



# Ethical challenges in accessing and providing healthcare for Syrian refugees in Türkiye

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## Abstract

Türkiye hosts approximately 3.6 million Syrian refugees, which accounts for roughly 4.5% of Türkiye's population. This places undeniable pressure on public institutions, particularly on healthcare services. The objective of this study is to document the healthcare structure for Syrian refugees and various challenges faced by Syrians when seeking healthcare and to highlight the ethical concerns emerging from those challenges. To achieve this, we conducted a comprehensive review of several qualitative studies and reports conducted by various organizations and institutions, specifically focusing on health or including a dedicated chapter on health issues, published between 2011 and 2023. Following an extensive analysis of the secondary literature, we classified the challenges into three categories: procedural, cultural, and psychosocial. We argue that each of these challenges is linked to overarching medical ethics concerns. Finally, we propose three possible means to mitigate the challenges Syrians experience in accessing and uptake of healthcare services in Türkiye.

## KEYWORDS

refugee health, refugee healthcare in Türkiye, Syrian conflict, Syrian refugees

## 1 | INTRODUCTION

The Syrian civil war has resulted in one of the most severe humanitarian crises witnessed by the world, displacing over 11 million people since 2011. Most Syrian refugees have sought refuge in Türkiye, which currently hosts the largest refugee population globally, of whom 3.6 million are Syrians.<sup>1</sup> Only around 1% of them live in temporary accommodation centers, while the remaining are dispersed among Turkish cities.<sup>2</sup>

Türkiye signed the 1951 Geneva Convention with a “geographical limitation,” which states that those arriving from non-European countries will not be recognized as “refugees” or “asylees.” Consequently, Syrians who fled to Türkiye are not classified as refugees but are granted a “temporary protection status (TPS).”<sup>3</sup> Their rights to education, work permits, social assistance, and healthcare are all governed by the Regulation on Temporary

<sup>1</sup>UNHCR. (2021). *UNHCR: Global Trends—Forced Displacement in 2021*. UNHCR.

<sup>2</sup>Temporary Protection. (n.d.). Geçici Koruma. Retrieved 11 January 2023, from <https://www.goc.gov.tr/gecici-koruma5638>

<sup>3</sup>Article 25 of RoTP, the primary document governing the right of Syrians to stay in Türkiye, explicitly states that TPS does not provide Syrians with permanent resident status or grant them permanent residency. <https://www.goc.gov.tr/kurumlar/goc.gov.tr/Gecici-Koruma-Yonetmeligi-Ingilizce.pdf>

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Protection (RoTP) enacted in 2014, based on the Law on Foreigners and International Protection (LoFIP).<sup>4</sup>

Refugees<sup>5</sup> can be defined as a vulnerable group of individuals who are compelled to flee their homeland due to war, conflict, violence, torture, threats, or persecution, with no other choice available to them.<sup>6</sup> In order to sustain their lives, first, their basic needs, such as shelter, nutrition, security, and health, must be met by the host country. In this context, international documents impose positive obligations on states, including the establishment of temporary settlements such as tent cities, measures for nutrition, and the provision of healthcare facilities.<sup>7</sup> The literature on refugees in the field of medical humanities often focuses on the patient–practitioner relationship, the ethics of conducting research on refugees, and the healthcare challenges they encounter, particularly from a public health perspective.<sup>8</sup> We believe that the assessment of these challenges from a medical ethics perspective is also essential.

In this paper, we will first examine the structure of refugee healthcare in Türkiye, determine the challenges Syrian refugees face in accessing healthcare, and then underline the ethical concerns those challenges may involve. Finally, we will propose three possible means to alleviate the adversities Syrians experience in accessing and using the health services in Türkiye.

## 2 | SYRIAN REFUGEES, HEALTH AND HEALTHCARE IN TÜRKIYE

The Turkish government has implemented various regulations for Syrian refugees since 2011. Once registered under TPS, they are granted free access to public emergency care units as well as primary, secondary, and tertiary public healthcare centers all over Türkiye. Any form of healthcare services in these facilities—including acute, ambulatory, chronic care, operations, hospital stays, and medications—are free for Syrians under TPS. The financial burden of these benefits is covered by the Disaster and Emergency Management Presidency (DEMP), as stated in Article 27 of the RoTP.<sup>9</sup>

There are only minor procedural differences between Syrian refugees under TPS and Turkish citizens. First, unlike Turkish citizens, the health insurance of Syrians is valid only in the cities where they are registered. If refugees are unable to access necessary treatment in their registered city, they have the right to be transferred to another city by obtaining a referral document from a health institution in their city of registration. Second, Turkish citizens are required to pay 20% of the overall prescribed medication expenses out of their pocket, whereas the medication expenses of Syrian refugees are covered by the DEMP.<sup>10</sup>

### 2.1 | Healthcare regulations for Syrian refugees

The Turkish health system has undergone three main periods of adaptation and integration in response to the influx of Syrian refugees since 2011. Initially, there was no regulation on the legal status or social rights of Syrian refugees; they were haphazardly incorporated into the existing system and referred to as “guests,” an ambiguous term preferred over “asylees” or “refugees,” underlining the temporariness of the situation. Because the conflict was considered an emergency, DEMP was given authority to regulate all services provided to Syrians.

In the second period (beginning in 2014), several regulations were introduced, such as granting Syrian refugees TPS and entitling them to free public healthcare services all over Türkiye.<sup>11</sup> In this phase, the Turkish health system adapted some changes progressively to address Syrians' health problems. Subsequently, more perpetual solutions were implemented such as including Migrant Health Centers (MHCs), nongovernmental organizations (NGOs), and international organizations (IOs) in the design and delivery of numerous health services to refugees. During this period, NGOs and IOs were allowed to provide primary (acute, chronic, and emergency) healthcare for Syrians in their clinics for free. Some of these organizations were Association for Solidarity with Asylum Seekers and Migrants (ASAM), UNFPA, International Organization of Migration (IMO), Turkish Medical Association, and Doctors Worldwide.<sup>12</sup>

In the third period, Türkiye gained enough experience to reconceptualize Syrian health needs through repeated interactions with the EU. By the end of 2017, the Ministry of Health (MoH) ended the activities of some major IOs, including the US-based Mercy Corps.<sup>13</sup> Moreover, primary healthcare services provided by NGOs<sup>14</sup>

<sup>4</sup>Law No. 6458 on Foreigners and International Protection (LoFIP), 6458 Republic of Türkiye § (2013).

<sup>5</sup>In this paper, we choose to use the term “refugee” for all Syrians who departed from Syria after 2011 because of the ongoing political and social conflict, and who presently reside in Türkiye, irrespective of their legal status as defined by Turkish or international law.

<sup>6</sup>UNHCR. (n.d.). *Convention and protocol relating to the status of refugees*. <https://www.unhcr.org/protection/basic/3b66c2aa10/convention-protocol-relating-status-refugees.html>

<sup>7</sup>The United Nations held its first-ever meeting titled “Refugees and Migrants” in New York on September 19, 2016, and published the New York Declaration. This declaration emphasizes the protection and advocacy of the rights of refugees and migrants, the responsibility of host countries towards the rights of migrants and refugees, and the global sharing of responsibility. <https://refugeemigrants.un.org/declaration>

<sup>8</sup>Mackenzie, C., McDowell, C., & Pittaway, E. (2007). Beyond ‘do no harm’: The challenge of constructing ethical relationships in refugee research. *Journal of Refugee Studies*, 20(2), 299–319; Assi, R., Özger-ilhan, S., & İlhan, M. N. (2019). Health needs and access to healthcare: The case of Syrian refugees in Türkiye. *Public Health*, 172, 146–152; Deps, P. D., Rezende, I., Andrade, M. A. C., & Collin, S. M. (2022). Ethical issues in research with refugees. *Ethics, Medicine and Public Health*, 24, 100813.

<sup>9</sup>Article 27, RoTP. <https://www.goc.gov.tr/kurumlar/goc.gov.tr/Gecici-Koruma-Yonetmeligi-Ingilizce.pdf>

<sup>10</sup>Ibid.

<sup>11</sup>Nonregistered Syrians have limited access to primary and secondary healthcare services. However, they are eligible to receive emergency care and essential primary healthcare services, such as treatment for infectious diseases, free of charge. For other healthcare services, they are subject to the regulations outlined in the Regulation on International Health Tourism and Tourist Health (op. cit. note 4).

<sup>12</sup>Ozcurmez, S., & 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. Greer, M. Wismar, G. Pastorino, et al. (eds), *Civil society and health: Contributions and potential* (pp. 105–122). European Observatory on Health Systems and Policies.

were no longer allowed, and all such clinics were transformed into MHCs. Currently, NGOs are primarily engaged in delivering mental health services and psychosocial support, as well as physical therapy and rehabilitation.<sup>15</sup>

Consequently, the Turkish health system has been reported to remain resilient in the face of the Syrian refugee influx since 2011. There are various factors that contributed to building this resilience such as foreign donors, including EU-funded health project SIHHAT, Korean Republic Grant, and Kuwait Grant<sup>16</sup>; clinical and humanitarian support provided by NGOs and IOs, especially in the first 5 years of the refugee crisis<sup>17</sup>; building MHCs; and hiring additional health staff as well as incorporating authorized Syrian healthcare professionals into the refugee healthcare system.<sup>18</sup>

## 2.2 | Psychosocial determinants and indicators of health for Syrian refugees

Most Syrians in Türkiye live in poor conditions in terms of housing, sanitation, healthcare, education, and work environment, all of which bring about different acute health problems such as nutrition disorders, food poisoning, water-borne diseases, poor sanitation, and recurring oral-fecal infections.<sup>19</sup> Apart from these acute conditions, the literature reveals that Syrians have a higher rate of disease-related mortality and morbidity in comparison with the host community, for they are more prone to chronic diseases (e.g., hypertension, diabetes, cardiac disorders, and asthma) due to various reasons, including high level of stress, less active social and physical life, isolation, lack of social support, and interruption of clinical management. Moreover, substance abuse and domestic violence due to intense stress, occupational accidents because of working in risky occupations with inadequate safety precautions and for long hours, and a higher rate of respiratory infections due to overcrowded and unhealthy (moldy) tents/houses and inadequate heating units are reported to be relatively more common among Syrian refugees.<sup>20</sup>

Additionally, Syrian refugees have a comparatively higher risk for psychological problems because of exposure to traumatic events such as violence, radical changes in lifestyle, frequent losses, inadequate psychosocial support, and low income. Studies demonstrate that more than 30% of Syrians experience various

psychological problems such as major depression, anxiety, and posttraumatic stress disorder (PTSD).<sup>21</sup>

## 2.3 | The most vulnerable of the vulnerable: Women and children

All refugees are vulnerable, but indisputably women and children compose the most vulnerable section of the overall refugee population. As of December 2022, about 49% of the total Syrian refugee population in Türkiye are children (<18 years old) and 23% are women (>18 years old), which means that approximately 72% of these refugees are vulnerable individuals. Although public healthcare is free for registered Syrians, it is reported that Syrian women and children experience higher mortality and morbidity rates in comparison to their Turkish counterparts due to relatively lower rates of uptake of preventive healthcare provisions, obstetric care, and child immunization as well as higher rates of adolescent pregnancies, spontaneous abortions, neonatal deaths, and child malnutrition.<sup>22</sup>

The general health status of Syrian children is reported to be poorer compared to Turkish children in several studies. In terms of physical health, malnutrition (up to 45%) and growth retardation (up to 24%) are found to be more prevalent among Syrian children.<sup>23</sup> A comprehensive study reports that 20% of newborns had low birth weight (<2.5 kg) caused by malnutrition and insufficient antenatal care during pregnancy.<sup>24</sup> The same study also demonstrates that mortality rate within the first 5 years of life was 1 out of 37 among Syrian children, and more than 80% of these deaths occurred before the child's first birthday.<sup>25</sup> Correspondingly, the newborn death rate in the Syrian refugee population was reported to be 25 times higher than that of their Turkish counterparts.<sup>26</sup> In addition, Syrian children were reported to be highly affected by psychological conditions and suffer from severe anxiety.<sup>27</sup>

Syrian refugee women living in Türkiye also have worsened health conditions, especially due to adolescent marriages (13% of the 15–19 age group were married before the age of 15), adolescent

<sup>15</sup>Özdemir Dal, B. (2022). Relationship of non-governmental organizations working with refugees in Türkiye with the state. *Journal of International Relations and Political Science Studies*, 5, 83–110.

<sup>14</sup>The care for Syrians in NGOs-operated clinics used to be free as well but the care provided was quite limited there, only primary and supportive healthcare services.

<sup>15</sup>Yıldırım, C.A., Komsuoğlu, A., & Özekmekçi, I. (2019). The transformation of the primary healthcare system for Syrian refugees in Türkiye. *Asian and Pacific Migration Journal*, 28(1), 75–96.

<sup>16</sup>Public Health Institute of Turkish Ministry of Health. (2021). *Unit Activity Report* (pp. 165–170). Ankara.

<sup>17</sup>Ozcurumez, S., & Yıldırım, D. *op. cit.* note 12.; Yılmaz, V. (2018). The emerging welfare mix for Syrian refugees in Türkiye: The interplay between humanitarian assistance programmes and the Turkish welfare system. *Journal of Social Policy*, 48(4), 721–739.

<sup>18</sup>Public Health Institute of Turkish Ministry of Health. *op. cit.* note 16, pp. 165–167.

<sup>19</sup>Assi, R., et al., *op. cit.* note 8.

<sup>20</sup>Public Health Institute of Turkish Ministry of Health., *op. cit.* note 16, p. 227.

<sup>21</sup>Acarturk, C., Cetinkaya, M., Senay, I., Gulen, B., Aker, T., & Hinton, D. (2018). Prevalence and predictors of posttraumatic stress and depression symptoms among Syrian refugees in a refugee camp. *The Journal of Nervous and Mental Disease*, 206(1), 40–45; Fuhr, D. C., Acarturk, C., McGrath, M., Ilkkursun, Z., Sondorp, E., Sijbrandij, M., Ventevogel, P., Cuijpers, P., McKee, M., & Roberts, B. (2019). Treatment gap and mental health service use among Syrian refugees in Sultanbeyli, Istanbul: A cross-sectional survey. *Epidemiology and Psychiatric Sciences*, 29, 70.

<sup>22</sup>Public Health Institute of Turkish Ministry of Health, *op. cit.* note 16, pp. 110–113; Disaster and Emergency Management Presidency (DEMP). (2017). *Syrian refugees in Türkiye, Field survey results*. Ankara Press; Mazlumder Kadın Çalışmaları Grubu. (2014). *Report on Syrian women refugees living outside the camps*. [http://mazlumder.org/webimage/MAZLUMDER%20KAMP%20DI%20C5%9EINDA%20YA%20C5%9EAYAN%20KADIN%20SI%20C4%9EINMACILAR%20RAPORU\(9\).pdf](http://mazlumder.org/webimage/MAZLUMDER%20KAMP%20DI%20C5%9EINDA%20YA%20C5%9EAYAN%20KADIN%20SI%20C4%9EINMACILAR%20RAPORU(9).pdf); Büyüktiryaki, M., Canpolat, F. E., Dizdar, E. A., Okur, N., & Şimşek, G. K. (2015). Neonatal outcomes of Syrian refugees delivered in a tertiary hospital in Ankara, Turkey. *Conflict and Health*, 9, 38; Hacettepe University Institute of Population Studies. (2019). *2018 Turkey Demographic and Health Survey, Presidency of Turkey Directorate of Strategy and Budget and TÜBİTAK*, Ankara, Turkey (p. 99).

<sup>23</sup>UNICEF. (2016). *Syrian Children in Türkiye*. UNICEF.

<sup>24</sup>Hacettepe University Institute of Population Studies, *op. cit.* note 22, p. 99.

<sup>25</sup>*Ibid.*: 76–77.

<sup>26</sup>Büyüktiryaki, M., et al. *op. cit.* note 22.

<sup>27</sup>Acarturk, C., et al. *op. cit.* note 21; Assi, R., et al. *op. cit.* note 8.

pregnancy followed/not followed by maternity (39%), low uptake of contraceptives, premature births, and high-risk fertility behavior.<sup>28</sup>

### 3 | CHALLENGES FACED BY SYRIAN REFUGEES IN ACCESSING HEALTHCARE IN TÜRKİYE

Several studies have demonstrated that Syrian refugees consider healthcare services as the best public service they receive in Türkiye.<sup>29</sup> The reason behind this contentment may be free public healthcare, the establishment of MHCs, and the EU-supported SIHHAT Project. Under the SIHHAT Project, in addition to 185 MHCs (per 4000 people), 37 enhanced MHCs (per 20,000 people) have been established as of March 2022. MHCs are designed to provide preventive and primary healthcare services to Syrians more effectively and to increase their access to healthcare by overcoming linguistic and cultural constraints.<sup>30</sup>

On the condition of being registered by Presidency of Migration Management (PMM) under TPS, Syrian refugees have a right to benefit from free public healthcare services. Several studies that focused on refugees' healthcare in Türkiye have emphasized that the legal status of a refugee is the most critical factor in their access to healthcare services.<sup>31</sup> However, access to healthcare may also be hindered by challenges beyond registration. We claim that each of these challenges comes with different ethical concerns to be considered and thus classify them into three main categories: procedural, cultural, and psychosocial challenges.

#### 3.1 | Procedural challenges: Navigation of the system

Procedural challenges refer mainly to "navigation" problems, which means having trouble following the steps to access healthcare. The research underlines the fact that Syrian refugees have difficulty navigating the Turkish health system and understanding necessary information about health and health services, which discourages them from seeking healthcare.<sup>32</sup> Procedural barriers can be of two

types: first, being foreign to the local health system and the healthcare settings, and second, having poor levels of health literacy.

First, understanding a foreign health system, including processes like making appointments and navigating the referral system to access secondary- and tertiary-level health institutions, can be challenging. Moreover, it is claimed that the Turkish healthcare system is not particularly user-friendly and practical for foreigners, as it necessitates a certain level of familiarity not only with the Turkish language but also with Turkish bureaucracy.<sup>33</sup> In addition, the health needs of Syrian refugees are constantly evolving, leading to dynamic changes in regulations and priorities regarding refugee healthcare services. For this reason, the emphasis on Syrian refugee healthcare is gradually transitioning from primarily managing infectious diseases or malnutrition to noncommunicable diseases.<sup>34</sup> Thus, it is not easy to keep updated and navigate information about these dynamic changes in healthcare provision and support.

Second, health literacy among Syrian refugees was reported as inadequate. Syrians do not know how they can access health services, when and where they should seek medical care, and what kind of healthcare rights they have. A study reveals that about half (49.6%) of the interviewed Syrian women stated that they did not know about their entitlement to free healthcare services in public hospitals and clinics.<sup>35</sup> Herein, it is critical to note that low levels of health literacy among refugees may be due to their being new to the system and/or not being appropriately informed about their rights to healthcare. Regardless of the root cause, overcoming these procedural barriers is remarkably significant since the efficiency and quality of healthcare services are highly linked to the increased health literacy of the service recipients.<sup>36</sup>

When these procedural challenges are evaluated, two main concerns arise from a medical ethics perspective. First, failure to navigate the health system compromises refugee patients' right to access healthcare. Although Türkiye has implemented measures—such as MHCs—to address these concerns and provide standardized and accessible healthcare to refugees,<sup>37</sup> procedural challenges persist for Syrians, necessitating ongoing ethical considerations. It is important to recognize that acknowledging these concerns does not place blame solely on authorities, as ethical issues cannot be fully resolved by infrastructure or the provision of certain rights per se. Addressing those concerns necessitates ongoing considerations within the realm of medical ethics, as unforeseen circumstances and evolving challenges may arise within the existing system.

Second, insufficient health literacy among Syrian refugees undermines justice in the context of healthcare, as it hinders refugees' ability to seek appropriate healthcare services. Although

<sup>28</sup>Hacettepe University Institute of Population Studies, op. cit. note 22, p. 4.

<sup>29</sup>DEMP, op. cit. note 22, p. 10 and 103; Erdoğan, M. M. (2020). *Suriyeliler Barometresi-2019: Suriyelilerle Uyum İçinde Yaşamın Çerçevesi* (p. 173). Orion Kitabevi.

<sup>30</sup>Republic of Türkiye, Ministry of Health. (2022). *High-level meeting on health and migration in the WHO European Region was held in Istanbul*. <https://www.saglik.gov.tr/EN,87716/high-level-meeting-on-health-and-migration-in-the-who-european-region-was-held-in-istanbul.html>

<sup>31</sup>Demir, E., Ergin, I., Kurt, A., & Etiler, N. (2016). Present state, problems, and obstacles encountered in the use of health services by refugees/people under temporary protection. In *War, migration and health: Experience of Türkiye* (pp. 60–68). TMA Publications; Ekmekci, P. E. (2017). Syrian refugees, health and migration legislation in Türkiye. *Journal of Immigrant and Minority Health*, 19(6), 1434–1441; Bilecen, B., & Yurtseven, D. (2018). Temporarily protected Syrians' access to the healthcare system in Türkiye: Changing policies and remaining challenges. *Migration Letters*, 15(1), 113–124; Erdoğan, op. cit. note 29.

<sup>32</sup>Torun, P., Mücaz Karaaslan, M., Sandıklı, B., Acar, C., Shurtleff, E., Dhrolia, S., & Herek, B. (2018). Health and healthcare access for Syrian refugees living in Istanbul. *International Journal of Public Health*, 63(5), 601–608; Bilecen & Yurtseven, op. cit. note 31.

<sup>33</sup>Demir, E. et al., op. cit. note 31, p. 96; Bilecen & Yurtseven, op. cit. note 31.

<sup>34</sup>Tuncay, B., Özen, İ. C., & Bump, J. B. (2022). Shelter from the storm: Health service access and utilization among Syrian refugees in Türkiye. *Journal of Public Health*, 30(11), 2627–2640.

<sup>35</sup>Mücaz, M., Sandıklı, B., Acar, C., & Torun, P. (2016). *Health status of refugees in Zeytinburnu* (p. 31). Bezmialem University.

<sup>36</sup>Brandenberger, J., Tylleskär, T., Sontag, K., Peterhans, B., & Ritz, N. (2019). A systematic literature review of reported challenges in healthcare delivery to migrants and refugees in high-income countries—The 3C model. *BMC Public Health*, 19(1), 755.

<sup>37</sup>Public Health Institute of Turkish Ministry of Health, op. cit. note 16, p. 46.

TPS entitles Syrian refugees to free healthcare, studies suggest that the rate of seeking treatment is relatively low.<sup>38</sup> This finding should be a cause for concern for the authorities, motivating them to increase health literacy among Syrians, for instance, by deploying NGOs, to ensure that those in need are able to access medical services freely.

### 3.2 | Cultural challenges: Impaired communication and cultural incompatibility

Cultural challenges to healthcare are mainly due to “unfamiliarity” with the host culture and appear in two forms: impaired communication, especially due to the language barrier, and cultural incompatibility. Cultural challenges differ from procedural ones in three distinct ways. First, while the latter can be addressed at a technical level, the former may persist at various levels. For instance, information desks and signs can mitigate procedural challenges. However, even if Syrians learn and speak the Turkish language, cultural barriers in hospitals brought about by differing cultural understandings and experiences may still hamper the uptake of services. Second, while procedural challenges are related to “understanding,” cultural challenges primarily revolve around “not being understood.” Overcoming procedural barriers may still not guarantee that Syrians will be understood in healthcare settings. Third, procedural challenges primarily concern the system and settings, while cultural challenges are intertwined with personal and collective emotional dynamics. Therefore, addressing cultural challenges requires a comprehensive understanding of deep-seated societal dynamics.

To start with, effective communication, facilitated by a common language, is reported to be the entryway to healthcare among refugees.<sup>39</sup> Research highlights that language is the most dominant cultural barrier among Syrian refugees in Türkiye, affecting various aspects of healthcare, from making appointments to understanding diagnoses and treatments.<sup>40</sup> Insufficient communication due to language barrier hampers refugees' access to healthcare, reduces patient satisfaction, and compromises service quality. Despite Syrians' overall satisfaction with healthcare services in Türkiye,<sup>41</sup> language is perceived as a major obstacle on the way to healthcare, pushing some refugees to prefer paying unauthorized Syrian doctors who can speak their language, rather than visiting free public hospitals. As a Syrian patient aptly stated, “Turkish doctors know my [chronic] disease better, but Syrian doctors [who are not yet authorized to work in Türkiye] spoke my language.”<sup>42</sup> Language-

related cultural challenges become even more tangible in the treatment of mental and psychological health problems.<sup>43</sup> Given that the “most prevalent and most significant clinical problems among Syrians are emotional disorders,”<sup>44</sup> the linguistic barrier results in considerably limited access to mental healthcare services.<sup>45</sup> This highlights the difficulties that Syrian patients encounter in trying to express themselves and understand the evaluation of doctors.<sup>46</sup>

Interpretation services play a key role in refugee healthcare in mitigating the negative impact of the language barrier. Interpretation improves the refugee–healthcare provider relationship and health outcomes, minimizes medical errors, and shortens hospital stays.<sup>47</sup> Türkiye has been trying to minimize linguistic competence issues, a form of cultural barrier, by employing interpreters; however, their number is not enough to meet the demand.<sup>48</sup> Moreover, not every hospital in Türkiye is able to provide a professional interpreter. For this reason, Syrian patients usually need to be accompanied by a volunteer. The need for a personal companion in the absence of a professional interpreter may be of benefit. However, it may also cause additional stress for both refugee patients and healthcare providers,<sup>49</sup> elongated medical examinations, and mistranslation of medical terms, all of which increase the risk of misunderstandings and eventually misdiagnoses.<sup>50</sup> A study highlights the concerns expressed by Syrian patients who fear experiencing interlingual errors during medical examinations and treatment, which leads to a lack of trust in Turkish doctors.<sup>51</sup>

Moreover, working with an interpreter raises certain ethical concerns for both Syrian patients and healthcare professionals such as breaches of patient privacy and confidentiality as well as the fear of stigmatization within the community if the health condition and/or the diagnosis is related to psychological diseases or STDs.<sup>52</sup> Although offering a definitive solution to this issue is challenging, it is crucial to consider two aspects. First, as there is a risk of cultural stigma for Syrian patients, healthcare providers should demonstrate sensitivity whenever possible. For example, if a patient feels uncomfortable expressing their health issues in the presence of third parties, the

<sup>38</sup>Alawa, J., Parmida Z., & Kaveh K. (2019). Evaluating the provision of health services and barriers to treatment for chronic diseases among Syrian refugees in Turkey: A review of literature and stakeholder interviews. *International Journal of Environmental Research and Public Health*, 16(15), 2660; Fuhr, D. C. et al., op. cit. note 21, p. 70.

<sup>39</sup>Brandenberger, J., et. al., op. cit. note 36.

<sup>40</sup>Ekmekci, P. E., op. cit. note 31.

<sup>41</sup>83% of Syrian refugees are “very satisfied” or “satisfied” with the health service they receive. DEMP, op. cit. note 22, p. 103.

<sup>42</sup>Kılınc, T. (2023). *Challenges in access to healthcare of Syrian refugees in Türkiye: The case of Mardin* [Unpublished Master's Thesis]. Social Sciences University of Ankara, Graduate School of Social Sciences.

<sup>43</sup>Acarturk, C., et. al. op. cit. note 21.

<sup>44</sup>Hassan, G., Kirmayer, L. J., MekkiBerrada, A., Quosh, C., el Chammy, R., Deville-Stoetzel, J. B., Youssef, A., Jefe-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*. UNHCR.

<sup>45</sup>Ibid; Doğan, N., Dikec, G., & Uygun, E. (2019). Syrian refugees—Experiences with mental health services in Türkiye: “I felt lonely because I wasn't able to speak to anyone”. *Perspectives in Psychiatric Care*, 55(4), 673–680.

<sup>46</sup>Bilecen & Yurtseven, op. cit. note 31.

<sup>47</sup>Flores, G. (2005). The impact of medical interpreter services on the quality of health care: A systematic review. *Medical Care Research and Review*, 62(3), 255–299.

<sup>48</sup>Ekmekci, P. E. op. cit. note 31.

<sup>49</sup>Bulman, K., & McCourt, C. (2002). Somali refugee women's experiences of maternity care in West London: A case study. *Critical Public Health*, 12(2), 365–380.

<sup>50</sup>Eckhardt, R., Mott, S., & Andrew, S. (2006). Culture and communication: Identifying and overcoming the barriers in caring for non-English-speaking German patients. *Diversity and Equality in Health and Care*, 3(1), 19–25.

<sup>51</sup>Mücaz, M. et. al., op. cit. note 35, p. 39.

<sup>52</sup>Fuhr, D. C. et. al., op. cit. note 21, p. 70.

interpreter may be asked to step out temporarily, allowing the patient to find alternative ways (such as using translation applications or directly demonstrating physical indicators, such as genital warts) to communicate their concerns to the doctor. Herein, it is essential to emphasize that healthcare providers play a key role in combating the fear of stigmatization as a form of language-related cultural barriers while providing care to refugees in the presence of interpreters.

Despite the abovementioned drawbacks, interpretation services make substantial contributions to refugee patients' access to healthcare in Türkiye. The costs and benefits associated with their use should be carefully weighed to ensure effective communication and adequate healthcare delivery. Identification of shortcomings and implementation of measures within the existing framework are needed to ensure that patients receive the healthcare services they deserve while their right to privacy is not compromised.<sup>53</sup> In this limited environment, interpretation services remain valuable and inalienable.

Cultural incompatibility, the second form of cultural barriers to healthcare, may emerge because of differing cultural perspectives on health and disease, for culture has a significant bearing on shaping health attributions and priorities in healing, treatment, and other health-related practices.<sup>54</sup> These differences sometimes appear in the form of cultural barriers to healthcare. For instance, female Syrian refugees may prefer female doctors for religious reasons, otherwise, they may refuse to be examined.<sup>55</sup> Under current conditions, it does not seem possible to fulfill the demand for female doctors in every city in Türkiye.<sup>56</sup> However, it is a fact that such a demand exists, and while it may not be possible to solve this cultural barrier anytime soon, there may be some potential accommodations to be made by healthcare providers. For instance, if there are enough female doctors available, male doctors may transfer the patient to them, ensuring the smooth functioning of health services and a fair workload distribution.

In cases where the demand cannot be met, if the patient refuses to be examined by a male doctor, it is important to inform the patient about the consequences of not undergoing examination or receiving treatment. However, there may be situations where male doctors need to step in, especially in emergencies, to ensure the well-being of the patient. In such cases, male doctors may attempt to approach the patient without conducting a physical examination, listening to the patient carefully, and requesting necessary tests to understand the patient's situation. This approach, at the very least, mitigates the risk of an emergency before further steps are taken. Yet, it is

important to emphasize that overcoming this form of cultural barrier poses a formidable challenge for both authorities and healthcare professionals.

### 3.3 | Psychosocial challenges: Feeling discriminated and mistrust

Psychosocial challenges (excluding financial issues<sup>57</sup>) to healthcare are of two types: feelings of discrimination among Syrian refugees and (resulting) mistrust toward Turkish healthcare providers. Starting with discrimination, studies reveal that most Syrians are highly aware of being unwelcome in Türkiye in various aspects of social life, and healthcare is no exception.<sup>58</sup> According to the results of a study conducted with Turkish citizens, 66% of the participants believe that Syrian refugees disrupt the population balance by having many children. The same study reports that 57% of the participants claim Syrian refugees decrease the quality of healthcare services.<sup>59</sup> Similarly, Turkish citizens also assert that Syrians are depleting medical resources and severely limiting their access to treatments when needed.<sup>60</sup> In a similar vein, a study reporting on the findings of interviews with healthcare providers offers evidence of discriminatory discourse against Syrians by medical staff.<sup>61</sup> Another study reports that some healthcare professionals accuse Syrians of burdening the public health system, causing appointment delays and prolonged waiting and examination times.<sup>62</sup> Additionally, Syrian refugees are subject to othering and accusations by healthcare providers who blame them for squandering Türkiye's resources, especially pointing out higher fertility rates (5.3 children per woman) among Syrian women.<sup>63</sup> Interviews with healthcare professionals also reveal that they perceive Syrians as a strain on the Turkish healthcare system and express their views using highly dehumanizing language, highlighting the rapid population growth among Syrian refugees by drawing an analogy to the phrase "breeding like rabbits."<sup>64</sup>

Mistrust represents the second form of psychosocial challenge. Several studies indicate that Syrians have trust issues with medical staff. Their feeling of discrimination notably affects their trust in medical staff, creating a psychosocial barrier to the access and uptake of healthcare services. Trust plays a vital role in fostering effective cooperation and communication between patients and healthcare

<sup>57</sup>Here, financial issues will not be considered as psychosocial barriers to the public healthcare since it is free-of-charge for Syrians under TPS.

<sup>58</sup>Morgül, K., Savaşkan, O., & Mutlu, B. (2021). *Perceptions and attitudes towards Syrian refugees in Istanbul: Partisanship, xenophobia, threat perceptions and social contact*. *Türkiye Ekonomik Sosyal Sosyal Araştırmalar Vakfı*, p. 33; Ekmekci, P. E. op. cit. note 31.

<sup>59</sup>Ibid: 33.

<sup>60</sup>Ekmekci, P. E. op. cit. note 31.

<sup>61</sup>Terzioğlu, A. (2015). All because of these Syrians: the health of Syrian children through the eyes of healthcare professionals. *Toplum ve Bilim*. (134), 102–118; Association for Migration Research. (2020). *Barriers to and Facilitators of Migrant Communities' Access to Health Care in Istanbul Field Report*. GAR Yayınları.

<sup>62</sup>Terzioğlu, A. (2019). *Being a refugee in sickness and health: Problems Syrians experience in accessing health services in Turkey*. beyond. Istanbul. (7), 39–44.

<sup>63</sup>Hacettepe University Institute of Population Studies, op. cit. note 22, p. 41.

<sup>64</sup>A direct quote from a healthcare professional in a qualitative study performed by Terzioğlu, op. cit. note 61; Association for Migration Research, op. cit. note 61. p. 30

<sup>53</sup>Ekmekci, P. E., op. cit. note 31.

<sup>54</sup>Vaughn, L. M., Jacquez, F., & Baker, R.C. (2009). Cultural health attributions, beliefs, and practices: Effects on healthcare and medical education. *The Open Medical Education Journal*, (2), 64–74.

<sup>55</sup>Mücaz, M. et. al., op. cit. note 35, p. 58

<sup>56</sup>To meet this critical deficit partially, the UN and Turkish MoH have funded the project entitled "Women and Girls Safe Space (WGSS)." This cooperative project aims to provide sexual and reproductive healthcare services for refugee women in WGSS centers that have only female caregivers. According to the UNFPA's website, as of December 2022, there are 30 such centers operating in various provinces in Türkiye. Hacettepe University Institute of Population Studies, op. cit. note 22, p.15.

staff, especially in the context of the asymmetrical power dynamics inherent in this relationship.<sup>65</sup> Insufficient patient–doctor communication resulting from mistrust tends to dissuade a considerable number of Syrian refugees from seeking healthcare, ultimately leading to lower levels of patient satisfaction and the accessibility of healthcare services. This in turn may result in various health problems among individuals with chronic diseases, which necessitates strict adherence to treatment and medical recommendations.<sup>66</sup>

Accordingly, ethical concerns related to psychosocial challenges to healthcare access can be of two forms. First, refugee patients may prefer not to apply to free-of-charge public health settings when they feel discriminated by healthcare providers, thus missing out on their right to receive free healthcare. As a Syrian refugee puts it, “[A]ccess to the healthcare service is not the same as going to the hospital; a doctor’s discriminatory attitude can result in an interruption of the service.”<sup>67</sup> Unfortunately, there is no complaint mechanism for non-Turkish-speaking individuals who experience discrimination while using healthcare services. Although there is a hotline that can be called to file complaints in case of denied access to services, using it requires knowledge of the Turkish language.

Second, when healthcare providers engage in discriminatory language as mentioned above, their ethical responsibility to behave to their patients as autonomous moral agents who deserve respect regardless of their identity (i.e., nationality, religion, gender, and political view) is breached. Therefore, discrimination violates the medical (and ethical) duty of providing just care. Moreover, it also damages the trust between patient and healthcare provider, which plays a crucial role in better therapeutic outcomes.<sup>68</sup>

## 4 | BETTER CARING FOR SYRIAN REFUGEES

In the previous sections, it is underlined that although healthcare for registered Syrian refugees is free of charge in all public healthcare settings, they face challenges in accessing healthcare. Several studies demonstrate that Syrian refugees do not benefit from public healthcare services as much as they are entitled to because of procedural (such as the lack of acquaintance with the Turkish health system and low level of health literacy), cultural (impaired communication and cultural incompatibility), and psychosocial challenges (such as feeling discriminated in healthcare settings or mistrust in healthcare providers). Considering these challenges, in this part, we will propose three possible means to mitigate the challenges Syrian refugees experience in seeking and utilizing free public health

services in Türkiye: increasing migration awareness among healthcare providers to ease cultural and psychosocial challenges, increasing health literacy of Syrian refugees to ease procedural challenges, and empowering NGOs in the field of refugee healthcare services to ease cultural and psychosocial challenges.

### 4.1 | Criticality of migration awareness among healthcare professionals

Studies demonstrate that the way healthcare providers approach refugees plays a critical role in their uptake of health services.<sup>69</sup> Relatedly, their attitude is reported to be affected by their level of knowledge about refugees. Insufficient knowledge about refugees and migration awareness among healthcare providers leads to a failure to respond properly to the needs of patients from different cultures, which creates a barrier to accessing healthcare services.<sup>70</sup> To illustrate, decreased patient cooperation due to impaired communication adversely affects patient outcomes and satisfaction, leading to shortcomings in the sustainability of long-term treatments and failure in diagnosis and treatment, which ultimately compromise the overall wellness of refugees.<sup>71</sup> On the other hand, research indicates that awareness-raising training for healthcare providers working with refugees could make a significantly positive impact on the attitude of medical staff toward refugee patients, which in turn brings about better therapeutic outcomes and equality for refugee healthcare access.<sup>72</sup> Overall, improving migration awareness among future and current healthcare providers will gradually lead to the betterment of intercultural and inclusive communication skills of medical staff, positively influencing the future of refugee healthcare across multiple dimensions.

Here, the question of how to improve migration awareness and refugee-sensitive communication skills among healthcare providers may arise. One possible approach could involve providing training programs to increase healthcare providers’ awareness about refugee patients, their rights, and specific health needs. It is reported that healthcare workers who receive education and training on refugees demonstrate enhanced attitudes and responses to their patients, which improves healthcare equality for refugees.<sup>73</sup> Thus, it is highly probable to presume that such education and training may strengthen the awareness of healthcare providers (and students) about the life conditions and needs of refugee populations. Healthcare providers with higher levels of migration awareness would most likely help improve the health service satisfaction of

<sup>69</sup>Brandenberger, J., et al., op. cit. note 36.

<sup>70</sup>Bhatia, R., & ve Wallace, P. (2007). Experiences of refugees and asylum seekers in general practice: A qualitative study. *BMC Family Practice*, 8(1), 48.

<sup>71</sup>Chandra, S., et al. op. cit. note 68.

<sup>72</sup>Patel, P., Bernays, S., Dolan, H., Muscat, D. M., & Trevena, L. (2021). Communication experiences in primary healthcare with refugees and asylum seekers: A literature review and narrative synthesis. *International Journal of Environmental Research and Public Health*, 18(4), 1469.

<sup>73</sup>Feldman, R. (2006). Primary health care for refugees and asylum seekers: A review of the literature and a framework for services. *Public Health*, 120(9), 809–816.

<sup>65</sup>Radl-Karimi, C., Nielsen, D. S., Sodemann, M., Batalden, P., & von Plessen, C. (2022).

“When I feel safe, I dare to open up”: Immigrant and refugee patients’ experiences with coproducing healthcare. *Patient Education and Counseling*, 105(7), 2338–2345.

<sup>66</sup>Public Health Institute of Turkish Ministry of Health, op. cit. note 16, p. 47.

<sup>67</sup>Ibid: 28

<sup>68</sup>Chandra, S., Mohammadnezhad, M., & Ward, P. (2018). Trust and communication in a doctor–patient relationship: A literature review. *Journal of Healthcare Communications*, 3(3), 36.

refugees, which can greatly contribute to the long-term alleviation of cultural and psychosocial barriers.

## 4.2 | Necessity of increasing health literacy among Syrian refugees

Although healthcare is free for Syrians, their uptake rate has been reported to be low for various reasons, including low levels of health literacy.<sup>74</sup> Lack of knowledge among refugees about the Turkish healthcare system and general health parameters hinders their access to healthcare services. Likewise, the health literacy of refugees is shown to play a significant role in healthcare access.<sup>75</sup> Corroborating this finding, other studies have also demonstrated a positive correlation between inadequate health literacy and adverse health outcomes among refugees.<sup>76</sup> Health literacy is a multidimensional concept that encompasses knowledge, motivation, and competency to access, as well as understanding, appraisal, and application of health information for healthcare decisions, disease prevention, and health promotion throughout life.<sup>77</sup> Therefore, it can be inferred that health literacy is critical for refugees and should be promoted to eliminate the procedural barriers they face in healthcare.

To enhance health literacy and improve healthcare accessibility for the massive Syrian population in Türkiye, different strategies may be utilized. First, specific groups, such as pregnant refugee women, could receive education on postpartum care during their antenatal visits. Second, hard-to-reach groups, like refugees residing in rural areas, could benefit from online information sessions to increase their knowledge, where applicable. Third, healthcare providers can play a role by tailoring health information to the individual needs of refugees, helping them understand health, diseases, and treatments better. Fourth, emphasizing the importance of follow-up visits and proper medication usage can also contribute to health literacy. Lastly, encouraging and supporting NGOs, as specified by RoTP, focusing on the provision of educational programs about the Turkish health system and effective navigation of this system can also be beneficial.<sup>78</sup>

## 4.3 | Empowerment of NGOs in refugee healthcare

As mentioned earlier, Turkish authorities gradually decreased the impact of NGOs in refugee healthcare services, and by the end of 2017, all the NGO-operated clinics were transformed into MHCs. Currently, NGOs are allowed to provide support only in psychosocial

issues: occupational, physical, language, and speech therapy.<sup>79</sup> Although some studies suggest that the government suppresses NGOs and that is why clinics are closed and converted to MHCs,<sup>80</sup> others posit that this is to provide Syrians with healthcare services at a certain standard promoted by MoH and consider such governmental decision as a contribution to refugee healthcare.<sup>81</sup> Despite these two different approaches, the role of NGOs is undoubtedly critical to promoting refugee healthcare.

Based on the extensive literature regarding the impact of Turkish NGOs on Syrian refugees, it can be proposed that NGOs should be empowered in refugee healthcare as they can play a significant role in bridging gaps in various areas where public healthcare services may fall short. To mention some examples, bilingual staff and interpreters working with/at NGOs can facilitate access to health information among refugees. NGO members/volunteers can also accompany refugees to health institutions, thus helping overcome procedural barriers by providing interpretation support, as well as easing the cultural barriers by acting like cultural mediators. Additionally, it has been underlined that NGOs can contribute significantly to planning more suitable and acceptable health services for refugees.<sup>82</sup> Lastly, NGOs can play a major role in generating informal solidarity funds through donations to cover the health costs of Syrian refugees, particularly those who are not yet officially registered.<sup>83</sup>

In this regard, to improve healthcare accessibility for Syrians, Turkish authorities can support NGOs in various ways to help enhance their capacity to actively participate in refugee healthcare.<sup>84</sup> To start with, NGOs that want to work with refugees and migrants are supposed to get permission for their activities, and the number of NGOs that could obtain this permission is reported to be very limited.<sup>85</sup> Thus, field activities of NGOs could be facilitated by streamlining the permit procedures. Second, it is reported that it is not easy for NGOs to get information regarding the needs, the number of people affected, and the duration of assistance required.<sup>86</sup> Hence, Turkish authorities could facilitate this process for NGOs by providing information transparently. Third, the government could stop treating NGOs as special organizations and thus charge them higher income tax, which is financially and operationally crippling for NGOs.<sup>87</sup> Lastly, as civil society expands and develops, competition has increased among NGOs in resource acquisition since NGOs need to find their own funding in Türkiye, resulting in serious competition among NGOs. Therefore, authorities may regulate the distribution of funding among NGOs according to their capacities, specialization, and field works, which can be realized by implementing regulatory measures

<sup>74</sup>Public Health Institute of Turkish Ministry of Health, op. cit. note 16, p. 46; Mücaz, M. et. al., op. cit. note 35.

<sup>75</sup>Association for Migration Research, op. cit. note 61.

<sup>76</sup>Gele, A. A., Pettersen, K. S., Torheim, L. E. & Kumar, B. (2016). Health literacy: The missing link in improving the health of Somali immigrant women in Oslo. *BMC Public Health*, 16, 1134.

<sup>77</sup>Ward, M., Kristiansen, M., & Sørensen, K. (2019). Migrant health literacy in the European Union: A systematic literature review. *Health Education Journal*, 78(1), 81–95.

<sup>78</sup>Association for Migration Research, op. cit. note 61; Ozcurumez & Yildirim, op. cit. note 12.

<sup>79</sup>Assi, R., et. al. op. cit. note 8; Yildirim, C.A. et. al., op. cit. note 15.

<sup>80</sup>Association for Migration Research, op. cit. note 61.

<sup>81</sup>Public Health Institute of Turkish Ministry of Health, op. cit. note 16.

<sup>82</sup>Feldman, op. cit. note 73.

<sup>83</sup>Association for Migration Research, op. cit. note 61, p. 7.

<sup>84</sup>Feldman, op. cit. note 73.

<sup>85</sup>Association for Migration Research, op. cit. note 61, pp. 35–36.

<sup>86</sup>Özdemir Dal, op. cit. note 13.

<sup>87</sup>Ibid.

to promote a financially sustainable civil society rather than a competitive one.<sup>88</sup>

Here, questions regarding collaboration and autonomy for NGOs may arise, and there may be several approaches for consideration, within the scope of Articles 46 and 47 of RoTP. First, collaborative initiatives among NGOs could be fostered with the support of the Turkish authorities.<sup>89</sup> Second, regular coordination meetings can be organized to address needs, avoid project duplication, and ensure that all stakeholders are informed about the services provided by each NGO, their locations, and the nature of their offerings. Third, by establishing an external quality control system, the effectiveness and impact of NGOs' activities can be analyzed and evaluated more thoroughly. This system can also provide consultancy services to ensure that NGOs providing nonclinical healthcare services to refugees maintain the quality standards as regulated by the MoH.<sup>90</sup>

## 5 | CONCLUSION

Evidence from local reports and studies points to the presence of persistent barriers to healthcare access for Syrian refugees. Despite having equal rights to free public healthcare as Turkish citizens, this equality does not ensure equitable access for various reasons. Providing a comprehensive review of the secondary literature, reports, and official documents on Syrian refugees, this study classified the challenges Syrians experience in access to healthcare into three groups: procedural (navigating the health system and information), cultural (language and other forms of cultural exchange), and psychosocial (discrimination and mistrust) challenges. In light of research on empirical refugee studies, this study proposed three approaches to ameliorate the negative impact of these challenges on

healthcare provision and uptake: improving migration awareness among medical staff, increasing the health literacy among refugees, and supporting NGOs to actively contribute to refugee healthcare.

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<sup>88</sup>Altunkaynak Vodina, S. (2019). *Determination and recommendations for civil society in the context of Syrian refugees in Türkiye*. GAR Yayınları.

<sup>89</sup>One specific program on an international level is Grand Bargain of UN. <https://civil-protection-humanitarian-aid.ec.europa.eu/system/files/2022-09/fst%20Grand%20Bargain%20EN.pdf>

<sup>90</sup>Altunkaynak Vodina, op. cit. note 88.