Right to Health and Access to Health Services for Syrian Refugees in Turkey

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Barriers on access to healthcare in different levels have to be identified to improve the access and status of refugees.

The aim of this article is to characterise the international and national legal context on right to health and to describe accessible health services for Syrian refugees in Turkey. Turkey is party to the most of the international conventions on human rights, nevertheless the interventions, which have to be implemented succeding to acceptance of international conventions, are still under development. Following the commencement of the Law for Foreigners and International Protection in 2013 and consequently, the entry into force of the Temporary Protection Regulation in 2014, the right to health partly translated into policy on the national level. The acceptance of the new regulations was an important step, however, the accessibility of health services for refugees is not only limited to the legal context. Barriers on access to healthcare in different levels have to be identified to improve the access and status of refugees regarding healthcare.

Over the last decade migration has become one of the most important social, political, and public health issues in Turkey.

Right to health is considered one of the main issues pertaining to human rights.

By January 2017, there were 2.910.281 Syrian refugees registered in Turkey[1] whose stay is regulated under the Temporary Protection Regulation in addition to 295.401 refugees and asylum seekers registered by United Nations High Commissionaire of Refugees[2]. According to Turkish law, refugees coming from non-European countries are defined as conditional refugees and they can only temporarily stay in Turkey until they are resettled in third countries.

Article 56 of the Turkish Constitution, which states that "Everyone has a right to live in a healthy and balanced environment", ensures a right to health to everyone living in the country. Besides that "The Law for Foreigners and International Protection"[3], which was published in April 2013, provides national health coverage to refugees and to asylum seekers during their stay in Turkey.

This paper aims to describe policies concerning the right to health within a national and international context and to define accessible health services for Syrian refugees in Turkey.

Right to Health

Right to health is considered one of the main issues pertaining to human rights. The right to health is protected by the Universal Declaration of Human Rights in 1948, which was ratified by Turkey in 1949. Article 25 of the declaration defines the right to medical care, while Article 3 protects the "right to life" including the right to health. Concerning asylum, Article 14 underlines the importance of the "right to seek and to enjoy in other countries asylum from persecution". Following the Declaration of Human Rights there have been several international covenants that protect the right to health for different groups of the population or for different conditions.

The most significant ones are the International Covenant on Economic, Social and Cultural Right (ICESCR) in 1966, ratified by Turkey in 1976, International Covenant on Civil and Political Rights (ICCPR) in 1966, ratified by Turkey in 2003, followed by International Convention on Elimination of All Forms of Racial Discrimination (ICERD) in 1965, ratified by Turkey in 2002, Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1979, ratified by Turkey in 1985, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) in 1984, ratified by Turkey 1998 and Convention on Rights of the Child (CRC) in 1990, ratified by Turkey in 1995.[4] More specifically, Article 12 of the ICESCR states that the "covenant recognize the right of every one of the enjoyment of the highest attainable standard of physical and mental health", while Article 2 and 26 of the ICCPR require the rights without any discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status on the one hand and the right to equality before the law and equal protection on the other.

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Turkey is party to all these international conventions[5] which have considerable legal influence and legal priority on national law and legislations. When we consider national laws related to the right to health, it is firstly embedded in the Constitution with Article 56, which affirms that the right to health and consequently right to medical care in Turkey is not tied with citizenship but is accessible for all people living in the country. Although this article protects the rights of everyone in the country, the consecutive legislations define right to medical care by being an individual holder of a health insurance. Although this practically doesn't mean that those without health insurance can't access medical services, there is a gap in legislations regarding the conditions of access for those without health insurance valid in Turkey, excluding tourists, who have health insurance outside of Turkey.

Social Insurance and Universal Health Insurance Law, accepted in 2006, further defines the accessible health services, the conditions of access, and the health expenditures. The right to medical services for refugees is described in Article 60 as "Stateless people, refugees, asylum seekers and applicants of asylum status" were deemed to be individual holders of general health insurance thanks to The Law on Foreigners and International Protection. Being an individual holder of a health insurance doesn't mean that all health services are free but they are mostly paid by the health insurance and the contribution fee which has to be paid by patient is defined in Article 60 and 69 of the same law. The accessible medical services for Syrian refugees who are under the temporary protection will be explained further below.

Legal Framework for Access to Health Services for Syrian Refugees

The conditions of access to health services for Syrian refugees are defined by the Prime Ministry Disaster and Emergency Management Authority. The conditions are described separately for the ones living in the camp and the ones living outside the camp. This paper will focus on conditions for those living outside the camps.

- Since 2013, several legislations have been published which describe the conditions under which a Syrian refugee can access health services. Some of them are complementary to earlier legislations but others completely substituted the previous ones. Current legislations in use on access to health services are Temporary Protection Regulation, published on 22th of October 2014, defines which services can be accessed by refugees under the Temporary Protection Regulation which including Syrians;
- Regulation 2015/8, 12.10.2015 "Circular about Conducting Health Services for Foreigners under Temporary Protection" substituted the previous one by changing the conditions regarding access to secondary health services.

Health Services and Syrian Refugees

Health services provided to Syrian refugees are basically described by Temporary Protection Regulation and Social Insurance and Universal Health Insurance Law. The implementation of these laws for Syrian refugees is conducted by the Directorate-General of Migration Management (DGMM) which works under the Ministry of Interior. Those registered with provincial DGMM Directorates have the right to become an individual holder of health insurance by regulations. Nevertheless the health insurance is valid only in the city where the person under Temporary Protection is registered and under few limited conditions defined by the law in a city other than where he or she is registered.

Thus, a person with health insurance can access primary health care services which are family health care centers, mother and child health and contraceptive methods, counseling centers, tuberculosis dispensaries, and migrant polyclinics. The latter are designed to offer the same services as family health centers to migrants but some of them are still under development.

The family health centers are designed to offer mainly preventive medicine services as follow-up appointments for pregnant and post-partum women, vaccinations, and follow-up of chronic diseases, as well as examination and organizing health therapy when there

is no need for hospital care. Tuberculosis dispensaries are specialized health centers for the diagnosis and treatment of tuberculosis. The contraceptive methods and counseling centers are also specialized centers established primarily to consult and provide the contraceptive methods.

There are also so-called secondary and tertiary health services, which can consecutively be defined as public hospitals followed by research and training hospitals and university hospitals. Public hospitals are divided into two categories based on the services they provide and on structural-organizational grounds. Among the hospital services we can mainly distinguish between polyclinic services, emergency services, and inpatient services.

In order to access polyclinic services in the hospital one has to make an appointment in advance and the health insurance beneficiaries have to pay a small amount for the polyclinic services as a contribution fee[6] defined by the Ministry of Health's Health Budget Law. The contribution fee[7] for Syrian refugees is paid by the Prime Ministry Disaster and Emergency Management Authority.

Nevertheless, hospitals' emergency services are accessible for everyone and free unless you are covered by the health insurance. This condition is in force also for inpatient services.

All the conditions explained above are valid when the person under the Temporary Protection with the health insurance coverage access to health services in the city where he or she is registered. When a person wishes to access a health service in a different city than where he or she is registered, he or she has to pay the full amount determined by Health Budget Law for polyclinic services. Emergency services are paid only after the medical intervention needed is implemented. Nonetheless all primary healthcare services are free.

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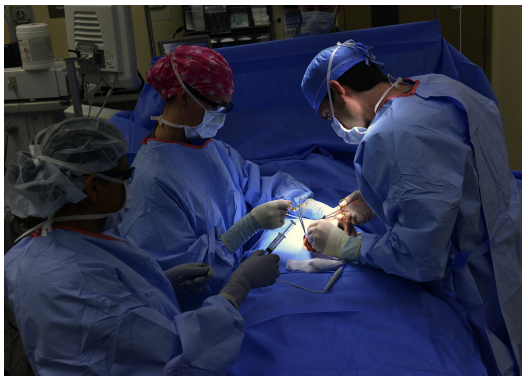
Conclusion and Recommendations

In conclusion it has to be mentioned that equal rights does not require identical treatment. One of the important barriers to access healthcare services is the language barrier[8]. There are no interpretation services in the hospitals or in the primary health care services. The telephone line with interpretation service provided by the Ministry of Health has been under construction for more than one year. Necessary interpretation services have to be provided both for applicants and health care providers to fulfil the necessary conditions to express themselves and to fully understand health problems and suggested treatment. Otherwise the absence of translation services may lead to further health problems due to incorrect translation[9].



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The language barrier is followed by registration problems that limit the person's access to health services and limits the travel rights within the country. Because of limited social and labour conditions within the small cities, many people under the Temporary Protection were pushed to different, larger cities where they lack registration. This causes problems when a person has to access health services, especially in emergency situations, even though it has to be free under the health coverage. The health coverage and health care providers should not have the role of a gate keeper to restrict the travel conditions of a person or to report a person in the case he or she is not in the city where registered. This can aggravate the health condition of a person with health problems when he or she is afraid to access health services only because they are not registered in that city. The coverage of health insurance should thus be extended to all cities without limitation on registration because health services should not constitute a travel control system for people seeking medical assistance.

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