

The Effects of Refugees on the Health System in Turkey

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Abstract: Turkey, one of the countries receiving the most immigration worldwide, must deal with 6.1 million refugees, nearly 3.5 million from Syria. The health aspect of this crisis, which can have a devastating effect on the economy, education, and cultural problems, is of particular importance. Turkey implements a mixed approach policy towards the health problems of refugees. However, the severe inadequacy of the number of doctors and especially nurses affects the services provided, and the services provided to Syrian refugees, up to 7.1% of the total population, have a wearing down effect on the benefit of Turkish citizens from health services. The direct cost of the refugee crisis to Turkey is 30 billion 285 million 573 thousand dollars. The assistance of the European Union in this regard was 3 billion Euros. Refugees can have different health requirements from ordinary citizens, such as Infections that may occur due to the living conditions of refugees, infections and parasites that they can carry, the risks they have when arriving, early marriages, abuses, and psychological problems are essential. Can the already troubled Turkish health system adequately meet the health problems of refugees? He made a great effort to complete it. However, Turkish citizens had already to face the health system's problems, which were disrupted due to the burden of refugees. This article pays attention to the health problems faced by refugees and the struggling Turkish health system.

Keywords: Refugees, Immigration, Health Problem, Turkish Health System

1. Introduction

More than 1 billion people are on the move globally, about 1 in 7 of the global population (www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health).

Social, political, and economic exclusion can result in poverty, homelessness, and exploitation, which can create a higher risk for communicable and non-communicable diseases too Turkey received the highest number of registered refugees of any country or territory every year from 2014 to 2019 and had the world's largest refugee population, according to the United Nations High Commissioner for Refugees (UNHCR).

In addition to opening the general health system to refugees, Turkey has established institutional structures and projects such as "Improving the Health Status of Syrians under Temporary Protection and Related Services Provided by the Republic of Turkey" (SIHHAT), which provides health services specifically to refugees. Regardless of the modality, healthcare workers are used from the same pool, and the existing quantitative insufficiency reaches profound dimensions. For this reason, it has become almost impossible to get an appointment for an examination in the Turkish health system (www.gazetevatan.com/gundem/hastane-randevusu-neden-alinamiyor-randevusuz-hastaneye-gidilir-mi-1418556).

Health Support Modalities

Countries with large refugee and migrant populations have adapted their health systems in different ways to accommodate the needs of these populations (WHO-immigration). The various strengths and weaknesses associated with each model: a) mainstream, where the health system accessed by the general population is used; b) specialized-focus, where a separate stream of services designed to meet the specific health needs of refugee and

migrant populations is the first point of contact; c) gateway, where only basic checks may be available, but entry to the primary health services are provided, and d) limited, where external actors provide essential health services. The fifth model is a mixed type in which these models are used together. Turkey, Canada, New Zealand, the United States of America, and Germany use a mixed model.

Turkey has adopted specialized focus and gateway models of care for its Syrian refugee population. Syrians with temporary protection status, which requires registration with UNHCR or the Turkish Government, can access the same level of primary and secondary health services as Turkish citizens. These services are free at hospitals, and migrant health employs Syrian health professionals to help ensure culturally responsive care. There were 183 migrant health centers across 29 provinces in Turkey in June 2019 (Migrant health centers. In: UNHCR global compact on refugees digital platform [website]. Geneva: United Nations High Commissioner for Refugees; 2019 (<https://globalcompactrefugees.org/article/migrant-health-centers>)). Irregular migrants do not have the same level of access to healthcare facilities. However, a presidential decree issued in response to the COVID-19 pandemic has now temporarily granted all individuals, regardless of their health coverage, access to personal protective equipment, diagnostic testing, and medical treatment. Irregular migrants are recorded as stateless people when accessing health-care facilities in Turkey.

Many Syrian refugees live in temporary accommodation, including government-run camps and refugee centers. The government provides basic primary health care through the Disaster and Emergency Management Authority, with referrals to public hospitals when needed (Alawa 2019).

Turkey and Immigration and Refugee Crisis

Turkey hosts the world’s largest refugee population, with over 3.6 million Syrian refugees and around 400 000 refugees and asylum seekers from other countries (reporting. unhr. org). Turkey also has sizeable migrant populations from Azerbaijan, Bulgaria, Germany, and Iraq.

The refugee issue is likely to remain a key element in Turkey-EU relations. For Turkey, the ‘refugee card’ seem to stay on the plan as leverage over Europe’s actions for a long time. However, to resolve this significant humanitarian crisis, there is an urgent need to consider (Adam 2016) the issue of refugees separately from the

accession program as the lives of many innocent people became a matter of continuous bargaining and negotiation (Çetin 2017).

The most important reason for the influx of Syrian refugees to Turkey, which is essential in bringing the refugee crisis to this dimension, is the turmoil in Syria and the interventions of external hegemonic powers over Syria. Unfortunately, Turkey also contributed to the insolvency of this problem.

When we compare the countries that apply the same health approach as Turkey, we see how fragile the Turkish health system is to meet an extra burden.

	Turkey	New Zeland	Germany	Canada
Total Refugees	6.1 million	1.1 million	13.1 million	8 million
Physician/10.000 population	17.5	35.9	42.5	23.1
Nurses and midwives/10.000 population	27.11	124.5	132.4	98.8

2. Conclusion

The refugee crisis, which has a devastating effect on the social structure, creates a serious health problem in addition to its economic, cultural, educational, and social aspects. The Turkish health system has difficulties carrying out health services. When evaluated in terms of the social structures of the countries from which immigration is taken, it is clear that the most critical risk will be the secular structure of Turkey. It should be noted that this problem is similar to the regime problem in Pakistan after the great migration wave from Afghanistan to Pakistan (Zubair 2019). While the Turkish growth rate is 1.88, it is 5.3 for refugees.

Primary care's total number of applications from ordinary citizens is 230 million in Turkey (shgm. saglik. gov. tr). This number is 348 million in the second and third-level health systems. The overall number of applications for hospital and examination is approximately 600 million. Application to a physician per person is 7.5 in Turkey (OECD and EU average 6.5). The burden on the health system due to immigrants is approximate as the extra load is 40 million applications to physicians. As physicians number per 1000 people, Turkey is in the 4th from the end among 39 OECD countries. A number of nurses 4th from the end and 5th from the end for nurse graduates (OECD.org).

While Turkey has difficulties providing health services to its citizens in the short and medium-term, it cannot be expected to lift the refugee burden.

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