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Health needs and access to health care: the case of Syrian refugees in Turkey

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ABSTRACT

Objectives: Turkey is a principal destination and transit country for refugees from diverse countries. Turkey currently hosts Syrian refugees and provides free access to shelter, education and health care. The aim of this study is to determine the health needs and document the healthcare services available to Syrian refugees in Turkey.

Study design: Literature review.

Methods: An examination of the scientific literature, reports and government policies about refugees in Turkey was performed. In addition, literature focussing on the understanding and development of the healthcare needs and systems in crisis situations in Turkey was analysed. **Results:** The Turkish government has made several regulations for Syrian refugees, which allow them to benefit from emergency care units and primary, secondary and tertiary healthcare centres in Turkey's 81 provinces free of charge; the financial costs of these benefits are covered by the Disaster and Emergency Management Authority. Effectiveness of healthcare services for refugees is limited by language barriers, mobility of the refugees and some legal restrictions. Mental health and rehabilitation services are relatively weak because of the inadequate number of qualified practitioners.

Conclusions: The current migration rules in Turkey do not enable refugees to access all human rights. Because the number of refugees has increased, there has been a subsequent increase in the financial and human resources needed for healthcare services. Multi-dynamic refugee-friendly systems, the provision of preventive health care (including primary and secondary prevention opportunities) and increasing the number of national and international organisations may help improve the health of refugees.

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Introduction

Migration of people is related to cultural, economic and political structures of societies and thus is an important factor impacting social structure. Migration can be categorised as

voluntary or forced, as well as domestic or external.^{1,2} The United Nations Population Fund (UNFPA) underlines that causes for migration can be listed as natural, social, economic and political.^{3,4} People migrate to different places as a result of rapidly changing environmental, economic, political and

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social structures. Internationally, various names, such as refugee, asylum seeker, migrant or immigrant, are given to these people depending on their intent for migration.⁴

The original document to define the concept of a refugee and the rights of asylum was the UN Declaration of Human Rights in 1948, which continued with the declaration of Geneva Convention 1951 and the Protocol in 1967.⁵ According to these documents, a refugee was defined as ‘a person who has been forced to leave his or her country to escape persecution, war or natural disaster’.⁵ Although the terms asylum seeker and refugee are mostly used interchangeably, they are not synonymous. The term asylum seeker is defined as someone whose application for refugee status has not yet been evaluated and confirmed by the authorities.⁵ After legal procedures, those who are eligible are granted refugee status, with access to the all rights and freedoms given by international law.^{5,6}

Unfortunately, the term asylum seeker does not exist in the Turkish legal system; however, the concepts were regulated in 2014.⁷ According to this legislation, asylum seekers from European countries can apply for refugee status, but those who come from non-European countries are allowed to temporarily stay in Turkey as an ‘international protection applicant’ until they are placed in a third country.^{7,8}

Turkey has been a prominent destination for regular migration and also a transit and final destination for irregular migration throughout history.¹ This migration flow to Turkey has been mostly from Middle Asia and the Turkish consanguineous populations of Caucasia and the Middle East because of cultural, religious and language similarities, which facilitate integration of the refugees.^{5,6}

Since the Syrian civil war officially began in 2011, the migration flow from Syria to Turkey has increased dramatically because of Turkey’s geographic proximity to Syria and easy travel conditions.^{7,8} The UN Refugee Agency (UNHCR) points out that the majority of all Syrian refugees (more than 63.3%) are registered in Turkey^{6,7} and that Turkey was home to 3,632,622 (male: 1,970,837; female: 1,661,785) Syrians by March 2019, followed by Lebanon (17.4%; 976,002), Jordan (11.9%; 668,123), Iraq (4.4%; 249,123), Egypt (2.3%; 130,300) and other countries (0.6%; 33,545)⁹ (Table 1).

While some of the Syrians in Turkey are housed under ‘Temporary Protection Status’ in Temporary Accommodation Centres (refugee centres, tents or container cities), others, with higher social adaptation skills and capacities, prefer to rent houses with their own means or stay with relatives.¹⁰ As of June 2018, 216,890 refugees lived in refugee centres established in 10 provinces by the initiatives of the Disaster and Emergency Management Authority (AFAD), while 3,353,462 refugees were living outside of these refugee centres.⁸ By January 2019, İstanbul, Şanlıurfa, Hatay, Gaziantep and Adana were the five provinces with highest Syrian populations among 81 provinces in Turkey. Table 2 shows the provinces with the highest Syrian populations and their percentage in relation to the local population. İstanbul hosts the highest number of Syrians with 557,708 people, and Bayburt, with 32 people, hosts the lowest number of Syrians in Turkey.⁷ Most of the Syrian population currently living in Turkey is aged between 10 and 18 years and between 25 and 34 years. The age groups of Syrian refugees in Turkey are shown in Fig. 1 and in

Table 1 – Distribution of Syrian refugees according to the UNHCR.

Country	Data date	Percentage (%)	Population (n)
Turkey	9 August 2018	63.3	3,570,352
Lebanon	31 July 2018	17.4	976,002
Jordan	29 July 2018	11.9	668,123
Iraq	31 July 2018	4.4	249,123
Egypt	31 July 2018	2.3	130,300
Other (including North Africa)	15 March 2018	0.6	33,545

UNHCR: United Nations Refugee Agency.

Table 3. By January 2019, 32,199 Syrians had received permission to work in Turkey, 79,820 had been granted Turkish citizenship and 294,480 had returned back to their country of origin.¹¹

According to the Turkish Constitution, access to health care is accepted as a human right.⁸ The laws for refugees in Turkey are in compliance with those of the UN and European Union (EU) in many concerns. The rights on social issues are also guaranteed by the 1951 Geneva Convention and 1967 Protocol. Syrian refugees make up approximately 4.40% of the total population of Turkey; this has been an unexpected increase, which has resulted in some negative impacts on health and healthcare promotion.⁵ To meet the needs of refugees, including the Syrian population, Turkey’s Ministry of Interior, Directorate General of Migration Management published several strategic goals for 2017–2021 in June 2017, which include goals for migration (regular and irregular), international protection (and protection from human trading and protection of victims), capacity development and compliance/communication, including health, food, education, employment and social integration.¹⁰

According to the World Health Organization (WHO), to create a healthy community, there is a need to maintain and improve health, as well as treat illnesses.¹² On this basis, there has been a significant rise in the importance of the concepts of social equality, the principle of self-responsibility,

Table 2 – Number of Syrians living in Turkey by province.

Province	Total population (N)	Syrian population	
		n	%
İstanbul	15,067,724	557,708	3.71
Şanlıurfa ^a	2,035,809	452,675	22.8
Hatay ^a	1,609,856	445,922	28.31
Gaziantep ^a	2,028,563	424,677	21.18
Adana ^a	2,220,125	234,315	10.57
Mersin	1,814,468	206,445	11.51
Bursa	2,994,521	165,876	5.65
İzmir	4,320,519	142,567	3.33
Kilis ^a	142,541	115,165	84.48
Konya	2,205,609	105,971	4.86
Mardin	829,195	89,881	11.10
Ankara	5,503,985	88,855	1.63
Osmaniye ^a	534,415	49,014	9.29
Malatya	797,036	29,430	3.74

^a Provinces with temporary refugee centres.

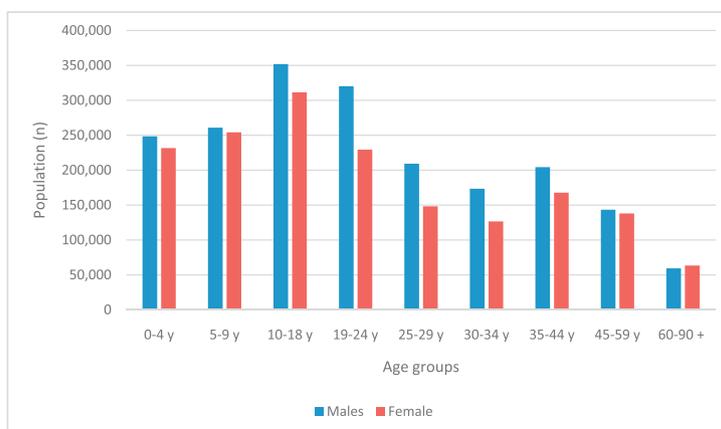


Fig. 1 – Age groups of Syrian refugees living in Turkey.

participation and general well-being, and this has led to the establishment of primary, secondary and tertiary healthcare services and rehabilitative health services for refugees in Turkey.¹⁰ Thus, it is important to identify the state of health, health needs and healthcare challenges of Syrian refugees in Turkey to enable improved quality of healthcare service delivery to this population.^{12,13} To this end, the purpose of this study is to determine the health needs and document healthcare services available to Syrian refugees in Turkey.

Methods

A comprehensive search was performed to determine the healthcare needs and services that address the health problems of Syrian refugees and healthcare services provided to them in Turkey. In addition to reviewing and analysing peer-reviewed articles, governmental policies and reports of national/international/intergovernmental organisations, such as the UNFPA (10 documents) and WHO (13 documents), were examined.

Peer-reviewed publications on Syrian refugees published between 2011 and 2019, which were available on PubMed, were considered. In total, 122 documents were retrieved by the keyword (Syria, refugee, healthcare, Turkey) search, and the titles, abstracts, introduction, methods and discussion sections were examined for all documents. In total, 13 full-text articles were included in the study.

We analysed the health needs of Syrian refugees and their access to the healthcare system in Turkey. Several models, frameworks and recommendations were reviewed. The information obtained from the literature was categorised into the following themes: (i) health needs of Syrian refugees, (ii) healthcare services provided for Syrian refugees and (iii) challenges and healthcare restructuring efforts in Turkey.

Results

Health status of Syrian refugees in Turkey

The health conditions of Syrian refugees in Turkey vary depending on their previous health status, social relations, length of the travel, security conditions and their accessibility to social support.^{5,6,12} The acute health problems that Syrian refugees face and which demanded immediate support from healthcare professionals in Turkey included nutrition disorders, dehydration, shock, burns, injuries, food poisoning, reproductive health problems, drowning, waterborne diseases, diseases infected through faecal or oral means, airborne diseases, parasitic diseases, diseases infected through close contact and deaths.¹⁰ Chronic health problems that cannot be diagnosed during the migration process of Syrian refugees in Turkey due to inadequate screening programmes include delays in growth and development (resulting from inadequate prenatal care); maternal deaths; chronic nutritional deficiencies; iodine deficiency; hypovitaminosis D; sexually transmitted diseases; chronic diseases such as diabetes mellitus, hypertension and cancer; physical disabilities; psychological health problems; alcoholism and substance abuse; violence; premature deaths; deterioration in epidemiological standards; and disease burdens.^{8,10}

The most common health problems seen in Syrian refugees in Turkey are diarrhoea, measles, acute respiratory infections, tuberculosis, malnutrition and protein energy disorders, vitamin and mineral deficiencies, reproductive health problems, and mental health and psychosocial problems.⁵ According to the results of a limited number of studies, it has been noted that there is an increase in diarrhoea, measles, acute respiratory infections and tuberculosis for

Table 3 – Age groups of Syrian refugees living in Turkey.

Age group (years)	Males (n)	Females (n)	Total (N)
0–4	248,452	231,702	480,154
5–9	260,848	254,168	506,016
10–18	351,666	311,400	663,066
19–24	320,235	229,287	549,522
25–29	209,177	148,286	357,463
30–34	173,452	126,626	300,078
35–44	204,382	167,824	372,206
45–59	143,282	137,981	281,283
60–90	79,551	60,965	212,306

Table 4 – The scope and rules of health services to be given to Syrian refugees in Turkey.

1	Those who have not completed registration can only benefit from contagious and epidemic prevention services and emergency health services.
2	Health services cannot be provided except for services determined for those who have general health insurance.
3	For the treatment to be covered, no contribution is required except from those who have taken a work permit and thus been covered by social security institution (SSI)
4	It is essential that those under temporary protection receive health services in the province they have been registered.
5	It is essential that applications be made to the primary healthcare institution.
6	If treatment is not available in the province the person has already been registered, he/she can be referred to the most appropriate health facility in any province with a referral certificate.
7	It is not possible to apply directly to private health institutions except for emergency and compulsory cases.
8	Health service fees, including secondary and tertiary health services, cannot exceed the rates set by the Health Practices Statement.
9	With the exception of vaccinations, services that are not covered by SSI are not given.
10	Treatment costs related to lost limbs and organs formed before entering Turkey cannot be met.
11	The healthcare institution that makes the treatment arranges the bill for the governorship in which the person is registered.

people with malnutrition and in those with HIV; a similar pattern is also expected to be seen in Turkey.^{1,5,10} Malnutrition and protein energy disorders, which are often seen in refugee children, are serious problems for Turkey because they are directly or indirectly related with mortality and often result in acute malnutrition and other diseases. The most prevalent vitamin and mineral deficiencies among Syrian refugees are iron, vitamin A and C, niacin and thiamine.^{1,5,7}

Reproductive health care, including pregnancy and prepartum/postpartum care (e.g. healthy nutrition during pregnancy), safe sex attitudes and sexually transmitted infections, such as HIV, are shown to be important issues for refugees in Turkey.⁵ There are several studies indicating a rise in the prevalence of reproductive healthcare problems in Turkey after migration.^{5,7,10}

Mental health problems are among the most important causes of morbidity worldwide, and epidemiological research has shown that they are more common in refugees. The issue of psychosocial adaptation problems and intense feelings of homesickness and nostalgia have led to a definition of mental problems that is unique to migrants.^{14,15} As a result of the challenging life experiences faced by Syrian refugees, their mental health problems include pathological, neurotic, psychotic and psychosomatic problems such as behavioural problems, substance abuse, depression, occupational imbalance, occupational deprivation, occupational alienation, vocational problems, decline in vocational efficiency and delinquent behaviours.^{16–18}

Health services provided for Syrian refugees in Turkey

Since April 2011, all the Syrians who have been registered in Turkey with temporary identification numbers can benefit from the same level of primary and secondary health services as Turkish citizens.^{7,8} Syrians who live in the refugee centres and refugees living outside the refugee centres are able to access primary health services (including babies, children and pregnant women surveillance, routine immunisation for children, reproductive health services, and counselling services provided by community health centres) and secondary health services provided by public hospitals and polyclinics without incurring any costs.^{5,7,8} The Turkish government pays for the provision of health care for refugees by insurance premiums paid by the AFAD according to agreements (i.e.

protocols) between the AFAD and the Turkish Ministry of Health in 2015 and 2016.^{7,8} The Ministry of Health also provides refugees free on-site health services in temporary accommodation centres.^{5,7,8}

According to the UNHCR Regional Refugee and Resilience Plan for 2018–2019, non-registered Syrians in Turkey have limited access to primary and secondary healthcare services but are able to receive emergency care and necessary primary healthcare services free of charge and later send for registration.¹⁸ This has put a significant financial load on the national health system and on medical aspects of the service provision. The population increase has led to substantial pressures on existing health infrastructure.⁵ Many Syrian refugees are seeking health care from hospitals, thus bypassing primary health care, which results in increasing costs and places extra financial and work load on referral services. Local hospitals try to cover the most acute needs, but because they are dealing with large numbers of Syrians, they face high demands on resources, with shortages of healthcare workers, medical equipment and hospital beds for both refugees and community residents, ultimately resulting in negative effects on the quality of services.^{5,10}

Primary, secondary and tertiary healthcare services

Syrians living in the 10 provinces with temporary accommodation centres are provided with free healthcare services, and a number of regulations have been put in place for Syrian refugees living outside of these provinces to freely benefit from healthcare services.⁸ According to the regulations, the scope of healthcare services for refugees was extended to all provinces of Turkey.⁵ The scope and rules of health services to be given to Syrian refugees are presented in Table 4. Syrian refugees can receive healthcare services from primary and secondary health centres of the province in which they are currently living, and the cost of this service will be billed to the governorship of the province.⁵

To reduce the work load of primary healthcare services, 50 interdisciplinary refugee healthcare centres, employing standard health workers, social workers and psychologists, in addition to translators, have been established in 13 provinces of Turkey. These centres are working in collaboration with community health centres.^{5,19} Primary healthcare centres and refugee healthcare centres provide free screening tests for

Table 5 – Health services provided for refugees (reproduced from the Ministry of Health, 2016 Plan Budget Presentation⁹)

Provided services	2011	2012	2013	2014	2015
No of visits to outpatient clinics	103,964	449,827	1,482,715	6,473,127	10,705,885
No. of hospital admissions	281	13,924	43,465	255,000	455,158
No. of surgical operations	703	8117	24,946	215,000	312,601
No. of births	307	1638	6031	40,304	73,432
No. of refugees vaccinated	0	110,253	363,118	400,000	335,500

phenylketonuria, hypothyroidism and congenital deafness and complimentary micronutrient supplements such as vitamin D and iron for newborns.⁵ Syrian infants and children are vaccinated within the scope of the Turkish immunisation programme. Moreover, as confirmed by the WHO, wild polio virus was detected and subsequent vaccination was initiated after a risk assessment process;⁹ thus, Turkish and foreign children (mostly Syrian) aged 0–15 years were vaccinated throughout the whole of Turkey.^{5,19}

Reproductive health services in primary and refugee healthcare centres provide free iron and vitamin D supplements for pregnant and postpartum refugee women. In addition, complimentary reproductive to health counselling, contraceptive materials²⁰ and informative leaflets in Arabic were distributed to refugees.^{5,19} A brief summary of the primary healthcare services provided to the Syrian population is given in Table 5.

Although serious problems have not been identified in the health services provided to the Syrian population in primary and secondary healthcare services, various difficulties have been identified.^{9,11} To mitigate these problems, the number of healthcare professionals and translators in primary and secondary healthcare services, including refugee healthcare centres, has increased, especially in the provinces on the border with Syria. In addition, when registration of Syrian refugees has not been completed and they do not have fixed addresses, delivery of primary and secondary healthcare services becomes more difficult. Thus, by aiding completion of registration, Syrian refugees can be integrated into the Turkish family medicine system, and health records can be maintained, resulting in the ability to provide continued health care.⁹

Syrians can be treated in secondary- and tertiary-level public and private hospitals with referral certificates from community and refugee healthcare centres.^{20,21} However, with the regulation issued in December 2014, treatment was restricted in private hospitals to emergency and intensive care cases, and in accordance with the referral chain, treatment was made possible in secondary- and tertiary-level public hospitals.⁸ The introduction of the referral chain for Syrians before the completion of the necessary infrastructure poses certain challenges for the health system. In practice, the data transferred to the Central Civil Registration System (MERNIS) should be made compatible with the hospital systems after the registration process is completed.^{5,19}

The state hospitals in provinces on the border with Syria currently provide 30–40% of the total service given to Syrian refugees. In these hospitals, not only refugees living in Turkey but also Syrian people injured while fighting in Syria are being treated. For this reason, there is a capacity problem in terms of both the physical conditions of hospitals and the number of healthcare workers.^{21,22} Owing to the increasing number of

refugees, increasing the capacity of hospital services will relieve the burden on healthcare services.²³ In addition, it is essential that sufficient numbers of healthcare workers and translators are employed in these hospitals. In this respect, a multifaceted benefit can be achieved by opening the way for the employment of Syrian doctors and healthcare personnel. For example, employing professionals who aim to improve the skills of doctors and individuals, especially in tertiary healthcare institutions, in places where Syrian refugees are densely populated will not only facilitate the process of providing health services to the Syrians but also reduce the pressures on the current health system in Turkey.²³ Valuable opportunities to relieve the current situation may also exist in using private hospitals more effectively.^{23,24}

Rehabilitative health services

Rehabilitation (medically and socially) covers all the services available to enhance the physical, cognitive and social participation skills of an individual to achieve maximum functionality and participation in daily living activities.²⁵ While medical rehabilitation aims to make individuals healthy from the medical point of view, social rehabilitation covers the entire range of rehabilitation and social services, including the development of life skills, vocational rehabilitation and employability of individuals with occupational restrictions.²⁶

Limited rehabilitative health services, such as counselling, and the language barrier are the most important issues for Syrian refugees who need rehabilitation in Turkey.^{5,19} Rehabilitation needs, such as occupational therapy, physiotherapy, and speech and language therapy in special groups, such as children and adults with sensory, motor, cognitive disabilities or psychological problems, and rehabilitation of risky groups, such as prematurity or autism spectrum disorders, use of prosthesis/orthotics and adaptive equipment, are not covered in the primary, secondary or tertiary healthcare services for refugees in Turkey.^{8,10} While limited rehabilitation services are provided in the health care for refugees, some international organisations provide rehabilitation via counselling services; however, this is often insufficient to increase the physical and social participation of the refugees.¹⁰

Transfer of wounded Syrians across the border is a frequent occurrence, which impacts the delivery of urgent rehabilitation services, such as treatment after limb loss or loss of function due to nerve damage.¹⁰ Refugees with chronic diseases and cancer can also receive services when they apply to the rehabilitation services. In the future, when refugee health centres reach the desired quality and quantity, preventive health services can be carried out through family health centres. If the mobility of the refugee population is

minimised, chronic diseases and cancers can be diagnosed earlier, and subsequent monitoring and treatment can be executed properly; thus, refugees will be able to gain greater benefit from rehabilitation services.⁹

When the problems of basic security, health, accommodation, hygiene, nutrition and education, in addition to rehabilitation and vocational service delivery, are solved, Syrian refugees will adopt the principle of self-responsibility and be able to integrate into the society in all respects. Providing working opportunities to Syrian refugees would reduce their economic burdens and also help to increase their social integration. Furthermore, efforts should be made to produce specific policies for high-risk groups to eliminate the cumulative effects of prewar, war-related and postwar health problems of this population.^{5,19}

An interdisciplinary approach is required to increase the awareness and capacity of health professionals and services in terms of health education, promotion and literacy aimed at Syrian refugees. In addition, increasing the number of non-profit organisations in high-density Syrian population areas would enhance social integration of refugees and help promote the principle of self-responsibility for health via experienced professionals.^{5,18,19}

Challenges in healthcare service provision for Syrian refugees in Turkey

The language barrier is a huge challenge in accessing healthcare for Syrian refugees; however, the Turkish government has employed translators at every step of the healthcare process to alleviate the issue. Having said this, communication remains a problem in other aspects of their lives, such as education, vocational rehabilitation, finding a job, retention at work, social relations and recognition of the surroundings.⁵

Lack of interdisciplinary rehabilitation services for refugees is another problem. By appointing qualified professionals, such as medical doctors, occupational therapists, dieticians, speech and language therapists, physiotherapists, nurses, psychologists, child development specialists and social workers, in sufficient numbers, the Turkish government is creating more comprehensive healthcare and rehabilitation services for Syrian refugees, which will ultimately help improve their integration into society.^{5,10,18}

The movement of Syrian refugees from one province to another also creates problems because it is difficult to control and monitor health, especially for pregnant women, babies, and refugees with chronic disease and rehabilitation needs. Moreover, when large numbers of Syrian migrants settle in a specific area, the health problems in that area change and also rise, which results in failures in the delivery of health services.^{5,10} This rise in population may also cause new health and environmental problems.¹⁰

Discussion

Turkey is a principal destination and a transit country for refugees from diverse countries. Turkey currently hosts Syrian refugees and provides them with free access to shelter,

education and health care.⁵ Turkey's current migration rules and policies recognise temporary protection status to non-EU asylum seekers, such as refugees, providing them with access to healthcare services, but they do not have all the same rights as refugees.¹⁰ Temporary protection status is not approved by international law, so Turkey has the power to cancel this status of a Syrian individual at anytime.^{12–14}

Another issue is the high number and continuous flow of Syrian refugees into Turkey. This 'open-gate' policy of Turkey helped and saved lots of Syrian lives,²⁷ but Turkey was not ready for such a big and unexpected number of Syrian refugees. This huge number of refugees has changed the health needs of the local provinces and increased the financial and human resources required to deliver sufficient healthcare services.²⁸ Moreover, rehabilitation services and social participation efforts for refugees are still limited in Turkey, which drives Syrian refugees to move to EU countries, where they can easily obtain their necessary human rights.²⁹

An additional important consideration is the EU Readmission Agreement, which is based on reciprocal obligations between the EU and non-EU countries, to facilitate the return of people residing irregularly in a country to their country of origin or to a country of transit. According to this agreement, refugees can be readmitted to Turkey from EU member countries.³⁰ However, the current number of Syrian refugees in Turkey is already huge, and the capacity and human and financial resources of Turkey's refugee centres are not ready for yet more refugees.²⁹

The main objectives of policymakers and service providers in the field of immigration health in Turkey are as follows: (i) raising the quality of medical services offered to Syrian refugees to the highest standards; (ii) enabling Syrian individuals to benefit from the health system at the highest level; and (iii) ensuring health workers behave conscientiously and with full dedication in primary health services.⁵

Some barriers, such as restricted and unstructured healthcare services, limited financial support, changes in healthcare needs, limited number of experienced healthcare professionals, language and cultural differences, can limit access to the healthcare system for refugees.²⁸ Restricted or delayed access to health care will ultimately lead to increased healthcare expenditure on refugees. Multidynamic refugee-friendly systems, the provision of preventive health care (including primary and secondary prevention opportunities) and increasing the number of national and international organisations may help improve the health of refugees.^{5,28}

It is worth noting that both national and international organisations currently active in Turkey may have difficulty meeting compliance and coordination requirements of Turkish law, which may result in a decline in the number of international organisations based in Turkey.⁸ For this reason, it is considered important to increase the number of individual-centred national and international organisations that can conduct interdisciplinary team work, facilitate easy service to refugees, help raise the quality of the service delivered to refugees and intend to serve diverse age, gender and ethnic groups.^{10,29} It is evident that Turkey will require more support from the EU and other international organisations to establish useful and practical systems to help refugee services reach the highest quality of international and ethical standards.

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