

MiReKoc Working Papers

Bibliographies on Syrian Refugees in Turkey: Health

FMRC Series

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MiReKoc

This is the first part in a series of five MiReKoc Forced Migration Resource Center Special Working Paper Series: Bibliographies on Syrian Refugees in Turkey. The working papers, which will be published every four months, aim to compile resources that examine the status of Syrian refugees in Turkey in five critical policy areas: (1) health, (2) education, (3) labor market (4) shelter and (5) social inclusion. They will draw on scholarly literature, publications of nongovernmental organizations and international organizations, and legislative documents defining the framework of the relevant policy field concerning refugees. Each working paper will be composed of a list of available studies that aim to answer at least one of the following questions: 1) What is the legal framework surrounding refugees access to this policy area? 2) What are circumstances/conditions of Syrian refugees in this policy area? 3) What is the impact of the presence of Syrian refugees on this policy area?

The objective of this initiative is to increase the research capacities of all stakeholders working in the field of migration and asylum by facilitating access to available information, increasing efficiency, and regulating the overload of information. This initiative is sponsored by the Migration Research Center at Koç University, and all references included are accessible through the online Forced Migration Resource Center database at Koç University. We believe that these working papers will be of interest to a broad range of readers including scholars, policy makers, and civil society practitioners.

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Introduction

More than 3.5 million Syrian refugees² have arrived in Turkey since 2011³. Since then, the Turkish government has taken major steps to expand public services available to Syrian refugees through a series of reforms. Enacted in October of 2014, the Temporary Protection Regulation established that all registered refugees coming from Syria residing inside or outside the Temporary Accommodation Centers (camps), have the right to access to primary and secondary health services. To respond to the specific needs of refugees, the health ministry established Migrant Health Centers (MHCs) with teams of translators, physiologists and social workers in addition to the standard medical personnel. In collaboration with the World Health Organization (WHO), the Ministry of Health trains and hires Syrian health professionals to work in these centers that serve refugees. Local and international civil society organizations have also taken part in these efforts, offering healthcare services as well as working on amelioration of the social determinants of health in order to reduce inequalities. However, even with these steps forward in terms of legislation and capacity, gaps remain between policy and practice. Syrian refugees are generally more vulnerable to both physical and mental diseases due to the environmental and psychological challenges posed by experiences of displacement. In some cases, their conditions are further aggravated by obstacles to access health services in Turkey, ranging from language issues to registration with government authorities. Despite the remarkable absorbing capacity of the health system, the implications of having 3.5 million additional individuals from a conflict setting cannot be downplayed.

The purpose of this working paper is to provide a summary of crucial research findings concerning Syrian refugees and health-related issues in Turkey by bringing together the relevant studies produced by scholars, government agencies, international organizations and NGOs on this particular topic. The

2. Throughout this article, Syrian refugees refer to all refugees and stateless persons who fled from Syria regardless of their legal status in the host countries.

3. Directorate General of Migration Management Statistics http://www.goc.gov.tr/icerik6/gecici-koruma_363_378_4713_icerik

following section will provide an overview of issues linked to refugee health. The second section will present the legal framework for access to healthcare services for Syrian refugees in Turkey. The third and the fourth sections will respectively look at sources related to physical and mental health of Syrian refugees in Turkey, providing an overview of the studies examining the most common health problems faced by Syrians. The fifth section brings together studies focusing on barriers to accessing to healthcare. The sixth section identifies studies that concentrate on the impact of the presence of Syrian refugees on the healthcare system and the social determinants of health in Turkey. The final section is devoted to studies related to Syrian women's health including mental, sexual and reproductive health. This paper utilizes all available resources produced by scholars, governmental and intergovernmental organizations as well as non-governmental organizations concerning the refugee health system and health issues of Syrian refugees. Due to the paucity of English resources in some sections, Turkish references are incorporated wherever possible.

01

Refugee Health

Though not articulated as a right in the 1951 Geneva Convention, the key legal document setting out the rights of refugees and the responsibilities of host countries, the right to health functions independent of a person's migratory status. A combination of various legal instruments including the Universal Declaration of Human Rights in 1948, the International Covenant on Economic, Social and Cultural Right (ICESCR) in 1966, International Covenant on Civil and Political Rights (ICCPR) in 1966, followed by International Convention on Elimination of All Forms of Racial Discrimination (ICERD) in 1965, Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1979, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) in 1984, and the Convention on Rights of the Child (CRC) in 1990 can be considered as forming a written international consensus for the recognition of health as a fundamental human right that transcends issues of citizenship and political status⁴.

Owing to the traumatic experience of displacement, exposure to violence in conflict situations, and harsh living conditions (lack of food, water, sanitation) during and after the migration journey, refugees fleeing from man-made disaster settings become particularly vulnerable to an array of health risks. Health problems associated with a mass influx of refugees include infectious, communicable, non-communicable or chronic diseases in addition to severe mental health problems. According to both academic literature and international reports on the topic, some of the most commonly seen health issues in displaced populations could be listed as below:

- Malnutrition
- Diarrhoeal diseases, measles, malaria, respiratory infections
- Disorders of growth and development in children
- Anemia

4. Mardin, Deniz (2017) "Right to Health and Access to Health Services for Syrian Refugees in Turkey"

5. UNHCR (1995) "Refugee health" Available at:
<http://www.unhcr.org/excom/scaf/3ae68bf424/refugee-health.html>

- Physical violence and related injuries
- Sexual abuse
- Sexually transmitted diseases (STDs) including HIV / AIDS
- Pregnancy and childbirth complications
- Chronic diseases and complications
- Mental disorders such as depression, anxiety disorders, sleep disorders and post-traumatic stress disorders
- Dental health problems

Among these diseases, malnutrition, malaria, measles, diarrhoeal diseases, and respiratory infections have direct causal relationship with mortality rates particularly during the emergency phase, that is, the first days and weeks of a new influx . The impact of other widespread diseases do not correlate significantly with mortality rates but they pose serious challenges for displaced populations. Communicable diseases such as Hepatitis A, Hepatitis B, STDs including HIV/AIDS, measles and tuberculosis are major health threats for both refugee and citizen populations if effective refugee health care cannot be ensured.

Refugees often face barriers to accessing local health and social services to varying degrees depending on specific legal, cultural, social, and economic factors in each country. There is a growing body of literature considering the experiences of refugee populations in accessing the healthcare system in different country contexts. Cultural competence emerges as one of the major requirements in the delivery of quality healthcare. Other barriers to access could be listed as a lack of properly trained interpreters, unfamiliarity with referral procedures, lack of information about the services offered, and confusion about the roles of different health professionals.

02

Syrian refugees in Turkey and Healthcare System

In the last several years, Turkey has taken major steps to secure Syrian refugees' access to public health care services. This section presents legislation that forms the basis of Syrians' access to healthcare services in addition to informative documents published in cooperation with government authorities. Syrian refugees living in Turkey fall under temporary protection based on Regulation No. 29153 on Temporary Protection (2014), which is a secondary legislation derived from Article 91 of Law No. 6458 on Foreigners and International Protection (2013). Article 27 of Temporary Protection Regulation (2014) describes in detail the health services to be provided to Syrian refugees under temporary protection. Article 60 of the Law No: 5510 on Social Security and General Health Insurance Law secures access for refugees and stateless persons to Turkey's general health insurance scheme. The protocol between AFAD and Ministry of Health about health service procurement based on a lump sum price (2014) has been signed to ensure procurement of health services received by temporary protection beneficiaries based on a lump sum price. In 2015, the Ministry of Health issued a directive that provides further details on the governance of health services delivered to beneficiaries of temporary protection.

Republic of Turkey Ministry of Interior. 2013. Law No. 6458 on Foreigners and International Protection. [Available online:

http://www.goc.gov.tr/files/files/eng_minikanun_5_son.pdf]

LFIP is Turkey's first law that regulates migration and asylum issues, and came into effect in April 2014. Article 91 of the law introduced a legal basis to the Temporary Protection Regulation that applies to refugees and stateless persons arriving from Syria. Article 89 provides that international protection applicants and status holders who are not covered by any medical insurance and do not have the financial means to do so can be covered by Turkey's general health insurance scheme. However, this law does not specify the case of Syrians as temporary protection holders. The law is available in eleven different languages on the website of the Directorate General of Migration Management (www.goc.gov.tr).

Republic of Turkey Ministry of Interior. 2014. Regulation No. 29153 on Temporary Protection. [Available online:

http://www.goc.gov.tr/files/_dokuman28.pdf]

The Temporary Protection Regulation was issued in October 2014 based on Article 91 of the Law on Foreigners and International Protection. It has become the main body of legislation that specifies the status, rights, and obligations of Syrian refugees and other refugees/stateless persons arriving in a mass from Syria. The 27th Article of the Temporary Protection Regulation specifies in detail the health services to be provided to persons under temporary protection (See Appendix 1 for Article 27). According to the regulation, temporary protection status holders registered by the Directorate General of Migration Management (DGMM) can benefit from healthcare services free of charge.

Republic of Turkey Ministry of Labour and Social Security. 2006. Law No: 5510 on Social Security and General Health Insurance Law. [Available online:

<http://turkishlaborlaw.com/images/turkish-social-security-law/social-security-law-5510.pdf>]

The purpose of this law is to lay down the scope and modalities of Turkey's general health insurance scheme. Article 60 of the law indicates that refugees and stateless persons are eligible for coverage in Turkey's general health insurance scheme.

Republic of Turkey Ministry of Health. 2015. Geçici Koruma Altına Alınanlara Verilecek Sağlık Hizmetlerine Dair Esaslar (Fundamentals of health services to be delivered to Syrians under Temporary Protection). [Available online:

<https://dosyasb.saglik.gov.tr/Eklenti/1376,saglik-bakanligi-gecici-koruma-yonergesi-25032015pdf.pdf?0>]

The directive issued in November 2015 clarifies further the governance of health services delivered to Syrian refugees under Temporary Protection. It provides detailed explanations of the eligibility conditions for free health care services, responsibilities of health care institutions, scope of health care coverage, issues related to emergency health services, invoicing and payment of health service fees, voluntary health services (e.g. associations and foundations providing health services), and monitoring regarding the delivery

of health services. The directive is only available in Turkish.

Republic of Turkey Ministry of Health and the Disaster and Emergency Management Presidency (AFAD). 2014. Afet ve Acil Durum Yönetimi Başkanlığı İle Sağlık Bakanlığı Arasında Götürü Bedel Üzerinden Sağlık Hizmeti Alım Protokolü (The protocol between AFAD and Ministry of Health about health service procurement based on a lump sum price). [Available online:

<https://khgm.saglik.gov.tr/Dosyalar/3ab325399f384bf68cb22e2844b7dfce.pdf>]

The protocol was signed between the Ministry of Health and the Disaster and Emergency Management Presidency (AFAD) in order to ensure procurement of health services received by temporary protection beneficiaries based on a lump sum price.

Republic of Turkey Ministry of Health, Directorate General of Migration Management (DGMM) and UN Agency for Refugees (UNHCR). 2017. Information leaflet on access to healthcare services for foreigners under international protection in Turkey. [Available online:

<http://data.unhcr.org/syrianrefugees/download.php?id=14175>]

This leaflet was prepared by Ministry of Health, UNHCR and DGMM to provide basic information about health services delivered to international protection applicants and status holders. The information provided in the leaflet does not concern temporary protection beneficiaries.

Republic of Turkey Ministry of Health, Directorate General of Migration Management (DGMM) and UN Agency for Refugees (UNHCR). 2017. Information leaflet on access to healthcare services for foreigners under temporary protection in Turkey. [Available online: <http://data.unhcr.org/syrianrefugees/download.php?id=14184>]

This leaflet prepared by the Ministry of Health, UNHCR and DGMM to provide basic information about health services delivered to temporary protection beneficiaries (i.e. Syrian refugees and other refugees and stateless persons arriving in mass from Syria).

03

Physical Health Status of Syrian Refugees in Turkey

Before the war, Syria had a well-functioning health system with relatively good health indicators. However, as in many conflict and war situations, the experiences of displacement have proven to be both physically and psychologically detrimental for the health of the displaced Syrians. The works cited in this section provide rich information about physical health problems faced by Syrian refugees in Turkey. The publications by Turkish Medical Association (2014, 2016) are compilations of different studies conducted by medical doctors and provide a comprehensive overview of the health problems faced by Syrian refugees residing in different provinces. The works of Kalkan et al. (2014), Esin et al. (2014) and Bař et al. (2015) are succinct studies focusing on the general health conditions of Syrian refugees in the provinces of Bursa, İstanbul and Edirne respectively. Ozaras et al. (2016) concentrates on the prevalence of infectious diseases in general terms whereas Kose et al. (2017) and Kocarslan et al. (2013) focus on specific infectious diseases. Keklik et al. (2017) investigates the level of Vitamin B12 in newly arrived refugees and Bakkal Temi (2016) studies cancer-diagnosed refugees. Demirci (2017) compares the birth characteristics of Syrian refugees and Turkish citizens. Villasana (2016) provides brief information regarding health risks faced by Syrian refugees and illustrates their circumstances with a series of photos taken in an informal camp setting.

Turkish Medical Association. 2014. Suriyeli Sığınmacılar ve Sağlık Hizmetleri Raporu. Turkish Medical Association Publications. [Available online: <https://www.ttb.org.tr/kutuphane/siginmacirpr.pdf>]

This comprehensive research report focuses on health problems and issues related to health care services arising due to war and displacement in Diyarbakir, Şanlıurfa, Batman, Gaziantep, Kızıltepe, Nusaybin and Rojova. The report is available only in Turkish.

Turkish Medical Association. 2016. War, Migration, and Health: Experience of Turkey. Turkish Medical Association Publications. [Available online: https://www.ttb.org.tr/kutuphane/siginmacilar_rpr_en.pdf]

This book provides a collection of studies conducted by medical doctors on many aspects of Syrian refugee

health including determinants of health in refugees (hygiene, nutrition, education, child labor, income level etc.), health problems of refugees (communicable and non-communicable diseases, sexual violence, disabilities, nutrition disorders) and health services delivered to refugees (legislation, services delivered by non-governmental organizations) and the problems faced in accessing these services. Most of the studies rely on existing literature on Syrian and Iraqi refugees (Kurdish and Yazidi), while some are based on survey data and qualitative interviews with Syrian refugees in different cities both in and outside of camps.

Kalkan, Orhun, Mehmet Gülay, İlknur Vatan, Fatma Tuba Engindeniz, Betül Bakış, Melda Mutlu Özyürek & Resul Özbek. 2014. The Evaluation of the Primary Health Status of Syrian Immigrants Residing in Osmangazi District of Bursa. [In Turkish] [Bursa İli Osmangazi İlçesinde İkamet Eden Suriyeli Göçmenlerin Temel Sağlık Durumlarının Değerlendirilmesi] In: Book of Proceedings of 17th National Public Health Congress, Edirne. [Available online:

http://halksagligiokulu.org/anasayfa/components/co_m_booklibrary/ebooks/17UHSSK.pdf]

The authors here worked with 321 Syrian households living in Bursa to explore health issues facing the community with a primary focus on mother and infant health. The results are positive in that the majority of women deliver in official health institutions, however, prenatal and postnatal care, pregnancy follow-up and immunization are not at the desired level. The study is in Turkish.

Esin, Melek Nihal, Aysun Ardiç, Şerife Nar, Bilge Yıldırım & Nihal Sunal. 2014. The Living Conditions of Syrian Refugees Residing in a Region in Istanbul. [In Turkish] [İstanbul'un bir bölgesinde yaşayan Suriyeli göçmenlerin yaşam koşulları] In: Book of Proceedings of 17th National Public Health Congress, Edirne. [Available online:

http://halksagligiokulu.org/anasayfa/components/co_m_booklibrary/ebooks/17UHSSK.pdf] This study is conducted with 51 households in an anonymous district with large refugee population in Istanbul. The objective of the study is to understand the living conditions of Syrian refugees in relation to their health status. General

problems are poor income, overcrowded and messy houses, difficulty in maintaining clean water, difficulty in using sewage, inadequate heating and cooling, inadequate entrance and exit of buildings. 63.7% of the houses have insects, rodents and 95.6% have molds. 16.1% of children have an infectious disease.

Baş, Duygu, Ceren Arkant, Amir Muqat, Mariam Arafa, Tammam Sipahi & Muzaffer Eskiocak. 2015. The Circumstances of Syrian Refugees in Edirne. [In Turkish] [Edirne'deki Suriyeli Sığınmacıların Durumu] In: Book of Proceedings of 18th National Public Health Congress. [Available online:

http://halksagligiokulu.org/anasayfa/components/co_m_booklibrary/ebooks/18_UHSSK_KONGRE_KITABI.pdf]

This study investigates social and health status of 82 Syrian refugees living in the province of Edirne. The main problems among the Syrian community are listed as the uncertainty of legal status, language barrier, inability to benefit from preventive health services, under-vaccinated children, and the individual spending on medicines.

Ozaras, Resat, Hakan Leblebicioglu, Mustafa Sunbul, Fehmi Tabak, Ilker Inanc Balkan, Mucahit Yemisen, Irfan Sencan & Recep Ozturk. 2016. "The Syrian conflict and infectious diseases." Expert Review of Anti-Infective Therapy 14(6): 547-555. [Available online with subscription:

<https://www.tandfonline.com/doi/abs/10.1080/14787210.2016.1177457?journalCode=ierz20>]

This study highlights the implications of Syria's humanitarian crisis on the re-emergence or increasing prevalence of infectious diseases such as of tuberculosis, cutaneous leishmaniasis, polio, and measles in Syria and in the neighboring host countries.

Köse Şükran, İlker Ödemiş , Didem Çelik , Bengü Gireniz Tatar, İlkay Akbulut & Dilek Yılmaz Çiftdoğan. 2017. "Hepatitis A, B, C and HIV seroprevalence among Syrian refugee children admitted to outpatient clinics." Infez Med 25(4): 339-343. [Available online with subscription:

https://www.infezmed.it/index.php/article?Anno=2017&numero=4&ArticoloDaVisualizzare=Vol_25_4_2017_339]

This study investigates the prevalence of viral hepatitis and HIV among 171 Syrian refugee children admitted to a hospital in İzmir between April 2014 and December 2015. Contrary to the researchers expectations, anti-HCV and anti-HIV seroprevalence of Syrian refugee children was similar to that in Turkey. The study highlights the importance of admitting refugee children to national vaccination schedules to prevent potential complications.

Koçarslan, Sezen, Enver Turan, Turan Ekinci, Yavuz Yesilova & Rabia Apari. 2013. "Clinical and histopathological characteristics of cutaneous Leishmaniasis in Sanliurfa City of Turkey including Syrian refugees." *Indian Journal of Pathology & Microbiology* 56(3): 211-215. [Available online with subscription: <http://www.ijpmonline.org/article.asp?issn=0377-4929;year=2013;volume=56;issue=3;page=211;epage=215;aulast=Ko%E7arslan>]

This study examines the clinical and histopathological characteristics of cutaneous leishmaniasis in Şanlıurfa among both Syrian (24) and non-Syrian (30) patients. The authors here do not make a comparative analysis, but rather looks at the characteristics of the disease. The results reveal that the expression of the disease occurs within a wide spectrum and may mimic other diseases.

Keklik, Muzaffer, Ugur Kalan, Serdal Korkmaz, Ozerhan Ozer, Pinar Ipek, Adile Ortakoyluoglu & Ertugrul Keklik. 2017. "Vitamin B12 deficiency among Newly-Arrived Syrian Refugees in Central Anatolia of Turkey." *Journal of Anatolian Medical Research* 2017; 2(1): 22-30. [Available online: https://www.researchgate.net/publication/318661683_Vitamin_B12_deficiency_among_Newly-Arrived_Syrian_Refugees_in_Central_Anatolia_of_Turkey]

In this study, the authors explore the prevalence of B12 deficiency among 256 newly arrived Syrian refugees in Central Anatolia. They conclude that B12 deficiency rates are higher among Syrian refugees, and particularly among older men and younger women.

Bakkal Temi, Yasemin, Ali Murat Sedef, Serkan Gokcay, Hatice Coskun, Sedenay Oskeroğlu Kaplan, Ozlem Ozkul, Huseyin Mertsoylu & Fatih Kose. 2017. "A study on basic demographic and disease

characteristics of cancer-diagnosed Syrian refugees treated in the border city of Turkey, Sanliurfa; a hospital-based retrospective case series study." *Journal of BUON* 22(6): 1591-1594. [Available online: <https://www.ncbi.nlm.nih.gov/pubmed/29332358>]

Based on fieldwork in Şanlıurfa, this study explores the disease characteristics of Syrian refugees with cancer and the health services offered to them after diagnosis. Among 134 cancer-diagnosed Syrian refugees, breast cancer and gynecological cancers are observed as the most common types of cancer, which are highly preventable with early detection. The study finds that, after diagnosis, Syrian refugee patients and Turkish patients receive equal treatment. However, most of the Syrian patients were diagnosed at advanced stages, which reiterates the necessity to admit Syrian refugees into national screening programs for early diagnosis.

Demirci, Hakan, Nevruz Yildirim Topak, Gokhan Ocakoglu, Mehtap Karakulak Gomleksiz, Emin Ustunyurt & Ayse Ulku Turker. 2016. "Birth characteristics of Syrian refugees and Turkish citizens in Turkey in 2015." *International Journal of Gynecology and Obstetrics* 137(1): 63-66. [Available online: <https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1002/ijgo.12088>]

With a large sample group, the study compares the birth characteristics of Syrian refugees with those of Turkish citizens in Bursa. The main observations are: (1) cesarean delivery is higher among Turkish patients; (2) birth weight often is lower for Syrian refugees; (3) gestational diabetes is more common among Turkish citizens; and (4) preeclampsia is more common among Turkish women.

Villasana, Danielle. 2016. "Picturing health: challenges for Syrian refugees in Turkey." *Lancet* 388(10056): 2096-2103. [Available online: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31647-6/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31647-6/abstract)]

This photo essay describes the living conditions of a Syrian refugees staying in an informal labor migrant camp in Western Turkey. The photos mainly draw attention to lack of clean water, problems in access to health services and issues related to children's health and nutrition.

04

Mental Health Status of Syrian Refugees in Turkey

There have also been a number of studies conducted regarding the mental health effects of displacement for Syrian refugees in Turkey. Önen et al. (2014) and Alpak et al. (2015) conducted research in refugee camps and examined, respectively, the prevalence of depression and anxiety cases, and post-traumatic stress disorder among Syrian refugees. Sirin and Rogers-Sirin (2015) provide an analysis of educational and mental health needs of Syrian refugees, and find that 45% of 311 children display symptoms of post-traumatic stress disorder. In a recent study, Al-Nuaimi et al. (2018) explore the link between psychiatric morbidity and physical injuries. Karadağ et al. (2017) analyze the psychiatric treatments received by children and adolescents, highlighting the importance of access to care while Moustafa (2015) proposes using telepsychiatry as a model to facilitate access of Syrian refugees to psychiatric treatment. Smeekes et al. (2017) demonstrate that preserved social identity and group membership has a positive impact on mental health indicators. The report prepared by Hassan et al. (2015) compiles a number of existing studies on mental health issues of Syrian refugees in an effort to offer guidance to practitioners working in Mental Health and Psychosocial Support (MHPSS) programs.

Önen, Cihan, Gülsen Güneş, Ali Türeme & Pınar Ağaç. 2014. Depression and Anxiety Case among in Syrians that Live in a Refugee Camp. [In Turkish] [Bir Mülteci Kampında Yaşaya Suriyelilerde Depresyon ve Anksiyete Durumu] The Journal of Academic Social Science, 2(6), 223-230. [Available online:

http://www.asosjournal.com/Makaleler/105916345_307%20C%C4%B0HAN%20C3%96NEN.pdf]

The research presented in this article was conducted in Akçakale refugee camp in Şanlıurfa to explore the prevalence of anxiety and depression cases among Syrian refugees and to understand its determinants. In a sample group of 450 individuals, anxiety symptoms are observed in 19,3% of cases whereas 8.9% show strong depression symptoms. The findings show that there is statistically significant relationship between smoking, exposure to violence, having sleeping disorders, experiencing a sickness in the aftermath of the war and the possibility of having anxiety or depression disorders.

Alpak, Gökay, Ahmet Unal, Feridun Bulbul, Eser Sagaltici, Yasin Bez, Abdurrahman Altindag, Alican Dalkilic & Haluk A. Savas. 2015. "Post-traumatic stress disorder among Syrian refugees in Turkey: a cross-sectional study." *International Journal of Psychiatry in Clinical Practice* 19(1): 45-50. [Available online with subscription:

<https://www.tandfonline.com/doi/abs/10.3109/13651501.2014.961930?journalCode=ijpc20>]

This study examines the prevalence of post-traumatic stress disorder (PTSD) among 352 randomly selected Syrian refugees living in a refugee camp in Turkey. 33.5% of the refugees showed symptoms of PTSD and the probability of having PTSD is observed to be higher in females and in those with past experience of trauma or other psychiatric disorder.

Sirin, Selcuk R. & Lauren Rogers-Sirin. 2015. *The Educational and Mental Health Needs of Syrian Refugee Children*. Washington, DC: Migration Policy Institute. [Available online:

<https://www.migrationpolicy.org/research/educational-and-mental-health-needs-syrian-refugee-children>]

This study demonstrates educational and mental health needs of Syrian refugee children in first asylum countries and third resettlement countries. An effort is made to identify camp-based Syrian children that are exposed to war-related trauma. The results are worrying with 45% of 311 children displaying symptoms of post-traumatic stress disorder.

Al-Nuaimi, Saleem, Samer Aldandashi, Abdul Kadir Saed & Easa Maher Saqqur. 2018. "Psychiatric morbidity among physically injured Syrian refugees in Turkey." *Comprehensive Psychiatry* 80: 34-38. [Available online:

<https://www.sciencedirect.com/science/article/pii/S0010440X1630654X?via%3Dihub>]

This study considers the mental health status of physically injured Syrian refugees in Reyhanlı, Turkey. Among 40 patients, only 5 of them showed no evidence of a psychiatric disorder. The study concludes that the prevalence of psychiatric morbidity is very high among injured refugees.

Karadag, Mehmet, Cem Gokcen, Funda Dandil & Baran Caliskan. 2017. "Our experience with Syrian

refugee patients at the child and adolescent psychiatry clinic in Gaziantep, Turkey." *International Journal of Psychiatry in Clinical Practice*: 1-3. [Available online with subscription:

<https://www.tandfonline.com/doi/full/10.1080/13651501.2017.1387269?scroll=top&needAccess=true>]

This study provides a retrospective analysis of psychiatric diagnoses and treatments for Syrian refugees (children and adolescents) residing in Gaziantep province. Out of 51 patients who presented to the hospital during a year and a half, more than half of them had special educational needs and only 15 of them were females. The study concludes that further research is needed on the role of primary health care services in accessing psychiatric treatment, special educational needs of refugee children and on the role of gender in families' negligence of symptoms.

Moustafa, Moustafa. 2015. *Telepsychiatry And Mental Health Care For Syrian Refugees In Turkey*. Yale Medicine Thesis Digital Library. [Available online: <http://elischolar.library.yale.edu/ymtddl/2002>]

This thesis focuses on the challenges in provision of mental health care for Syrian refugees living in the southern province of Kilis. The author proposes telepsychiatry as a model to bridge the mental health needs gap of refugees.

Smeeke, Anouk, Maykel Verkuyten, Elif Çelebi, Ceren Acartürk & Samed Onkun. 2017. "Social identity continuity and mental health among Syrian refugees in Turkey." *Social Psychiatry and Psychiatric Epidemiology* 52(10): 1317-1324. [Available online:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5617874/>]

This study investigates the link between social identity and mental health status in sample group of 361 Syrian refugees. Social identity is defined as having group membership. It is argued that those belonging to multiple groups before migration are more likely to preserve their group membership after migration, which, as well, decreases their levels of depression and enhances satisfaction with life.

Hassan, G, Kirmayer, LJ, Mekki Berrada A., Quosh, C., el Chammay, R., Deville-Stoetzel, J.B., Youssef, A., Jefee-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S. & Ventevogel, P. 2015. Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict. Geneva: UNHCR. [Available online : <http://www.unhcr.org/55f6b90f9.pdf>]

This report commissioned by UNHCR offers guidance to Mental Health and Psycho-social Support (MHPSS) personnel involved in treatment of displaced Syrians. Chapter four is devoted to summarizing the available studies on mental health and psychosocial problems of displaced Syrians in the Middle East region.

05

Syrian Refugees' Access to Health Services in Turkey

While Turkey's response has been adequate with state and non-state actors taking active roles in addressing the health needs of displaced persons, there are still several obstacles preventing refugees' access to health care services. In an early study, Sahlool et al. (2012) evaluates the health care services provided to refugees in camps. Demirtas & Özden (2015) summarize the health services provided to Syrian refugees. Ekmekci (2017), Mardin (2017) and Bilecen & Yurtseven (2018) provide information about the health and migration legislation of Turkey and discuss the existing problems in Syrian refugees' access to health services. Kara & Akgün (2015) focus on the refugees residing in the province of Konya and demonstrate the barriers in their access to public health services. Özçürümez (2017) provides a detailed analysis of the role of non-state actors in provision of health services to refugees in Turkey. Lastly, Yavuz (2015) argues the right to health for refugees from a holistic rights-based perspective.

Sahlool, Zaher, Abdul Ghani Sankri-Tarbichi & Mazen Kherallah. 2012. "Evaluation report of health care services at the Syrian refugee camps in Turkey." *Avicenna Journal of Medicine* 2(2): 25-28. [Available online: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3507073/>]

This study evaluates the health situation in three refugee camps located in Altınözü, Islahye and Kilis and provides a strategic assessment in an effort to improve health care delivery. The study concludes that Turkey has done remarkably well in terms of health care provision to refugees inside the camps.

Demirtas, Unal & Aslan Ozden. 2015. "Syrian refugees: health services support and hospitality in Turkey." *Public Health* 129(11): 1549-1550. [Available online with subscription: [https://www.publichealthjrnل.com/article/S0033-3506\(15\)00307-8/fulltext](https://www.publichealthjrnل.com/article/S0033-3506(15)00307-8/fulltext)]

This article provides an overview of the situation of Syrian refugees in Turkey and describes health services support including preventive medicine.

Ekmekci, Perihan Elif. 2017. "Syrian Refugees, Health and Migration Legislation in Turkey." *Journal of*

Immigrant and Minority Health 19(6): 1434-1441. [Available online with subscription:

<https://link.springer.com/article/10.1007%2Fs10903-016-0405-3>]

This study focuses on the impact of the Turkish health and asylum laws on Syrian refugees' ability to access public health services and analyses the strain placed on the health system of Turkey after the arrival of refugees. The author speculates that the barriers in accessing health and social services are discouraging Syrians from staying in Turkey and facilitate their decision to leave for Europe.

Mardin, Deniz F. 2017. "Right to Health and Access to Health Services for Syrian Refugees in Turkey" MiReKoc Policy Brief Series 2017/01. [Available online: https://mirekoc.ku.edu.tr/wp-content/uploads/sites/22/2016/11/PB_Right-to-Health.pdf]

This policy brief explains the Turkish legislation surrounding Syrian refugees' right to health as well as the accessibility of health services and existing problems.

Bilecen, Başak & Dilara Yurtseven. 2018. "Temporarily protected Syrians' access to the healthcare system in Turkey: Changing policies and remaining challenges." Migration Letters, 15(1), 113-124. [Available online with subscription: <http://www.tplondon.com/journal/index.php/ml/article/view/925>]

The authors here identify three main challenges faced by Syrians in accessing healthcare services: registration procedures, navigation of the system, and language barriers.

Kara, Fatih & Nedim Akgün. 2015. The Barriers to Healthcare Utilization among Syrian Refugees Settled in Konya. [In Turkish] [Konya'ya Yerleşen Suriyeli Mültecilerin Sağlık Hizmetlerinden Yararlanmalarının Önündeki Engeller] In: Book of Proceedings of 18th National Public Health Congress. [Available online: http://halksagligiokulu.org/anasayfa/components/content/booklibrary/ebooks/18_UHSK_KONGRE_KITABI.pdf]

This study presents the results of a survey study among 223 Syrian refugees residing in Konya in order to identify the barriers that hinder their use of health services. Although the accessibility of health services

is physically possible in the provincial center, problems such as language barrier, lack of official registration, and discrimination or negligence of health personnel exist. In addition, physicians, primary health care providers, are not used efficiently, drug prices are not affordable, and the use of non-prescription drugs disrupts the diagnosis and treatment of existing health problems. The language of the study is Turkish.

Ozcurumez, Saime. 2017. "Lessons from Turkey: Syrians under Temporary Protection, Health Services and NGOs." European Journal of Public Health 27. [Available online with subscription:

https://academic.oup.com/eurpub/article-abstract/27/suppl_3/ckx187.577/4556543?redirectedFrom=fulltext]

[Book chapter version with Deniz Yildirim available online:

<https://www.ncbi.nlm.nih.gov/books/NBK459037/>]

This useful study investigates the governance of health service delivery to Syrian refugees in Turkey by concentrating on the relationship between policy-makers, service providers and civil society organizations providing health care services to Syrian refugees. To this end, the author focuses on two organizations to determine the nature of collaboration among different stakeholders; one is Association for Solidarity with Asylum-seekers and Migrants (ASAM), a national NGO providing protection services to all refugees and asylum-seekers, and Turkish Medical Association, a professional civil society organization for medical doctors.

Yavuz, Ömer. 2015. Legal and Ethical Foundations of Health Assistances to Syrian Refugees in Turkey. [In Turkish] [Türkiye'deki Suriyeli Mültecilere Yapılan Sağlık Yardımlarının Yasal ve Etik Temelleri] Mustafa Kemal University Journal of Social Sciences Institute, 265-280. [Available online:

<http://dergipark.gov.tr/download/article-file/183377>]

The author elaborates on refugees' right to access health services from a holistic point of view based on the right to life. It also explains the health care services provided to refugees in Turkey. The language of the article is Turkish.

06

Impact of Syrian Refugees on Healthcare Services and the Social Determinants of Health in Turkey

The growing influx of vulnerable populations fleeing from the warzone posed many challenges to the healthcare system and the social determinants of health in Turkey. Increasing prevalence of infectious diseases and other public health-related implications of war in Turkey (Hargreaves, 2016; Doganay & Demiraslan, 2016; Eskiocak, 2013), inadequate number of healthcare professionals and overcrowding of hospitals and emergency services (Özdoğan, 2014, Savas et al., 2016; Tekeli Yesil & Altiner, 2017; Gulacti et al., 2017). Distinctively, Özdemir et al. (2017) argues the importance of integrating Syrian doctors and nurses in the health system based on a model that is being implemented in Turkey.

Hargreaves, Sally. 2016. "Concerns in Turkey about infections from refugees." *The Lancet Infectious Diseases* 16(7): 782-783. [Available online with registration:

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(15\)00310-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(15)00310-2/fulltext)]

Based on expert interviews, this succinct article draws attention to the overburdening of health system in Turkey due to arrival of large number of refugees, which, in turn, aggravates the conditions for infectious disease control.

Doganay, Mehmet & Hayati Demiraslan. 2016. "Refugees of the Syrian Civil War: Impact on Reemerging Infections, Health Services, and Biosecurity in Turkey." *Health Security* 14(4): 220-225. [Available online:

https://www.liebertpub.com/doi/abs/10.1089/hs.2016.0054?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrsref.org&rfr_dat=cr_pub%3Dpubmed&]

This study investigates the health status of refugees in relation to the most frequently recorded infections including measles, poliomyelitis, leishmaniasis, and multidrug-resistant and increasing incidences of Hepatitis A, malaria, and varicella that seem to be a rising problem among Syrian refugees in Turkey.

Eskiocak, Muzaffer. 2013. *War and Health: The Health Consequences of Syrian Civil War in Hatay: There Can Be No Health Without Peace!* [In Turkish] [Savaş ve Sağlık: Suriye'deki İç Savaşın Suriye ve Hatay'daki

Sağlık Sonuçları: Barışın olmadığı yerde Sağlık Olmaz!
In H. Başçıl (Ed.), *Fusun Sayek TTB Reports / Books-2013: The Impacts of Syrian Civil War on Hatay City* (pp. 50-63). Ankara: Turkish Medical Association. [Available online:

http://www.ttb.org.tr/kutuphane/fsayek2013_savas.pdf]

The article assesses the health related implications of the Syrian war on Hatay based on available literature published by WHO, Syrian Ministry of Health, and Hatay Governorate in addition to the qualitative data collected for the purposes of this book and personal observation and interviews made by the author.

Ozdogan, Hatice K., Faruk Karateke, Mehmet Ozdogan, Salim Satar. 2014. "Syrian refugees in Turkey: effects on intensive care." *Lancet* 384(9952): 1427-1428. [Available online:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61862-6/fulltext?code=lancet-site](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61862-6/fulltext?code=lancet-site)]

This article highlights the impact of Syrian refugee influx on emergency operations and postoperative intensive care in Adana. There has been a significant increase in surgical demands in line with the increasing number of seriously injured persons. The cost of care has also increased with the need for intensive care. The authors call for support from international community.

Savas, Nazan, Evrim Arslan, Tacettin İnandı, Arif Yeniçeri, Mehmet Erdem, Meryem Kabacaoğlu, Ersin Peker & Ömer Alışkın. 2016. "Syrian refugees in Hatay/Turkey and their influence on health care at the university hospital." *International Journal of Clinical and Experimental Medicine* 9(9): 18281-18290. [Available online:

https://www.researchgate.net/publication/309074156_Syrian_refugees_in_HatayTurkey_and_their_influence_on_health_care_at_the_university_hospital]

This study analyzes the impact of the dramatic increase in refugee population on the workflow of a university hospital in Hatay. The authors find that the majority of the personnel believes that the workload, working hours and patient waiting time increased. More than one third of the medical staff experienced a dangerous situation and 88% do not feel secure in their workplace. The overall results show that the university hospital is

negatively affected by Syrian war due to increasing number of refugee patients.

Tekeli Yesil, Sıdıka & Ali Altiner. 2017. Analysis of 112 Emergency Medical Service Utilizations of Syrian Refugees Residing in Ankara, Turkey. *Prehospital and Disaster Medicine*, 32(S1), S81-S81. [Available online: <https://doi.org/10.1017/S1049023X17002138>]

Provides a short analysis of 112 Emergency service utilizations of Syrian refugees in Ankara. The study finds that 42% of the calls from Syrian refugees are responded by first five stations in Altındağ district. Therefore, the distribution of workload is unequal among health service personnel and those in regions with increasing population of refugees should be supported.

Gulacti, Umut, Uğur Lok & Hacı Polat. 2017. "Emergency department visits of Syrian refugees and the cost of their healthcare." *Pathogens and Global Health* 111(5): 219-224. [Available online with subscription: <https://www.tandfonline.com/doi/abs/10.1080/20477724.2017.1349061?journalCode=ypgh20>]

This article includes a retrospective analysis of clinical and demographic characteristics of Syrian refugees that visit the emergency department (ED) in Adyaman. While 68.5% of the visits are inappropriate, most frequently observed disease is upper respiratory tract infection. In addition, the average length of stay in ED is longer for Syrian refugees than others.

Ozdemir, Vural, Ilona Kickbusch & Yavuz Coşkun. 2017. "Rethinking the right to work for refugee Syrian healthcare professionals: a call for innovation in global governance." *Bmj-British Medical Journal* 357. [Available online with subscription: <https://www.bmj.com/content/357/bmj.j2710>]

This article calls for innovative methods to respond to healthcare needs of refugees. The authors advocate for a model implemented first in Gaziantep with collaborative efforts of Gaziantep University, WHO and the Turkish Ministry of Health that offers a series of adaptation training courses for Syrian doctors and nurses in Turkey in order to familiarize them with the Turkish health system.

07

Syrian women's health status

There are several studies focusing on the situation of Syrian refugee women in Turkey. HRW (2014), AFAD (2014) and Mazlumder (2014) present the circumstances faced by Syrian women that became refugees in Turkey without particular focus on health issues. Gkouti (2015) concentrates on major health risks faced by Syrian refugee women based on information retrieved from HRW and AFAD reports cited below. Şimşek et al. (2017) conducted a comprehensive research on health indicators of Syrian refugee women living in the province of Şanlıurfa. Kahyaoğlu Süt (2017), Yağmur & Aytekin (2018) and Bahadır & Uçku (2015) evaluate reproductive health indicators of Syrian refugee women. In addition, Buyuktiryaki et al. (2015) analyze the neonatal outcomes of Syrian refugees delivered in a hospital in Ankara and calls for a comparative study with locals. Erenel et al. (2017) compares the pregnancy outcomes of Syrians with Turkish citizens and concludes that Syrian refugees lack adequate antenatal care. Tolunay et al. (2016) specifically focus on the changes in intraocular pressure associated with pregnancy in Syrian refugee women.

Human Rights Watch (HRW). 2014. "We are still here" Women on the frontlines of Syria's conflict. [Available online:

<https://www.hrw.org/report/2014/07/02/we-are-still-here/women-front-lines-syrias-conflict>]

This report presents individual stories of 17 Syrian women seeking asylum in Turkey. There is no particular focus on health situation but the report is important to understand the position of women as it reveals various roles women have taken on as political activists, caregivers, humanitarians, and providers, as well as the ways in which the conflict impacts women.

Republic of Turkey Prime Ministry Disaster and Emergency Management Presidency (AFAD). 2014. Syrian Women in Turkey Report, 2014. [Available online:

https://www.afad.gov.tr/upload/Node/3904/xfiles/afad-suriye-kdn_eng.pdf]

This comprehensive report utilizes data collected by AFAD psychologists and sociologist in 2013 through

face-to-face interviews with Syrian refugee women in the provinces of Adana, Adıyaman, Gaziantep, Hatay, Kahramanmaraş, Kilis, Malatya, Mardin, Osmaniye and Şanlıurfa. The report provides information on women's demographic characteristics, socioeconomic structure, shelter, security, healthcare, education, nutrition, water/sanitation and expectations for the future. The findings show that 40% of women living outside camps had limited or no access to healthcare; 78% did not have sufficient amount of food for the next 7 days; 97% had not earned an income in the past month; 35% had lost at least one family member due to incidents in Syria.

Mazlumder. 2014. The Report on Syrian Woman Refugees Living Out of the Camps. [Available online: [http://istanbul.mazlumder.org/webimage/files/The%20Report%20on%20Syrian%20Women%20Refugees\(1\).pdf](http://istanbul.mazlumder.org/webimage/files/The%20Report%20on%20Syrian%20Women%20Refugees(1).pdf)]

Prepared by a rights-based NGO, this report reveals the living conditions of Syrian refugee women residing outside the camps through a gender lens and a security perspective. The major risks associated with being a woman and a refugee are identified as exposure to sexual and gender-based violence, early marriage, polygamy and human trafficking.

Gkouti, Athina. 2015. "Women at Risk: Syrian Refugees and Healthcare in Turkey" Independent Turkey, 16 November 2015, London: Centre for Policy and Research on Turkey (Research Turkey). [Available online: <http://researchturkey.org/?p=10033>]

This short article is based on the stories of women from Human Rights Watch (2014) report and the findings of AFAD (2014) report. The author concentrates on major risks for women including reproductive health issues, gender-based violence, and depression and anxiety; and demonstrates the need for improved access to healthcare for refugee women in Turkey.

Şimşek, Zeynep, Nebiye Yentur Doni, Nese Gül Hilali & Gokhan Yildirimkaya. 2017. "A community-based survey on Syrian refugee women's health and its predictors in Sanliurfa, Turkey." Women Health: 1-15.

[Available online with subscription:

<https://www.tandfonline.com/doi/abs/10.1080/03630242.2017.1321609>]

This study is based on the findings of a research with 458 married Syrian refugee women aged 15–49 years, living outside camps in Şanlıurfa. It provides an overview of reproductive and mental health indicators as well as symptoms of sexually transmitted diseases. The study shows that the number of desired children and the likelihood to get married at an early age increases after the war. In addition, the majority of women reported at least two mental health disorder symptoms, demonstrating the need for further psychosocial support mechanisms.

Kahyaoğlu Süt, Hatice. 2017. "Suriye'den Göç Eden Kadınlar ve Üreme Sağlığı Sorunları" [in Turkish] [Women Migrating from Syria and Reproductive Health Problems] Sağlık ve Toplum. Yıl: 27 , Sayı: 1 Ocak-Nisan 2017. [Available online:

https://www.researchgate.net/publication/319188242_Women_Migrating_from_Syria_and_Reproductive_Health_Problems]

This article summarizes major health risks faced by women such as sexual harassment, rape, violence, early marriage, early age at pregnancy, unwanted pregnancy and complications during pregnancy. Based on a literature review, the author recommends solutions for the potential reproductive health problems that are faced by Syrian refugee women in Turkey.

Yağmur, Yurdagül and Sidar Aytekin. 2018. Mülteci Kadınların Üreme Sağlığı Sorunları ve Çözüm Önerileri. [Refugee Women's Reproductive Health Issues and Suggested Solutions] [in Turkish] DEUHFED 2018, 11 (1), 56-60. [Available online: <http://www.deuhyoedergi.org/index.php/DEUHYOED/article/view/478>]

This study discusses issues that impact reproductive health of refugee women in four dimensions: psychosocial factors, cultural factors, economic problems and problems related to host community attitude towards refugees.

Bahadır, Hande and Reyhan Uçku. 2015. "Tanımlayıcı Bir Alan Araştırması: Suriyeli Sığınmacı Kadınların Üreme Sağlığı, İzmir". [In Turkish] In: Book of Proceedings of 18th National Public Health Congress. [Available online:

http://halksagligiokulu.org/anasayfa/components/com_booklibrary/ebooks/18_UHSK_KONGRE_KITABI.pdf]

Based on survey data collected from 109 Syrian refugee women married at least once between the ages of 15 and 49, this study reveals that the incidences of early marriage and early pregnancy are widely observed and the use of contraceptive methods is low. The authors find that language barriers and lack of official registration hinder women's access to services. The authors make recommendations to facilitate women's access to health care.

Buyuktiryaki, Mehmet, Fuat Emre Canpolat, Evrim Alyamaç Dizdar, Nilüfer Okur & Gülsüm Kadioğlu Şimşek. 2015. "Neonatal outcomes of Syrian refugees delivered in a tertiary hospital in Ankara, Turkey." *Conflict and Health* 9: 38. [Available online: <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-015-0066-1>]

This article is based on a two-year retrospective analysis of medical records of Syrian refugee women who delivered at a selected health unit in Ankara. 1.2% (457 women) of all deliveries at the health unit were made by Syrian women. The premature birth rate was 26% and infant mortality rate was 1.8% which is 25 times the Turkish rate. The authors call for further comparative research on the issue of infant mortality.

Erenel, Hakan, Begum Aydoğan Mathyk, Veysel Sal, Isil Ayhan, Suat Karatas & Arzu Koc Bebek. 2017. "Clinical characteristics and pregnancy outcomes of Syrian refugees: a case-control study in a tertiary care hospital in Istanbul, Turkey." *Archives of Gynecology and Obstetrics* 295(1): 45-50. [Available online with subscription: <https://link.springer.com/article/10.1007%2Fs00404-016-4188-5>]

Adopting a similar approach with Demirci et al. (2017), this study compares the clinical characteristics and

pregnancy outcomes of Syrian refugees and Turkish citizens in an Istanbul-based public hospital. It is revealed that preterm delivery rates were similar but postterm rates were higher for Turkish citizens. The results show serious lack of antenatal care for Syrian women compared to that of Turkish citizens. Contrary to Demirci et al (2017), no significant differences are observed in terms of birth weight.

Tolunay, Harun Egemen, Sait Coşkun Özcan, Yavuz Emre Şükür, Deniz Özarslan Özcan, Fatih Mehmet Adıbelli & Neşe Gül Hilali. 2016. "Changes of intraocular pressure in different trimesters of pregnancy among Syrian refugees in Turkey: A cross-sectional study." *Turkish Journal of Obstetrics and Gynecology* 13(2): 67-70. [Available online:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5558340/>]

This study examines the physiologic changes in intraocular pressure associated with pregnancy among 235 healthy Syrian refugee women in Turkey. The authors conclude that the changes are common and temporary for healthy women.

Samari, Goleen. 2015. "The Response to Syrian Refugee Women's Health Needs in Lebanon, Turkey and Jordan and Recommendations for Improved Practice." Article, "Knowledge & Action," *Humanity in Action*, 2015. [Available online:


<https://www.humanityinaction.org/knowledgebase/583-the-response-to-syrian-refugee-women-s-health-needs-in-lebanon-turkey-and-jordan-and-recommendations-for-improved-practice>]

This study investigates the health status of Syrian women in Lebanon, Turkey and Jordan. It provides a useful (but not up to date) overview of each country's refugee response as in 2015, health care needs of refugees and refugee women's health. Goleen identifies most commonly observed problems for Syrian refugee women as early age at marriage, sexual and gender-based violence, access to family planning, antenatal, and obstetric care for women.

Kılıç, Metin, Müsenna Arslanyılmaz & Şevkat Bahar

Özvarış. 2015. Savaş ve Çatışma Ortamında Kadın Sağlığı. [Women's Health in War and Conflict Environments] TTB Publications, STED Cilt: 24, sayı: 6, s. 237-244 [In Turkish] [Available online: <http://www.ttb.org.tr/STED/images/files/dergi/2015/6.pdf>]

This article focuses on problems related to health and access to healthcare for displaced women due to war and conflict. The study is not specifically concerned with Syrian women, but it presents a general review of scientific publications and international reports published on the topic in the last decade and proposes general recommendations from a public health perspective.



APPENDIX:

Temporary Protection Regulation, Article 27 - Health Services Provided to Persons Under Temporary Protection

ARTICLE 27 - (1) The following health services shall be provided or have provided inside and outside of the temporary accommodation centers under the control and responsibility of the Ministry of Health.

a) Health centers, which would continuously be active to provide health services, may be established. Sufficient number of ambulances and health personnel shall be kept available, if there are already existing health centers.

b) Patient contribution fee shall not be collected for primary and emergency health services and the respective treatment and medication.

c) The cost of health services, including second and third step health services, shall not exceed the costs in the Health Budget Law [SUT] determined by the Presidency of Social Security Institution for beneficiaries of general health insurance.

ç) The cost of health services provided, not exceeding the cost in the Health Budget Law [SUT] determined by the Presidency of Social Security Institution for beneficiaries of general health insurance, under the control of the Ministry of Health.

d) Persons benefiting from temporary protection cannot directly approach private health institutions, unless emergency imperative conditions occur.

e) All measures shall be taken and necessary vaccinations and scanning activities shall be conducted against the risk of infectious diseases.

f) Competent personnel shall provide information and conduct support activities about reproductive health.

g) Sanitary conditions of personal and collective areas of use shall be controlled and necessary measures shall be taken to amend identified defects and to render the environmental conditions of the temporary accommodation centre appropriate in line with health considerations.

ğ) Necessary measures, including transfer to a health institution, shall be taken, if drug addiction or psychological problems are detected among foreigners benefiting from temporary protection.

h) All measures with respect to conduct of necessary vaccination for children shall be taken.

ı) The necessary and appropriate physical equipment shall be installed during the construction of accommodation centers and they shall be referred to the Ministry of Health.

insurance. Persons under this Article cannot be provided health services within the scope of health services costs of which are not covered by the Social Security Institution.

(2) Provision of assistance to persons benefiting from temporary protection in relation to health services shall be carried out under the coordination of the Ministry of Health.

(3) Persons benefiting from temporary protection shall be identified and changes in their addresses shall be informed to the Ministry of Health without delay in order to ensure prompt and continuous provision of vaccination and protective health services.

(4) Foreigners under this Regulation, whose registration proceedings are not completed, shall be provided with health services, based on their identification information, in emergency situations and when they are crossing the border for the first time.

(5) Psycho-social services to be provided for persons benefiting from temporary protection shall be carried out [in cooperation] with support-solution partners, which are also specified in the Disaster Intervention Plan of Turkey published by the Ministry of Family and Social Policies in the Official Gazette No. 28871 of 3/1/2014.

(6) If it is mandatory that the health service providers are paid a fee in return of the primary and emergency health services provided under this Article, pricing shall not be implemented in a way exceeding the unit prices or including lower discounts than it is determined by the Presidency of Social Security Institution for beneficiaries of general health

