

# Health and Pharmacy Services for Refugees in Turkey

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### SUMMARY

Status of refugees and asylum seekers is a subject often comes to the fore in Turkey because of our country's geographical location and various unusual situations we face today. Refugees who are called as "the people who carry genuine fear of persecution because of their race, religion, nationality, membership of a particular social group or political opinion, so leave their country and unable to return or not to return because of fear" according to the 1951 United Nations Convention Relating to the Status of Refugees and asylum seeker, that does not have to apply to receive refugee status or their apply have not yet to be decided, are people who need a variety of help, such as health and education services because of being in difficult situations. Various studies for the protection of people with this condition all over the world are carried out by the United Nations High Commissioner for Refugees founded in 1951 and the International Organization for Migration also established the same year. These embodiments which are unable to undertake certain tasks that must be provided by the States, can only try to make the countries of asylum realize the situation of refugees.

As a result of developments in recent years, the number of refugees in our country is known to be a rapid increase. With the refugee status of these people who take refugees in Turkey, their various needs have started to be met. The health services are located at the beginning of them.

In this study, health problems faced by refugees around the world and care for them as well as the situation of refugees and the health services provided to these people in Turkey will be examined.

**Key Words:** Refugee(s), Asylum-seeker(s), Health service(s), Pharmacy services(s), Turkey

## Türkiye'de mülteciler ve sığınmacılar için sağlık ve eczacılık hizmetleri

### ÖZET

Mülteciler ve sığınmacıların durumları, Türkiye'nin bulunduğu coğrafi konum ve günümüzde yaşanan çeşitli olağan dışı durumlar nedeni ile ülkemizde sıkça gündeme gelen bir konu olmaktadır.

Birleşmiş Milletler Mültecilerin Hukuki Statüsüne İlişkin 1951 Sözleşmesi'ne göre "Irki, dini, milliyeti, belli bir sosyal gruba mensubiyeti veya siyasi düşünceleri nedeniyle zulüm göreceği konusunda haklı bir korku taşıyan, bu yüzden ülkesinden ayrılan ve korkusu nedeniyle geri dönemeyen veya dönmek istemeyen kişiler" olarak adlandırılan mülteciler ve henüz mülteci statüsü almaya yönelik başvuru yapmamış ya da başvurusu henüz karara bağlanmamış kişiler olan sığınmacılar, içerisinde buldukları zor durum nedeni ile sağlık ve eğitim hizmeti gibi çeşitli yardımlara ihtiyacı olan kişilerdir.

1951'de kurulan Birleşmiş Milletler Mülteciler Yüksek Komiserliği ayrıca yine aynı yıl kurulan Uluslararası Göç Örgütü tarafından dünyanın her yerinde bu durumda olan kişilerin korunması için çeşitli çalışmalar yürütülmektedir. Devletler tarafından sağlanması gereken bazı görevleri üstlenemeyen bu yapılanmalar, ancak mültecilerin sığındıkları ülkelerin durumu fark etmelerini sağlamaya çalışmaktadırlar.

Son dönemde yaşanan gelişmeler sonucunda ülkemizdeki mülteci sayısında bızlı bir artış olduğu bilinmektedir. Türkiye'ye sığınan bu kişilere verilen mülteci statüsü ile birlikte onların çeşitli ihtiyaçları da karşılanmaya başlanmıştır. Bunların başında da sağlık hizmetleri yer almaktadır.

Bu çalışma kapsamında, dünya çapında mültecilerin karşılaştıkları sağlık sorunları ve bunlara yönelik hizmetlerin yanı sıra, ülkemizdeki mültecilerin durumları ve bu kişilere sunulan sağlık hizmetleri incelenecektir.

**Anahtar kelimeler:** Mülteci(ler), Sığınmacı(lar), Sağlık hizmet(ler)i, Eczacılık hizmet(ler)i, Türkiye

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## INTRODUCTION

The globalizing world has brought inequalities in resource distribution and various conflicts. All these negativities affect the societies' life conditions in a negative way. As a result of these events, intercountry and intra-country migrations are increasing all over the world.

**Migration** can be defined as “movement of individuals or societies from one place to one other because of economic, social or political reasons”, and investigated under the two topic; **voluntary migration** and **forced migration** (Bakır, 2013). **International Organization for Migration (IOM)** stated that the aim of the *voluntary migration* is accessing better life conditions but in *forced migration* individuals are obliged to immigrate (Çaman, 2012). Forced migration includes groups of people listed as following:

- Refugees
- Asylum seekers
- People who are resettled in their country
- Victims of human trafficking

Refugees who are called as “the people who carry a genuine fear of persecution because of their race, religion, nationality, membership of a particular social group or political opinion so leave their country and unable to return or not to return because of fear” according to the **1951 United Nations Convention Relating to the Status of Refugees** and asylum seeker, that does not have to apply to receive refugee status or their apply have not yet to be decided, are people who need a variety of help, such as health and education services because of being in difficult situations. The difference of the *People who are resettled in their country* from the refugees and asylum seekers is not passing from any international border (HÜ Nüfus Etütleri Enstitüsü, 2006).

Various studies for the protection of people with this condition all over the world are carried out by the **United Nations High Commissioner for Refugees (UNHCR)** founded in 1951 and the IOM, also established the same year. These embodiments which are unable to undertake certain tasks that must be provided by the States, can only try to make the countries of asylum realize the situation of refugees.

Instead of UNHCR and IOM, there are lots of international societies that are interested in and try to help refugees and asylum seekers. These international societies, which also aim to help people who need help in different situations like emerging events or diseases, are listed below (Bakır, 2013, Çaman, 2012):

1. United Nations International Children's Emergency Fund (UNICEF)
2. United Nations World Food Program (WFP)
3. United Nations Development Program (UNDP)
4. World Health Organization (WHO)
5. International Committee of the Red Cross (ICRC)
6. International Federation of Red Cross and Red Crescent Societies (IFRC)

Additionally, there are some official regulations about refugees for them to live where they moved. These regulations have international validity and binding. They are listed below (Bakır, 2013, Çaman, 2012):

- Universal Declaration of Human Rights
- European Convention on Human Rights
- Geneva Convention on the Legal Status of Refugees
- Agreement on the Status of Stateless Persons
- Agreement on Statelessness Reduction
- Agreement on Ending All Types of Racial Discrimination
- International Covenant on Civil and Political Rights
- International Economic, Social and Cultural Rights Convention
- Protocol on the Legal Status of Refugees
- African Union Organization Convention
- Cartagena Declaration
- The Convention on the Rights of the Child

## HEALTH ISSUES of REFUGEES and ASYLUM SEEKERS

Migrations cause lots of effects on individuals' and populations' life conditions. Instead of economic and social implications, the most important effect of this movement is usually about refugees and asylum seekers health (UNDP, 2009). The 2009 **United Nations Human Development Report** posited out that migration benefits migrants, through increased economic and education opportunities, contrarily to this they frequently face barriers to local health and social services (UNDP, 2009, Pottie et al, 2011). In this context, refugees and asylum seekers can be referred to as the most vulnerable group in terms of health and health services. Some of the problems that they face are listed below (Çaman, 2012):

- Problems about accessing the asylum system,
- Long waiting times for getting legal status,
- Can't accessing any information about their legal rights,

- Cultural problems,
- Problems related to religion,
- Sheltering problem,
- Problems related to safety,
- Feeding problems,
- Problems about getting clear/drinkable water,
- Sanitation problems,
- Problems about working rights,
- Problems about accessing the education,
- Child labor
- Restrictions on freedom of movement,
- Problems about accessing social services,
- The disintegration of the families,
- Lack of social support networks,
- Not meeting of cultural, religious activities
- Racism, discrimination, stigmatization,
- Fear of deportation,

Furthermore, increasing health risks and problems of refugees as a result of accessing to health services and problems about getting medicines are the most important problems of the refugees. Also that is known that asylum seeker and refugees have lots of health problems because of their situation and problems they faced. The main problems can be listed as following (Çaman, 2012):

- Feeding problems,
- Anemia,
- Malaria,
- Sexually contagion infections including HIV/AIDS,
- Physical and sexual violence,
- Unwanted pregnancies, risky pregnancies,
- Abortions, birth complications,
- Chronic diseases complications,
- Growth and development retardation in children,
- Infectious diseases such as diarrhea, measles, respiratory tract infections
- Tooth health problems,
- Depression, anxiety disorders,
- Sleep disturbances and post-traumatic stress disorder

#### **HEALTH and PHARMACY SERVICES in TURKEY PROVIDED for REFUGEES and ASYLUM SEEKERS**

Status of refugees and asylum seekers is a subject often comes to the fore in Turkey because of our country's geographical location and various unusual situations we face today.

As a result of developments in recent years, the

number of refugees in our country is known to have a rapid increase. As of July 2014, there are about 4 million Syrian refugees in the world, and one third of them are in Turkey according to unofficial figures (Deutsche Welle, 2014). However, according to the figures of the UNHCR, it is reported that only 634,000 refugees from Syria existed in our country, and that this number reached 1,097,740 at the end of October 2014 (UNCHR, 2014, Radikal, 2014). As of November 2014, according to official figures about 1.6 million and according to unofficial figures 2 million Syrian refugees live in Turkey. This number has been reported as a total of 3.1 million refugees in 2016. There is information on the fact that 2.9 million or more of the refugees are from Syria (UNHCR, 2016, Orhan & Gündoğar, 2015, FIP, 2015, EC, 2015). With the refugee status of these people who take refugees in Turkey, their various needs have started to be met. The health services are located at the beginning of them. That is known that public hospitals in the border regions provide services for Syrian refugees with the ratio of 30% and 40% of the total services they provide (Orhan & Gündoğar, 2015).

A circular issued by the Ministry of the Interior and various regulations were made for asylum seekers from outside the Council of Europe (T.C. İçişleri Bakanlığı, 2010). In addition, legal arrangements have been made with the *Foreigners and International Protection Law* published in 2013. Accordingly, these asylum seekers were secured under the General Health Insurance Law No. 5510 (T.C. İçişleri Bakanlığı, 2013). Thus, these people are considered to have general health insurance and the health services they receive from the contracted places with the Social Security Institution are secured (T.C. İçişleri Bakanlığı, 2013, TTB, 2014).

In addition, in October 2011, the Ministry of Interior decided to grant the **temporary protection status** to Syrian asylum seekers registered in Turkey. According to this, there are many possibilities provided for registered asylum seekers. Opportunities such as shelter, food, education, health, water access are provided for those living in camps. The big majority of them live outside the camps and they are granted free access to health and medicines only if they register. Those who do not register because of various reasons have no right.

Pharmacists are often referred to as the first health-care professional contacted by patients in most developed countries; however, the ability of refugees to access community pharmacies and medication sometimes may be limited (Bellamy

et al., 2015). Therefore, in Turkey for solving this problem, pharmacy services are offered for refugees especially live in the in camps in the border regions. At the beginning, prescriptions of these people, prepared under the frame of the protocols signed by related Governorships, Pharmacy Chambers, Provincial Health Directorates and Disaster and Emergency Directorates. However, day by day some problems were started to be occurred. As a result of this, protocols were cancelled and a circular about health services offered for refugees had been issued by The Prime Ministry of Disaster and Emergency Management Presidency. After this circular came into force on 15.10.2015, prescriptions of them started to be prepared within the scope of the Turkish Ministry of Health's Health Implementation Directive (AFAD, 2015). Unfortunately, today pharmacists face problems about reimbursement of the refugees' prescriptions. For this reason, they think to stop providing Syrian refugees with free medication unless concrete steps are taken to institute a new protocol, as pharmacies have not been paid for long time. Not to victimize the pharmacists, along with the refugees, policy makers should find ways to solve this problem.

### CONCLUSION and DISCUSSION

Issues related to migration should also be considered under the medical ethics. Because of the problems such as inadequateness in providing health services, limitations in treatment facilities, communication problems between health professionals and patients, providing services in the light of the ethical principles such as justice and beneficence should be taken into consideration (Çobanoğlu, 1996).

The necessary preparations for refugees and asylum seekers, which have become an increasingly important issue for our country, and the ability to respond quickly when these situations are encountered, are necessary to prevent the growth of the problem. Before such situations, which can be described as complex human emotions; being prepared at the international level and taking necessary precautions, play very significant role in avoiding potential problems (Bakır, 2013).

*Doctors without Borders* listed what should be done when faced with such situations as followings (Bakır, 2013):

- Fast (initial) status detection,
- Measles immunization,
- Water and sanitation,
- Food and feeding,
- Shelter and settlement area planning,
- Emergency health care,
- Epidemic diseases and control of epidemics,

- Public health surveillance,
- Human force and education,
- Coordination.

Services mentioned above include various tasks for pharmacists as well as all other health professionals. *International Pharmaceutical Federation (FIP)* published an information guideline in 2015 for pharmacists and the pharmacy workforce about providing pharmaceutical care to migrant populations. This guideline provides relevant information and guidelines on providing pharmaceutical care to migrant populations for pharmacies in a primary care context (i.e. community pharmacies and primary healthcare facilities), and a set of references that may be consulted for more information (FIP, 2015). By taking a more patient-centered and cross-cultural approach to the primary health care of refugees and asylum seekers, pharmacists can effectively play a more active role in the health of this underserved population and should not underestimate the value of their services for them (Pottie et al, 2011, Ingar et al, 2013). Also, besides getting greater cultural awareness this situation can be seen a chance for pharmacists to advance their inter-professional networks and communication skills (Ingar et al, 2013). Additionally, to provide better services and be ready to offer such services, pharmacist should have knowledge about migration events and examples of the pharmacy services offered in such cases around the world. At that point, Turkish Pharmacist Association (TPA) and Pharmacy Chambers play very important role in developing pharmacy services' quality for refugees and asylum seekers. In this regard, professional education about migrations will be very beneficial. Also, adopting or preparing a guideline such as FIP for Turkish pharmacists in Turkish will be helpful for pharmacists in their applications.

As a result of negative developments in the world, wars and conflicts are increasing. It is predicted that this situation will increase the refugees and asylum-seekers problem. For this reason, it is very important for the states to take necessary precautions before encountering such problems. Thus, the people concerned can survive in the direction of human rights and states prevent their citizens from being harmed.

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