support for this community. Current issues are not about halting the influx or reversing their movement but about constructive measures and more feasible practices towards integrative settlement. The public health system has been opened up to Syrians; it's only by removing the language barrier and rendering communication with HC providers that efforts will become worthwhile. The international community places growing pressure for new policies that open Syrians routes to jobs, education and permanent legal status, while the government of Turkey asks the international community to share the burden. An independent international research organization comments that the risks of “not integrating” the Syrians is much higher. According to research, the Turkish public feels a strong sense of pride about acts of self-sacrifice, the hospitality that has been offered and the compassion that has been shown to the Syrians; however, long-term integration raises serious concerns about security, hence more negative sentiments are voiced. International organizations argue that Turkey postpones decision-making, contributing to feelings of uncertainty amongst Syrians, further claim that the longer it takes to constitute firm integration strategies, the more Syrians in Turkey

experience a sense of unpredictability, also reflected in the governments policies<sup>30,31,32,33</sup>. Evidently; the country needs to a constructive visionary strategy which takes into consideration the public opinion and perceptions of the host community and the stability, consistency, and well-being of asylum-seekers, whether the scheme underlines TPS or permanence and comprehensive integration.

### **CONCLUSION**

In the current state, universal responsibility appears to fall more heavily on neighboring countries. Perhaps by the nature of events, burdens fail to spread evenly across countries. As remarked by UNHCR HiCom Filippo Grandi at the March 30<sup>th</sup> 2016 meeting on global responsibility sharing, difficulties have intensified in neighboring countries hosting the majority of Syrians. With goal-planning and the development of links to the global community to share the responsibilities, targets set to ease the situation may be accomplished.

High above it all, world peace can only be achieved by advancing human security through the establishment of peaceful conflict resolution. Health, welfare and safety at home should be the higher motivation in international affairs. Humanitarian efforts continue to be mere attempts to put band-aids on the burdens of injuries, illnesses, and ailments. For individuals forced to leave their own countries, there will never be a place like home.

### **Acknowledgments**

Thanks are due to Assoc. Prof. Mustafa Resat Dabak, MD, former TR MoH Deputy Health Director of Istanbul for extending the authors the invitation in 2016 to speak at the 10th Istanbul Family Medicine Congress, from which the idea evolved to present this manuscript for intellectual exchange in the international arena.

Authors wish to hereby acknowledge Murad Kumru's graphic design contribution for the map illustration presented in this article, duty assigned by former Health Information Systems Dept. Chief Nadir Ongun and Supervisor Senol Yahsi, to enhance the visibility of existing data.

Last but foremost, words fail to express our gratitude for the sacrifices of countless Turkish health professionals for their selfless efforts in serving towards the welfare of individuals in critical need. The global humanitarian community at large is highly appreciated in this article.

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