Turning a refugee health challenge into an opportunity in Turkey

Inaugural WHO Partners Forum Case Study

Challenge

Turkey currently hosts the largest number of refugees in the world, including 3.6 million Syrians who have fled conflict in their country. When they arrived in Turkey, these refugees posed challenges to the capacities of the healthcare system. Syrian patients soon overstretched national emergency services. Linguistic and cultural barriers also presented serious obstacles to ensuring proper access to healthcare services.

Solution

Since the beginning of the Syrian crisis, the Government of Turkey has offered protection and assistance to all Syrians in need, including healthcare coverage of the same standards offered to Turkish nationals. As a strong government partner, and in line with Regional Refugee and Resilience Plans, WHO began supporting the Ministry of Health in these efforts in 2013.

Under an EU-funded project, the Ministry of Health has led a country-wide response aimed at strengthening primary and secondary health care services for Syrian refugees in Turkey. In 2017, this initiative began establishing a network of 178 Migrant and Refugee Health Centers across the country where linguistic- and culturally- sensitive primary health services for the Syrian population are offered free of charge. By the end of March 2019, 151 of these centres were receiving thousands of patients every month.

WHO focuses on strengthening essential healthcare services by training and integrating Syrian healthcare workers into the Turkish health system. The training consists of two components: a one-week theoretical course and a six-week on-the-job follow-up training course. During the practical stage, Syrian doctors and nurses, supervised by their Turkish counterparts, provide healthcare services for refugees in seven WHO-supported centres across the country. After they successfully complete the training, these professionals are certified and employed by the Ministry of Health in centres across Turkey.

As part of its engagement, WHO also focuses on the linguistic and cultural barriers to effective healthcare for the refugee population by providing training to Arabic/Turkish interpreters and integrating them into local health clinics and hospitals. WHO also supports specialized training in mental health care services for both Syrian and Turkish healthcare workers and trains and employs Syrian community health support staff in the care required for older and disabled people.

At the beginning of the initiative, WHO partnered with the European Union, through the European Civil Protection and Humanitarian Aid Operations (ECHO), which funded the emergency dimension of the response. Since 2018, this support has been channeled through the European Union Trust Fund, and additional support is provided by KfW. While funds are earmarked for specific
purposes, partners have proven open to new ideas for complementary interventions throughout the project. This has enabled WHO to adapt its interventions to changing circumstances and needs.

The strong alliance and common approach among the operational partners have been extremely helpful for better identifying gaps, coordinating resources and responding under a common framework, which has produced improved services for Syrians in Turkey.

The predictability of funds and timely disbursement have added to the partnership. KfW’s commitment to continue supporting the programme in the upcoming years, for example, translates into a more sustainable and long-term strategy, and allows for better planning and a reduction in administrative bottlenecks.

WHO’s unique expertise and long experience working closely with the Ministry of Health created a strong partnership from the beginning and gave additional donors the confidence to provide support. Donors that have since supported the initiative include the Bureau of Population, Refugees and Migration of the US Department of State and the Governments of Norway and Japan.

Impact

Since the programme’s launch, more than 2,200 Syrian doctors and nurses have completed the adaptation training and been integrated into the Turkish health system. Because of this opportunity, 1,300 of them have been hired by the Ministry of Health and are now building a new life in Turkey while again practicing their profession for the benefit of their fellow Syrians.

The integration of these health care workers and the training of almost 1,200 Arabic and Turkish interpreters has increased much needed access to linguistic and culturally sensitive healthcare services for the refugee community. Thanks to these professionals, Syrians can now access care in their own language and from their own compatriots, reducing uncertainty and potential misunderstanding. As a result, the seven WHO-supported health clinics have experienced a significant increase in visits by refugees, with the number of average health consultations per month increasing by 28% from 2017 to 2018.

This innovative collaboration has also strengthened the social cohesion between the refugee and host communities and aided resilience among the Syrian community and the medical professionals themselves. In addition, the training of 427 Syrian community health support staff also aims to improve the health of disabled and elderly refugees, thus increasing their integration into the community, and ultimately, into society.

Conclusion

WHO’s work in health emergencies and response is an important priority in the organisation’s General Programme of Work 2019-2023. As health emergencies continue to increase around the globe, the successful collaboration between Turkey, WHO and dedicated funders represents a model worthy of examination. By strengthening health systems for vulnerable refugee populations, the partnership exemplifies WHO’s aim to achieve universal health coverage for all.