January 2018
Volume: 15, **No**: 1, pp. 113 – 124
ISSN: 1741-8984
e-ISSN: 1741-8992
www.migrationletters.com

Article history: Received 6 June 2017; Accepted 12 November 2017

Temporarily protected Syrians' access to the healthcare system in Turkey: Changing policies and remaining challenges

Başak Bilecen[Υ]
Dilara Yurtseven[±]

Abstract

The recent increase in the migratory flows of Syrian asylum-seekers has drawn attention to the causes and, more fundamentally, to the consequences of such mobility patterns in both the European Union and in Turkey. In this paper we explore the healthcare system in Turkey and, particularly, Syrians' access to healthcare services. Bringing together the literature on healthcare and on mobility from conflict zones, this paper advances our understanding of the challenges in access to healthcare facilities faced by a vulnerable population – namely displaced persons from Syria living in Turkey. Based on an analysis of secondary literature and social policies, we observe three main challenges faced by Syrians in Turkey in accessing healthcare services: registration procedure, navigation of the system and language barriers.

Keywords: healthcare; asylum-seeking; temporary protection; Turkey; Syria.

Introduction

Keeping healthy and securing the self against health risks such as malnutrition, mental disorders and terminal illnesses matters greatly, regardless of life stage, lifestyle and the geographical location of individuals. However, for those whose lives are in danger due to their membership of a particular social group and who thus flee to other countries to seek asylum, their health, well-being and access to healthcare services in the transit and destination countries are of particular importance as they are closely interlinked to their life chances. Vulnerable populations such as asylum-seekers and refugees escaping from war zones are usually reported as being at risk of damage to their health as they lose their homes, shelters and loved ones while facing everyday violence, insecurities and threats to life. Access to healthcare services is crucial for the life chances of asylum seekers who have escaped from conflict zones and who are often traumatized by poor living conditions. Furthermore, access to healthcare is a fundamental human right, regardless of migratory status (Committee on Economic, Social and Cultural Rights, General Comment, 2000). Thus, nation-states need to consider all segments of the population, including mobile ones,

[Υ] Başak Bilecen, Assistant Professor, Bielefeld University, Faculty of Sociology, PO Box 100131, 33501 Bielefeld Germany. E-Mail: basak.bilecen@uni-bielefeld.de.
[±] Dilara Yurtseven, Lund University, Faculty of Law, 223 62 Lund, Sweden.
E-mail: yurtsevendilara@gmail.com.

when drawing up their social policies. The recent conflict in Syria has produced the greatest number of asylum-seekers worldwide and, in the region and the world, Turkey is the country that shelters most of them. Although Turkey has been a country of emigration and transit for quite a while, the country has received a substantial population influx in a very short time span, which necessitates a closer investigation of its changing asylum regime and healthcare policies. Therefore, the main aim of this paper is to investigate Syrians' access to the Turkish healthcare system, considering recent mobility waves and policy transformations and the country's selective asylum regime.

With its approximately 3 million Syrians, the largest immigrant group in Turkey (Sirkeci, 2017), it is the main host country in the world for fleeing Syrians. While 75,000 Syrians were seeking safety in 2012, the number exceeded 170,000 in 2013, due to the failure of peace negotiations. Since then the numbers have continued to grow steadily, reaching 2,992,567 registered asylum-seekers by April 2017 (UNHCR, 2017). Although most Syrians entered Turkey to seek asylum, they are a somewhat heterogeneous group. Until 08 January 2016, Syria and Turkey had a visa waiver agreement regardless of how nationals of the two countries travelled between them.[1] Within the scope of this agreement, some Syrians with valid passports entered Turkey as travellers and obtained residence permits (Genç and Özdemirkıran, 2015). As a result, their access to the healthcare system in Turkey is handled differently to that of people who are seeking asylum. Thus, the legal status is a determining factor in access to healthcare services and provisions in Turkey. In this paper we refer to those Syrians who came to Turkey to seek asylum and are covered under Temporary Protection Regulation (TPR). Effective since 22 October 2014 through TPR, temporary protection identity cards are issued to all Syrians granting them access to social rights and services, including healthcare, education and entry to the labor market in Turkey. However, we argue that granting access to rights and services does not automatically mean access to their use by such vulnerable groups but, rather, that barriers and challenges continue to exist. This article is built on an analysis of healthcare reforms in Turkey and how vulnerable groups' access is conceptualised and implemented through the example of the influx of Syrian forced migrants in Turkey. Together with an analysis of the secondary literature, the article closely examines the healthcare system in Turkey together with the legal arrangements for temporarily protected Syrians' access to the system.

[1]http://www.goc.gov.tr/icerik6/ulkemiz-ile-suriye-arasindaki-vize-muafiyeti-anlasmasinin-yururlukten-kaldirilmasi_350_360_8989_icerik (last accessed 16 August 2016).

The healthcare system in Turkey

The Turkish healthcare system is administrated by the Ministry of Health (MoH) through its provincial health directorates. It has both public and private sectors based on a contribution system. The Ministry of Health is mainly responsible for providing healthcare services to the population and for ensuring that all health institutions are run in compliance with the law. However, since 2008, the financing of public health insurance is organised under the Social Security Institution (SSI) which is affiliated with the Ministry of Labour and Social Security. 'The Social Security Institution was established as a single payer, pooling both risk and funds from contributory health insurance and the government-financed Green Card scheme; it was responsible for strategic purchasing from providers, and its mandate was to improve service quality and efficiency' (Atun, 2015: 1285–1286). Moreover, under the SSI, the new General Health Insurance Scheme (GHIS) has been introduced (Tatar *et al.*, 2011). As a result, 'five health insurance schemes were consolidated to create a unified General Health Insurance scheme with harmonised and expanded benefits' (Atun *et al.*, 2013: 65).

'By this reform, all social groups involving not formally employed are embraced guaranteeing universal access to healthcare services on equal terms' (Bilecen and Tezcan-Güntekin, 2014: 8). According to Social Insurance and General Health Insurance Law, the GHIS covers most of the population in Turkey, including all citizens who were covered by previous social security laws and their dependents, foreign residents who do not have social security coverage in their home countries, people benefiting from unemployment insurance, and those under the protection of the Foreigners International Protection Law (FIPL). According to this law, unregistered migrants are not covered. In addition to public insurance, individuals can also prefer to purchase private health insurance for its additional benefits in private hospitals. Both insurance types are independent of each other.

When individuals want to benefit from healthcare services in health institutions, the availability of insurance is controlled electronically from the claim and utilisation management system known as MEDULA. Prescriptions are also submitted electronically here. The benefit package of the GHIS is determined via the Health Implementation Guide (HIG), which is published annually to cover the rules and regulations of the benefits package. The range and prices of healthcare services, as well as the level of cost-sharing, are specified in the HIG. If a treatment or its cost falls within the scope of the HIG, including all emergency services, individuals who have public health insurance can benefit from the free public hospitals. This is arranged through their contributions to the healthcare system, based on Social Insurance and Universal Health Insurance Law (cf. Mardin, 2017). Otherwise the cost of healthcare are shared in the ratio stated in the HIG.

Healthcare institutions in Turkey are divided into three hierarchical stages of provision regardless of their status – either public or private – but in terms of size, facilities, personnel and equipment. The primary-level healthcare institutions are small clinics which provide outpatient treatment without requesting insurance cover. Family practitioner clinics, tuberculosis control dispensaries, mother–infant health clinics, community health centres and migrant health centres all fall within the first category. They are mostly responsible for providing preventative and protective healthcare services. The secondary-healthcare-level institutions are private and public hospitals, with the exception of tertiary-level healthcare institutions. Tertiary institutions are training and research hospitals which provide special training whilst also conducting research. Training and research hospitals are attached to public or private universities or the MoH. University hospitals are managed by universities. However, some public universities sign an affiliation protocol with the MoH which effectively hands over their management to the MoH.

Healthcare services are also categorised into three stages in terms of the treatment provided. Treatment at the primary stage is mostly by nurses, primary care physicians and midwifes in a bid to protect health and to provide some outpatient diagnosis and treatment. The secondary healthcare service is provided in hospitals by specialists such as gynæcologists and orthopædists. In-patient treatments also fall in this category. As third-stage services require advanced technological equipment and expert medical personnel, the psychiatric hospitals, university research and training hospitals and private specialised hospitals are the main places providing such services.

The emergency services are subject to different rules and regulations not covered by the above-mentioned insurance and services. These services are addressed under the Regulation on Emergency Healthcare Services. In attending the emergency department in any healthcare institution or making an emergency call to 112, individuals become subject to this regulation. Emergency care is provided by a specially trained healthcare team. In case of emergency, the responsible unit must make the necessary initial check on patients free of charge to assess the level of emergency. If the individuals concerned do not need emergency treatment, they become subject to the above-mentioned 'regular' healthcare system. If a life- or organ-threatening medical condition is diagnosed, the receiving healthcare institution is responsible for the medical care until the stabilisation of the patient.

Syrians' access to healthcare services in Turkey

Until the introduction of TPR in 2014, there were no official regulations regarding Syrians' legal status, rights and obligations in Turkey and they were instead spoken of as 'guests', a term preferred over 'refugees' (Içduygu, 2015). As the war in Syria was assumed to be a temporary situation, the influx of

Syrians in Turkey was seen as an emergency just as an earthquake would be. Therefore, the Disaster and Emergency Management Presidency (in Turkish: *Afet ve Acil Durum Yönetimi Başkanlığı* or AFAD) was held responsible and was the main authority regulating all services provided to Syrians – thus suggesting that unexpected population flows should be dealt with according to crisis management logic (Gökalp Aras and Sahin Mencütek, 2015; Korkut, 2016). In this conjuncture, the Regulation on the Center for Disaster and Emergency Management, passed on 19 February 2011, was used as the legal basis for providing healthcare services for Syrians until 2014. The regulation stipulated the responsibilities, coordination and organisation of AFAD in taking the necessary measures and effective management in case of emergency. Healthcare services were limited to either the camps or the provinces where Syrians lived. When the number of Syrians increased, a circular was drawn up in 2013 to expand their access to healthcare and other services nationwide. However, as there was no specific regulation for Syrians, access to medical treatment and medicine was still limited, except for emergency services for those living outside the camps. Under the Public Health Institution of Turkey, the MoH established the Migration Health Services Head Office, with the aim of coordinating all healthcare services for migrants – including Syrians – under TPR. According to an additional circular in November 2015 – No. 9648 entitled, 'The Fundamentals of Health Services to be delivered to those under Temporary Protection' – it made the MoH responsible for delivering all primary and preventative care, diagnosis and treatment, immunisation, environmental health services, women's and reproductive health services, and children's and teenagers' health services, as well as for fighting against communicable diseases, epidemics and tuberculosis (Ozçürümez and Yıldırım, 2017).

According to the TPR,[2] Syrians residing in Turkey have free access to the full range of healthcare services, including mental health, at all public health facilities without paying a contribution fee to the SSI. However, it is only possible to be a beneficiary of general health insurance after registration as a temporarily protected person. Therefore, the rest of the paper is devoted to the access granted to Syrians registered in Turkey. Nevertheless, in an emergency or a situation identified as a potential threat to public health, all Syrians, regardless of registration, can access healthcare services without requiring payment either in public or private facilities. Syrians who live in the camps have free access to primary and secondary healthcare facilities there. Field hospitals in camps are staffed with doctors and nurses by the AFAD. If a patient needs

[2] Details of rights and implementations are addressed by the Ministry of Health under Circular No. 2014/4 on 'Health Services for People under Temporary Protection' Online at: http://www.saglik.gov.tr/SBSGM/belge/1-44966/gecici-koruma-altina-alinanlara-verilecek-saglik-hizmet-html and by the AFAD under Circular No. 2015/8 on 'Administration of Services to Foreigners under the Temporary Protection Regime'.

comprehensive treatment they are transferred from the camp to a public hospital (Ekmekçi, 2016).

Syrians living outside the camps can go to healthcare institutions in the city of residence where they are registered. They can either make an online appointment or go directly to hospital, though with some restrictions. For example, they cannot directly approach private hospitals and university research and training hospitals. When they go to the healthcare institution, the officer primarily enters the Foreign Identification Number (FIN) number of the patient into MEDULA to check if the provision is approved. If, for any reason, the provision cannot be approved then healthcare services are not provided. If there is no hospital capable of providing medical treatment in the patient's city, he or she is referred to another hospital in the nearest city. Patients can only be referred to university research and training hospitals which are affiliated with the MoH in case of emergency or the need for intensive care services for adults and/or newborn children as well as burns and cancer treatment (radiotherapy, chemotherapy or radioisotope treatment). If the university research and training hospitals are not affiliated with the MoH, the patients are not referred to these hospitals under their insurance coverage. Patients can only get treatment in these hospitals for a fee. In case where the research and training hospitals cannot provide the care needed, patients can be referred to private hospitals later. The validation of the referral form is five working days unless emergency conditions – such as intensive care – occur. Therefore, patients must complete their travel and accommodation arrangements within those five days, which is not always very realistic. If the referred patients have chronic diseases or already have papers granting them control or treatment from the hospital, they do not need to renew the referral form for 30 days as of the date of referral.

According to an agreement between the AFAD and the Ministry of Health, the cost of healthcare services is currently borne by the former. Between 80 and 100 per cent of the cost of medicines purchased in pharmacies is also paid by AFAD, with the rest being paid by patients. In addition to the healthcare institutions described above, and as referred to in the circular, the Ministry of Health decided to establish Migrant Health Centres within the scope of the project signed between the MoH and the EU Commission '*Improving the Health Status of the Syrian Population under Temporary Protection and Related Services Provided by Turkish Authorities*'.[3] Details were published in the *Official Gazette* on 28 April 2017.[4] The project will be financed through a direct grant from the EU. These centres are being established in places where Syrians are concentrated the most.

---

[3] 'Largest EU-funded health project in Turkey launched today – "SIHHAT"'. (2017). Retrieved from https://www.avrupa.info.tr/en/full-text-head-eu-delegation-turkey-ambassador-christian-bergers-speech-6770.

[4] Republic of Turkey, *Official Gazette*, No. 30051 of 28 April 2017, p. 29. Retrieved from /http://www.resmigazete.gov.tr/eskiler/2017/04/20170428.pdf (last accessed 15 October 2017).

For instance, in May 2017 the first centre was opened in Kilis, in South-Eastern Turkey, where 750 Syrian doctors and 750 nurses were expected to be trained by the end of the year.[5] The purpose is to provide effective and widespread healthcare services to those under temporary protection. These centres are considered as first-stage healthcare institutions, which provide primary treatment where interpreters or Syrian doctors are meant to be available.

Challenges in access to healthcare services

Guaranteeing full access to the healthcare services through legal regulations does not necessarily indicate equity in access due to the practical challenges in Turkey, as also stated in a comparative study conducted by Nørredam and her colleagues (2007). Based on an analysis of the literature and social policies, we observe three main challenges faced by Syrians in Turkey in accessing healthcare services: the registration procedure, navigation of the system and language barriers. First, the registration procedure poses a major challenge for Syrians who would like to access the healthcare system and services in Turkey. As mentioned above, Syrians in Turkey need to be registered and have a personal number (also known as an FIN number) in order to access these services (with the exception of emergency care). During the initial flows of Syrians in Turkey, the migrants were given FIN numbers with the digits 98, through which their access to healthcare was provided. After the introduction of the TPR scheme in 2014, all registered Syrians had to change this number to the new FIN, starting with the digits 99. As the electronic system of the SSI currently recognises only FINs with the digits 99, Syrians who were not informed about the amendments or were not able to make the changes in time are unable to access free healthcare services. Furthermore, due to overwhelming work in some provinces, delays in registration were observed which left those persons temporarily sidelined in terms of access to healthcare services. According to the study conducted by Kaya and Kıraç (2016) with Syrians living in Turkey, while 25 per cent of them stated that they do not have access to healthcare services, 22 per cent of them reported having partial access. The remaining 53 per cent claimed to have full access, but the process is difficult. This is where the role of civil society organisations in accessing healthcare services is salient. Although the collaboration between NGOs working with Syrians could be improved, they have been critical in healthcare service provision, conducting needs assessments for Syrians and healthcare service providers both in and out of the camps, while identifying specific and social determinants of health (Ozçürümez and Yıldırım, 2017).

[5] Full text of the speech by the Head of the EU Delegation to Turkey, Ambassador Christian BERGER (2017). Retrieved from https://www.avrupa.info.tr/en/full-text-head-eu-delegation-turkey-ambassador-christian-bergers-speech-6770, (last accessed 31 October 2017).

The second prominent obstacle faced by Syrians in Turkey is their navigation of the healthcare system in Turkey, including, for example, making appointments with clinics and the referral system used by doctors and healthcare personnel, including nurses (Kaya and Kıraç, 2016). Although healthcare services were standardised for Syrians by including them in the public health insurance system via the introduction of new laws and regulations, it still not that easy to navigate within a completely new and changing system, beyond the mere registration issue mentioned above. Not only has the Turkish healthcare system been going through a general transformation process but also the rules of access to healthcare by migratory populations such as those under temporary protection are also undergoing transformation. For instance, some of the provisions of Directive No. 39942531 of 25 March 2015 and Circular No. 2014/4 of 18 December 2014 regarding the procedure were amended in 2015. Prior to this amendment, Syrians had to go to primary healthcare institutions to be referred to the secondary and tertiary healthcare institutions but, since the amendment, this is no longer the case. Thus, the Syrians not only experience difficulties due to their being in a new system but also because the said system is undergoing transformation. Moreover, they are not that well informed about healthcare services in Turkey (Demir *et al.*, 2016). Nevertheless, NGOs assist Syrians by accompanying them to the hospitals and doctors, although within a limited scope. Navigation of any healthcare system is closely associated with knowledge of the way things work in a given nation-state. In other words, every nation-state has a particular logic of operation which would require the inhabitants to get to know and become familiar with the system over time. For instance, Blanchet and his colleagues (2016) investigated the situation concerning Syrian refugees and pointed to the difficult and limited access they have to the healthcare system in the Lebanon. The authors took into account the shortcomings of the Lebanese healthcare system, describing it as uncoordinated, weak and fragmented and in which the private sector has an incredible role. This highlights the need for universal health coverage in order to reduce inequalities and inefficiencies experienced by the different refugee groups and other vulnerable segments of the Lebanese population. In that sense, civil society and other personal contacts are helpful to asylum-seekers striving to understand the healthcare system in their new country. At the same time, it is up to the countries of transit and destination to keep them informed as much possible, even hiring staff who have the capacity to transmit that information in an interculturally sensitive way and paying attention to the meanings of health in different cultures.

Closely related to the second barrier, language is the third major obstacle to Syrians' access to healthcare services in Turkey (e.g. Gürakar Skribeland, 2016), as also evidenced in many other countries in the case of asylum-seekers and refugee populations (e.g. Newbold *et al.*, 2013 for Canada; Lawrence and Kearns, 2005 for New Zealand). Syrians in Turkey encounter language barriers

either at the making an appointment or the medical treatment stage. Many hospitals make appointments in Turkey over the telephone and via call centres where the employees only speak Turkish. Therefore, Syrians need the assistance of a Turkish speaker to make an appointment. Even if Syrians manage to make an appointment on their own or with the help of others, challenges still remain – particularly in describing their physical or mental condition and in understanding doctors and other healthcare personnel in diagnosis and treatment. Given that the 'most prevalent and most significant clinical problems among Syrians are emotional disorders' (UNHCR, 2015), the language barrier results in very limited access to mental healthcare services, highlighting the difficulties the Syrians encounter in trying to express themselves and understand the evaluation of doctors. Not every hospital in Turkey provides a professional interpreter. Non-Turkish-speaking patients usually need to be accompanied by an NGO member or other volunteer such as a family member or someone whom they meet within or outside the camps. This need to be accompanied during a medical consultation when the migrant wants to talk of personal issues and feelings in the presence of others who are not necessarily professional translators might cause additional stress. In this vein, as evidenced by Bulman and McCourt's (2002) study of Somali refugee women's experiences of maternity care in the UK, the lack of a professional interpreter has severe consequences for the women's emotional and physical needs, because refugee women 'could not ask questions and felt unable to describe health problems they were experiencing. The language barrier left the women feeling unsupported and often frightened' (Bulman and McCourt, 2002: 371) which could cause even further frustration. Moreover, language barriers stemming from the absence of a professional interpreter could also result in the mistranslation of medical terms, potentially causing misdiagnoses and misunderstandings (Tang, 1999). Nevertheless, the latest efforts of the MoH, together with the EU, particularly targeting the education and further training of Syrian doctors and nurses, promise not only employment opportunities for them, but also the delivery of healthcare services for Syrians in their native language. What is common in all these three barriers, as we found in the literature, is that, although there is an increasing effort to improve healthcare services for temporarily protected migrants in Turkey, civil society and other informal support through personal ties is particularly crucial in accessing healthcare services and provision.

Conclusion

This paper has explored the under-researched issue of Syrians' access to the healthcare system in Turkey. It has done so by reviewing the general literature on the healthcare access of refugees and asylum-seekers while investigating the changes in healthcare systems, rules and legislation. Temporarily protected Syrians in Turkey, like other vulnerable mobile groups, live in situations of

uncertainty, being at risk and experiencing extreme difficulties due to the loss of their significant others and the trauma to which they have been exposed; like any other individual, they are seeking social protection for themselves and their families.

It is not only migration and foreign policies, but also social policies developed and implemented by nation-states, which play a crucial role in determining the ways in which the intake and incorporation of migrants into their formal structures like the healthcare system takes place. Our study has made two main contributions to this diverse literature, including public health, migration and demographic studies and social policy research. The first contribution of this paper lies in its analysis of the manifold policies currently under reform. The recent healthcare reform in Turkey combines all the different insurance schemes into a single one while redefining the benefits packages for different segments of the population and integrating the idea of universal healthcare. In this system, due to the unexpectedly high numbers of displaced people flowing in from bordering nation-states, the healthcare system in Turkey is being redefined in a more inclusive way. In this redefinition process, the role of the EU, with its values and financial contributions, cannot be underestimated. Of course, time will show how these policies are implemented in practice.

The second contribution of this paper is its identification of the main challenges facing temporarily protected Syrians in Turkey in accessing healthcare services, based on an analysis of the secondary literature. We have shown three main challenges currently experienced by temporarily protected Syrians in Turkey: the registration procedure, their navigation of the system, and language barriers. We have argued that, while access to the formal provisions of healthcare is of the utmost importance – particularly for asylum-seekers – healthcare is composed of manifold structures, including informal ones such as social support groups, personal ties and civil society organisations, all of which should be taken into consideration by future studies. As we have partly shown, these challenges are experienced by most of the vulnerable populations across the globe. This situation requires a global perspective when addressing the restrictions and inequalities in healthcare systems (Razum *et al.*, 2016).

Although the right to access healthcare by Syrians in Turkey is detailed and many positive amendments have been made, there is still a long way for researchers to go in assessing the ways in which those rights are being implemented in practice. For instance, in addition to formal state rules and regulations, informal structures such as personal networks composed of kin and non-kin ties proved to play a crucial role in asylum-seekers' and refugees' access and use of healthcare services in the countries of residence. These informal structures might ease the access procedures as well as act as safety nets through the provision of social support. Further lines of research should also take a

closer look at these social support networks for vulnerable populations such as Syrians residing in Turkey.

References

Atun, R. (2015). "Transforming Turkey's health system – lessons for universal coverage", *The New England Journal of Medicine*, 373(14): 1285–1289.

Atun, R., Aydın, S., Chakraborty, S., Sümer, S., Aran, M., Gürol, I., Nazlıoğlu, S., Ozgülcü, S., Aydoğan, U., Ayar, B., Dilmen, U. and Akdağ, R. (2013). "Universal health coverage in Turkey: enhancement of equity", *The Lancet*, 382(9886): 65–99.

Bilecen, B. and Tezcan-Güntekin, H. (2014). *Transnational Healthcare Practices of Retired Circular Migrants*. Bielefeld: COMCAD, Working Paper No. 127.

Blanchet, K., Fouad, M.F. and Pherali, T. (2016). "Syrian refugees in Lebanon: the search for universal health coverage", *Journal of Conflict and Health*, 10(1): 1–5: doi: 10.1186/s13031-016-0079-4.

Bulman, K. and McCourt, C. (2002). "Somali refugee women's experiences of maternity care in West London: a case study", *Critical Public Health*, 12(2): 365–380.

Demir, E., Ergin, I., Kurt, A. and Etiler, N. (2016). "Present state, problems and obstacles encountered in the use of health services by refugees/people under temporary protection". In: N. Dedeoğlu and I. Ergin (eds) *War, Migration and Health: Experience of Turkey*. Ankara: Turkish Medical Association, pp. 60–68. Online at: https://www.ttb.org.tr/kutuphane/siginmacilar_rpr_en.pdf (last accessed 12 December 2016.

Ekmekçi, E. (2016). "Syrian refugees, health and migration legislation in Turkey", *Journal of Immigrant and Minority Health*, 1–8. doi:10.1007/s10903-016-0405-3.

Genç, D. and Özdemirkıran, M. (2015). "Local perceptions of Syrian migration to Turkey: a case study of Istanbul neighborhoods". In: I. Sirkeci, G. Şeker, A. Tilbe, M. Ökmen, P. Yazgan and Eroğlu, D. (eds) *Turkish Migration Conference 2015 Selected Proceedings*. London: Transnational Press, pp. 106–117.

Gökalp Aras, N.E. and Sahin Mencütek, Z. (2015). "The international migration and foreign policy nexus: the case of Syrian refugee crisis and Turkey", *Migration Letters,* 12(3): 193–208.

Gürakar Skribeland, O. (2016). *A Critical Review of Turkey's Asylum Laws and Practices Seeking Asylum in Turkey*. Oslo: Norwegian Organisation for Asylum Seekers. Online at: http://www.noas.no/wp-content/uploads/2016/04/NOAS-rapport-Tyrkia-april-2016.pdf (last accessed 13 December 2016).

Içduygu, A. (2015). *Syrian Refugees in Turkey the Long Road Ahead.* Washington: Migration Policy Institute. Online at: http://www.refworld.org/docid/5581280a4.html (last accessed 12 December 2016).

Kaya, A. and Kıraç, A. (2016). *Vulnerability Assessment of Syrian Refugees in Istanbul.* Istanbul: Diakonie Katastrophenhilfe and Swiss Agency for Development and Cooperation. Online at: http://openaccess.bilgi.edu.tr:8080/xmlui/bitstream/handle/11411/823/Vulnerability%20assessment%20of%20Syrian%20refugees%20in%20%20stanbul%20April%202016.pdf?sequence=1 (last accessed 12 December 2016).

Korkut, U. (2016). "Pragmatism, moral responsibility or policy change: the Syrian refugee crisis and selective humanitarianism in the Turkish refugee regime", *Comparative Migration Studies*, 4(2): 1–20.

Lawrence, J. and Kearns, R. (2005). "Exploring the 'fit' between people and providers: refugee health needs and health care services in Mt Roskill, Auckland, New Zealand", *Health and Social Care in the Community*, 13(5): 451–461.

Mardin, F.D. (2017). *Right to Health and Access to Health Services for Syrian Refugees in Turkey*. Istanbul: Koç University, MiReKoc Policy Brief Series 2017/01. Online at: https://mirekoc.ku.edu.tr/wp-content/uploads/sites/22/2016/11/PB_Right-to-Health.pdf (last accessed 25 October 2017).

Newbold, K.B., Cho, J. and McKeary, M. (2013). "Access to Health care: the experiences of refugee and refugee claimant women in Hamilton, Ontario", *Journal of Immigrant and Refugee Studies*, 11(4): 431–449.

Norredam, M., Mygind, A. and Krasnik, A. (2007). "Access to health care for asylum seekers in the European Union – a comparative study of country policies", *European Journal of Public Health*, 16(3): 286–290.

Ozçürümez, S. and Yıldırım, D. (2017). "Syrians under temporary protection, health services and NGOs in Turkey: the Association for Solidarity with Asylum Seekers and Migrants and the Turkish Medical Association". In: S.L. Gree, M. Wismar and G. Pastorino (eds) *Civil Society and Health: Contributions and Potential* [Internet]. Copenhagen: European Observatory on Health Systems and Policies, Observatory Studies Series No. 48, pp. 105–124. Online at: https://www.ncbi.nlm.nih.gov/books/NBK459037/ (last accessed 26 October 2017).

Razum, O., Wenner, J. and Bozorgmehr, K. (2016). "How the spectre of societal homogeneity undermines equitable healthcare for refugees", *International Journal of Health Policy Management*, 6(6): 349–351.

Sirkeci, I. (2017). "Turkey's refugees, Syrians and refugees from Turkey: a country of insecurity", *Migration Letters*, 14(1): 127–144.

Tang, S.Y. (1999). "Interpreter services in healthcare: policy recommendations for healthcare agencies", *Journal of Nursing Administration*, 29(6): 23–29.

Tatar, M., Mollahaliloğlu, S., Şahin, B., Aydın, S., Maresso, A. and Hernández-Quevedo, C. (2011). "Turkey: health system review", *Health Systems in Transition*, 13(6): 11–86.

UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant), 11 August 2000, E/C.12/2000/4, available at: http://www.refworld.org/docid/4538838d0.html (last accessed 12 December 2016)

UNHCR (2017). *Global Trends: Forced Displacement in 2015*. Geneva: UNHCR. Online at: http://www.unhcr.org/576408cd7.pdf (last accessed 25 September 2017).