



FORCED MIGRATION FROM THE SYRIAN ARAB REPUBLIC: A SNAPSHOT FROM THE COVID-19 PERIOD*

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Abstract

This study revisits the forced displacement from the Syrian Arab Republic, considered one of the biggest mass migration movements that occurred since the beginning of the 'Arab Spring' movements. With the prolongation of the crisis, the involvement of international actors and the COVID-19 pandemic, the plight of asylum seekers worsened, while the infrastructure of the host countries also continued to face challenges. According to the data compiled by the UNHCR from the said countries as of mid-2024, there are currently 3,115,344 Syrians with temporary protection status (SuTPs) in the Republic of Türkiye, followed by 779,645 Syrians in the Lebanese Republic, 631,656 Syrians in the Hashemite Kingdom of Jordan, 282,620 Syrians in the Republic of Iraq, and 156,378 Syrians in the Arab Republic of Egypt. In the literature, there is common consensus that the Republic of Türkiye, especially during the initial years of the protracted Syrian conflict, pursued an 'open door policy' vis-à-vis the Syrian asylum seekers. Despite periodic setbacks and attempts to stem further mass migration movements from Syria since the year 2019, state practice vis-à-vis the displaced Syrians remains inclusive if one is to judge from the overall facilitation of access to healthcare, schooling, and the labor market. Building on these observations and relying on secondary sources and reports, the present article makes a modest attempt to take a snapshot of the SuTPs' legal status and discusses the extent to which they have accessed healthcare during the COVID-19 period and beyond.

Keywords: The Syrian Arab Republic, Forced Migration, Syrians under Temporary Protection, SuTPs, COVID-19.

Suriye Arap Cumhuriyeti'nden Zorunlu Göç: COVID-19 Döneminden Bir Kesit

Öz

Bu çalışmada 'Arap Baharı' hareketlerinin başından bu yana yaşanan en büyük toplu yer değiştirme olaylarından biri olarak tanımlanan Suriye Arap Cumhuriyeti'nden göç ele alınmaktadır. Krizin uzaması, uluslararası aktörlerin sahaya girmesi ve COVID-19 salgını ile birlikte, sığınmacıların yaşadıkları zorluklara, ev sahibi ülkelerin alt yapısal sorunları da eklenmiştir. BMMYK'nın ilgili ülkelerden derlemiş olduğu veriye göre, 2024 yılı itibarıyla Türkiye Cumhuriyeti'nde kayıtlı 3.115.344 geçici koruma statüsü altında Suriyeli (GKAS) bulunmakta olup, bu sayıyı 779.645 Suriyeli ile Lübnan Cumhuriyeti, 631.656 Suriyeli ile Ürdün Haşimi Krallığı, 282.620 Suriyeli ile Irak Cumhuriyeti ve 156,378 Suriyeli ile Mısır Arap Cumhuriyeti izlemektedir. Türkiye'nin, özellikle de savaşın ilk yıllarında Suriyeli sığınmacılara karşı 'açık kapı politikası' izlemiş olduğu literatürde genel kabul görmektedir. Durum Türkiye'deki Suriyelilere sağlık, eğitim ve iş piyasası alanlarında sunulan erişim fırsatları üzerinden değerlendirilecek olursa, 2019 yılından bu yana Suriye kaynaklı yeni göç dalgalarını önlemeye yönelik girişimlere rağmen, GKAS'a ilişkin kapsayıcı yaklaşımın sürmekte olduğu ifade edilebilir. Elinizdeki çalışma, COVID-19 dönemi ve sonrasında Suriye vatandaşlarının yasal statüsüne ilişkin yapılan düzenlemeleri ve sağlık sistemine ne ölçüde erişebildiklerini kayıt almaya yönelik mütevazı bir çabanın ürünü olup, ikinci el kaynak ve raporlara dayanmaktadır.

Anahtar Kelimeler: Suriye Arap Cumhuriyeti, Zorunlu Göç, Geçici Koruma Altındaki Suriyeliler, GKAS, COVID-19.



INTRODUCTION

Since its inception in 2011, the Syrian crisis proved to be most resilient and produced many waves of refugees, unprecedented in scale since the beginning of the Arab Spring movements. As a result, millions of Syrians fleeing the protracted conflict sought protection in the neighboring countries. According to the United Nations High Commissioner for Refugees (UNHCR), the Republic of Türkiye¹ hosts the highest number of asylum seekers, followed by the Lebanese Republic, the Hashemite Kingdom of Jordan, the Republic of Iraq and the Arab Republic of Egypt.²

Location name	Source	Data date		Population
Türkiye	Government of Turkey	16 May 2024		62.2% 3,115,344
Lebanon	UNHCR	31 Mar 2024	 15.6%	779,645
Jordan	UNHCR	31 May 2024	 12.6%	631,656
Iraq	UNHCR	30 Apr 2024	 5.6%	282,620
Egypt	UNHCR	31 May 2024	 3.1%	156,378
Other (North Africa)	UNHCR	31 Dec 2023	 0.9%	43,283

Figure 1. The UNHCR's Persons of Concern

Source: UNHCR Data Portal³

There is common consensus that Turkey, especially during the initial years of the protracted Syrian conflict, pursued an "open door policy" vis-à-vis Syrian asylum seekers (see *inter alia* UNHCR, 2012; ECRE 2023). In the same vein, Syrians arriving directly from Syria have been subject to "a group-based, *prima facie*-type temporary protection regime" (ECRE, 2023: 70). Despite the periodical setbacks and attempts to stem further mass migration movements

¹ On the 26th May 2022, the United Nations (UN) agreed to register the country's official name as the Republic of Türkiye, in alignment with Turkish orthography. See <https://www.un.org/en/aboutus/memberstates/turkiye#:~:text=The%20Republic%20of%20T%C3%BCrkiye%20changed,country's%20Minister%20of%20Foreign%20Affairs>. Within the framework of the present study, all official country names, when used in full, will be spelled as they are registered with the UN (including the Republic of Türkiye, the Lebanese Republic, the Hashemite Kingdom of Jordan, the Republic of Iraq, and the Arab Republic of Egypt). However, in making use of the said countries' shortened titles, quotations and the accompanying paragraphs may align with the long-established orthographical use in English in order to preserve the unity and flow of the text.

²https://data.unhcr.org/en/situations/syria?_gl=1*2pl8w8*_rup_ga*MTg1MjMzNjkwMy4xNzE2MDE1OTYz*_rup_ga_EVDQTJ4LmY*MTcxODEzODE5Ni4zLjEuMTcxODEzODQ4MS42MC4wLjA.*_gcl_au*OTI4NjZMTY5LjE3MTYwMTU5NjM.*_ga*MTg1MjMzNjkwMy4xNzE2MDE1OTYz*_ga_X2YZPJ1XWR*MTcxODEzODE5Ni4xLjEuMTcxODEzODQ4MS42MC4wLjA.#_ga=2.86152472.1851723521.1718138197-1852336903.1716015963. [Accessed 3/06/2024]. Figures do not include the internally displaced Syrians (IDPs) and the unregistered asylees. According to the UNHCR, there are currently 7.2 million internally displaced Syrians inside Syria <https://www.unrefugees.org/news/syria-refugee-crisis-explained/> [Accessed 15/06/2024]. For the work of the ICRC and the Syrian Arab Red Crescent (SARC) on the IDPs, including their work on improving access to clean water for a total of 17 million people inside Syria, see the ICRC Newsletter January-December 2023 at <https://reliefweb.int/report/syrian-arab-republic/icrc-syria-facts-and-figures-january-december-2023>.

³https://data.unhcr.org/en/situations/syria?_gl=1*2pl8w8*_rup_ga*MTg1MjMzNjkwMy4xNzE2MDE1OTYz*_rup_ga_EVDQTJ4LmY*MTcxODEzODE5Ni4zLjEuMTcxODEzODQ4MS42MC4wLjA.*_gcl_au*OTI4NjZMTY5LjE3MTYwMTU5NjM.*_ga*MTg1MjMzNjkwMy4xNzE2MDE1OTYz*_ga_X2YZPJ1XWR*MTcxODEzODE5Ni4xLjEuMTcxODEzODQ4MS42MC4wLjA.#_ga=2.86152472.1851723521.1718138197-1852336903.1716015963. [Accessed 3/06/2024]. The portal states that Syrian asylees in North Africa, Egypt, Iraq, Jordan, and Lebanon are registered by the UNHCR while the numbers for the Republic of Türkiye are provided to the UNHCR by the Turkish government. See also <https://www.goc.gov.tr/gecici-koruma5638>. Figures do not include the internally displaced Syrians (IDPs) and the unregistered asylees. According to the UNHCR, there are currently 7.2 million internally displaced Syrians inside Syria <https://www.unrefugees.org/news/syria-refugee-crisis-explained/> [Accessed 15/06/2024]

For the work of the ICRC and the Syrian Arab Red Crescent (SARC) on the IDPs, including their work on improving access to clean water for a total of 17 million people inside Syria, see the ICRC Newsletter January-December 2023 at <https://reliefweb.int/report/syrian-arab-republic/icrc-syria-facts-and-figures-january-december-2023>.

from Syria since 2019, state practice vis-à-vis the Syrians under temporary protection (SuTPs) remains inclusive if one is to judge from the overall facilitation of access to healthcare, schooling and the labor market (see inter alia Erdoğan, 2019; Şahin-Mencütek et al., 2023). Below, a modest attempt will be made to provide the extent to which Syrians benefited from the local and international support available and to what degree they accessed healthcare during the COVID-19 pandemic.

1. THE LEGAL FRAMEWORK: SOME BRIEF REMARKS

Within the legislative framework of the Republic of Türkiye, state practice with regards to refugees is shaped in line with the instruments of both international and domestic law. In the Turkish Legislative System, the Constitution occupies the first place in the hierarchy of norms and no law can be in conflict with it. It is therefore noteworthy to underline that Article 12 of the Turkish Constitution secures the inalienable rights and freedoms of everyone.

The two key international instruments governing state practice with regards to asylum seekers and refugees are the 1951 Geneva Convention and the 1967 Protocol⁴. Both of these legal instruments provide for an internationally recognized 'refugee' definition⁵, frame a number of rules that govern state practice with regards to refugees, bring an international recognition to the principle of *non-refoulement* and provide for an understanding over the notion of 'burden-sharing' (Goodwin-Gill 1996: 202). Despite criticisms vis-à-vis the former's "time limitation⁶; its fundamental reliance on a [subjective] fear of being persecuted; its specification of forms of persecution, ... and its limitation to persons outside their country of nationality" (Winter, 1982: 4) these instruments each continue to serve as frameworks of reference in regulating state practice vis-à-vis the refugees.

At the time of its preparation, the definition of the term 'refugee' provided in Article 1a (2) of the 1951 Convention was set as the main basis for the determination of refugee status and therefore no reservations to Article 1 were permitted. However, Article 1b (1) of the Convention provided that, "for the purposes of the Convention, the words events occurring before 01. Jan.1951 shall be understood to mean either a) events occurring in Europe before 01.Jan.1951 or b) events occurring in Europe or elsewhere before 01.Jan.1951" (1951 Geneva Convention).

Accordingly, a number of countries declared accession to the Convention with the said geographical limitation. Turkey, asserting its peculiar geographical position, also opted for the first definition and thereby limited its international obligation for refugee status determination to persons fleeing persecution from Europe⁷.

⁴ The Convention Relating to the Status of Refugees (CSR51) of 28 July 1951, was later amended by the 1967 Protocol Relating to the Status of Refugees.

⁵ According to the 1951 Convention Relating to the Status of Refugees a refugee is defined as a person whom, "[a]s a result of events occurring before 1 January 1951 and owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his formal habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it" (1951 Convention relating to the Status of Refugees Article 1A(2)).

⁶ The time limitation implied that the 'refugees' in question were generated by the effects of World War II (See *inter alia* Winter, 1982). The time limitation was later lifted by the 1967 Protocol.

⁷ Refugees from Europe were not expected to be high in number at the time of Turkey's accession to the 1951 Convention. Turkey's accession to the 1951 Convention could therefore be read as a tacit declaration of the country's ideological alignment with the Western Block (Kirişçi, 2014). For a somewhat affirmative reading of the state bureaucrats' concerns vis-à-vis Turkey's peculiar geographical position and Turkey's accession

Therefore, in the following decades, especially following the end of the Cold War, the UNHCR and later the EU took steps to induce the Turkish government to gradually take over the refugee status determination process as a whole, to harmonize the existing body of domestic law with that of the EU *acquis* and to eventually lift the geographical limitation. Hence when the LFIP⁸ was finally adopted, it was deemed a successful attempt at aligning "Turkish law more closely with the principles of the [1951 Geneva] Convention and with the EU *acquis* on international protection, while,nominally preserving the geographical limitation..." (Akram et al., 2014: 115). With the LFIP, Turkey defined all persons from 'non-European countries' "as 'conditional refugees' until they are resettled to a third country". The LFIP also regularized the legal status of other forced migrants. For example persons who did not "qualify as refugee or conditional refugee" and could not "return to the country of origin or (former) habitual residence due to life-threatening conditions" were now being defined as persons "subject to 'subsidiary protection' in Turkey" (IOM, 2021: 13). This also laid the groundwork for a larger group of foreigners to benefit from healthcare.

What followed was a Temporary Protection Regulation prepared in reference to Article 91 of the LFIP. Here, the aim was to clarify the procedures to be followed in the granting of the status called 'temporary protection' to asylum seekers from Syria on a *prima facie* group basis (ECRE, 2023: 22-23; see also Şahin-Mencütek et al., 2023). But more importantly for the purposes of our discussion, the 2014 Regulation detailed the provision of health services, education, and other social assistance services for those under 'temporary protection'⁹ and foresaw the provision of 'temporary protection identity cards' to all registered Syrians which facilitated their access to social services, 'including education, healthcare and work permission (TPR; Article 22, Article 25, Article 26, Article 29; see also in Sağlık Bakanlığı, 2019).

2. THE HEALTHCARE SYSTEM¹⁰

To recap, the Temporary Protection Regulation (TPR) clarified the procedures to be followed and reinstated Syrians' rights to access healthcare, education, the labour market and social assistance (2014 TPR).¹¹ As a matter of fact, already before the pandemic, the General Health Insurance Scheme (GHIS) covered all Syrians with Temporary

to the 1951 Convention with a geographical limitation see e.g. Odman, Tevfik. *Mülteci Hukuku*, Ankara, Ankara Üniversitesi Siyasal Bilimler Fakültesi İnsan Hakları Merkezi Yayınları, 1995. See also Tarhanlı, Turgut. "Sığınmacı, Mülteci ve Göç Konularına İlişkin Türkiye'deki Yargı Kararları Konusunda Hukuki Bir Değerlendirme.", T. Akın, *Sığınmacı, Mülteci ve Göç Konularına İlişkin Türkiye'deki Yargı Kararları*, İstanbul, Birleşmiş Milletler Mülteciler Yüksek Komiserliği (BMMYK).ile Boğaziçi Üniversitesi Vakfı Ortak Yayını, 2000:1-34. For a critical take on the geographical limitation, see *inter alia* Kirişçi, Kemal. "UNHCR and Turkey: Nudging Turkey towards a better implementation of the 1951 Convention on the Status of Refugees." *Paper presented at the 7th IRAP Conference The Refugee Convention at 50*, 8-11 January 2001:1-27. See also İçduygu, Ahmet (2015). Syrian Refugees in Turkey: The Long Road Ahead. Washington D.C., Migration Policy Institute.

⁸ <https://en.goc.gov.tr/lfip>. For the Turkish version see <https://www.goc.gov.tr/gigm-mevzuati>. Article 91 of Law No. 6458 on Foreigners and International Protection (LFIP) foresaw that the rules and regulations in relation to the treatment of foreigners in 'a mass influx' situation shall be stipulated by a Directive to be issued by the Council of Ministers (Article 91, LFIP). The Temporary Protection Regulation was introduced on 13/10/2014 (Council of Ministers Decision No: 2014/6883). See the Official Gazette 22/10/2014 - 29153. Also available at <https://en.goc.gov.tr/temporary-protection-in-turkey>

⁹ "Geçici Koruma Yönetmeliği ve Getirdiği Yenilikler", <https://www.goc.gov.tr/gecici-koruma-kanunu-ve-yonetmeliqi>. [Accessed 01/05/2024].

¹⁰ For the circulars see <https://hsgm.saglik.gov.tr/tr/dokumanlar-gocsagligi.html>

¹¹ The temporary protection regime in Turkey foresees access to the labour market, education and healthcare (ECRE, 2023; UNHCR 2022a, 2022b, 2023). This stands in stark contrast to the case in Lebanon and Jordan (Blanchet, Fouad and Pherali, 2016; Alawa, Zarei and Khoshnood, 2019; Abdulrahim, 2024; Özdemir, 2024).

Protection status (WHO, 2020)¹². However, the LFIP (Article 89/3) and the RTP (Article 27/8) further specified the particulars for the prospective beneficiaries. In due time, with complementary circulars, services from which Syrians under temporary population could benefit were further detailed (T.C. Sağlık Bakanlığı, 2019).¹³

In the process that saw the liberalization of the asylum regime in Turkey, the government's and the Ministry of Health's efforts were also paralleled by a number of programs offered by the European Union. The revitalization of dialogue between the EU and Turkey between November 2015 and March 2016 culminated in the 'EU-Turkey statement' of 18 March 2016 (European Council, 2016). The said revitalization of relations with the EU was also paralleled by the launching of the EU-funded SIHHAT project, which aimed at supporting the primary and secondary healthcare services offered by the Ministry of Health to Syrians under temporary protection (T.C. Sağlık Bakanlığı, 2019: 34). Accordingly, primary healthcare institutions (PHCIs) were to be supported. The project also foresaw the establishment of Migrant Health Centers (Küçük, 2020). Towards the end of the COVID-19 pandemic, 190 migrant health centers have been established in 32 provinces (ECRE, 2023). These centers proved to be efficient throughout the COVID-19 pandemic.

In the provision of healthcare and other services, service providers' outreach to the target population and the target population's ability to access the said services are key. It is therefore important to observe the pace and patterns of urbanization among the SuTPs.

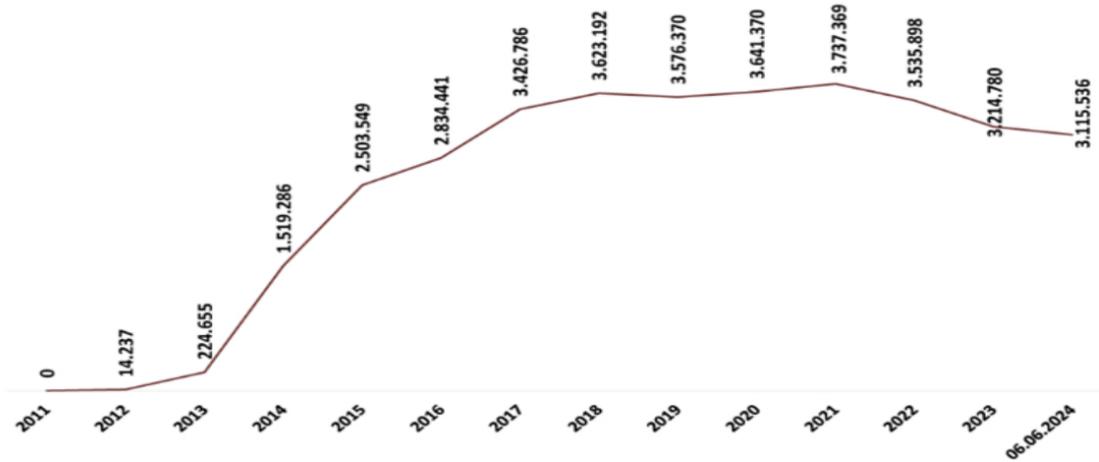


Figure 2. Registered Syrians (Under Temporary Protection)¹⁴

¹² "Persons covered under the GSS scheme are entitled to spontaneously access initial diagnosis, treatment and rehabilitation services at primary health care institutions. These providers also undertake screening and immunization for communicable diseases, specialized services for infants, children and teenagers as well as maternal and reproductive health services" (ECRE, 2023).

¹³ See e.g. the Fundamentals of Health Services to be delivered to those under Temporary Protection (Circular No. 9648). <https://hsgm.saglik.gov.tr/tr/dokumanlar-gocsagligi.html>

¹⁴ <https://www.goc.gov.tr/gecici-koruma5638>. Updated by the Presidency of Migration Management on June 6th 2024. [Accessed 13/6/2022].

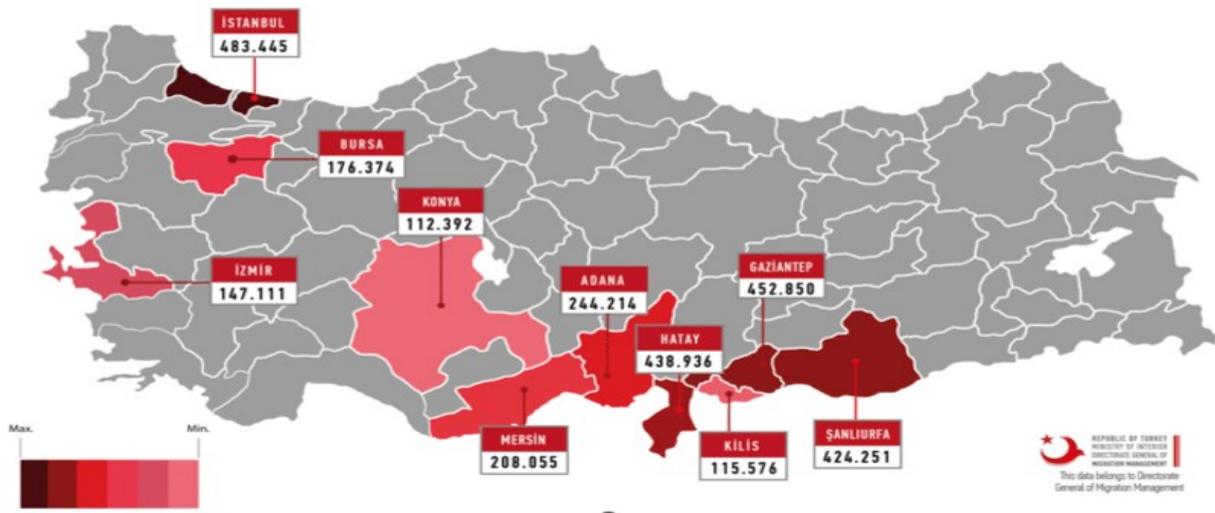


Figure 3. Distribution of Syrians Under Temporary Protection by the Top 10 Cities¹⁵

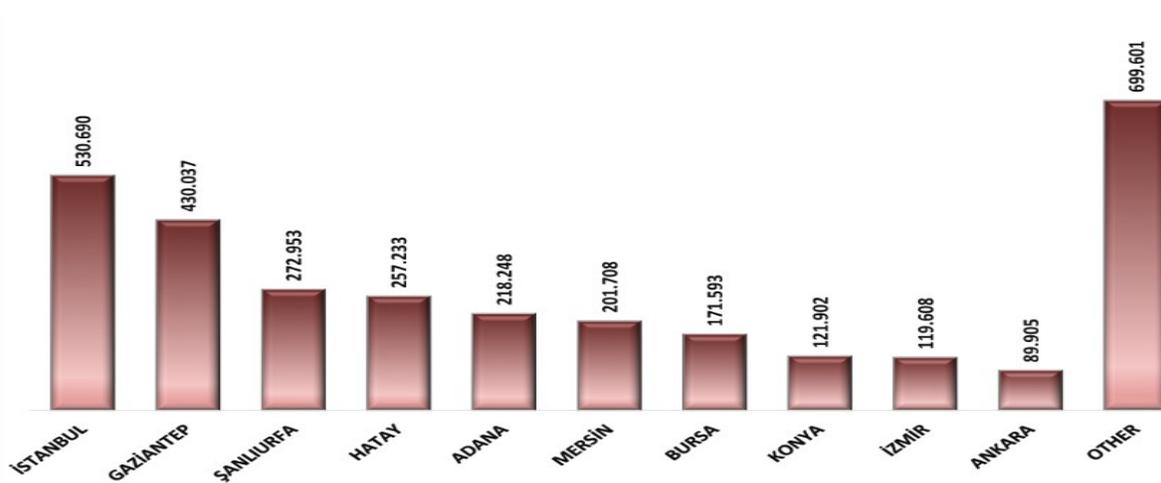


Figure 4. Distribution of Syrians Under Temporary Protection by the Top 10 Cities (2024)¹⁶

¹⁵ For the current figures, refer to the Presidency of Migration Management website <https://www.goc.gov.tr/gecici-koruma5638>. In reference to the same map, Erdoğan (2019: 6) notes that these numbers pertain to Syrians with temporary protection status alone. On a different note, it should also be mentioned that "[a]lthough 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. Within the scope of this agreement, some Syrians with valid passports entered Turkey as travellers and obtained residence permits" (Genç and Özdemir, 2015 cited in Bilecen and Yurtseven, 2018: 114).

¹⁶<https://www.goc.gov.tr/gecici-koruma5638>. Updated by the Presidency of Migration Management on June 6th 2024. [Accessed June 12th, 2024].

At the beginning of the forced migration, the Disaster and Emergency Management Presidency (AFAD) was designated as the main agency to deal with the crisis. Under AFAD's management, 21 temporary accommodation centers (TACs) were established.¹⁷ In the years 2011-2013, an 'emergency management' approach overrode. During this time, based upon the expectation that the war would end soon, Turkey did not implement any quotas for the settlement of migrants in the cities. Instead, a 'free settlement'¹⁸ pattern dominated, where the migrant population chose where to live (Erdoğan, 2019: 17).

To give an idea about the pattern of using the camps, while approximately 220,000 people out of 1.75 million lived in the camps in 2014 (Syria Regional Refugee Response cited in Demirtaş and Özden, 2015), in the year 2016 approximately 300,000 people lived in camps out of a population of 2.7 million (Doğanay and Demiraslan, 2016). In the following years, this ratio continued to change, and by the time the pandemic hit in 2019, the number of Syrians under temporary protection living in camps had come down to 60,000 (WHO, 2020: 16).

These ratios are important to note because records of the Disaster and Emergency Management Presidency and the Turkish Ministry of Health indicate that while 90 % of the Syrians living in camps made use of the health services, this ratio fell to 60 % for those living outside the encampments. Research also suggests that for the vast numbers of asylum seekers living outside the camps, the relatively 'low percentage of health facility use'¹⁹ in-between the years 2011-2015, can be attributed to a number of reasons such as the asylum seekers leaving the camps²⁰ but being unable to navigate through the Turkish healthcare system in urban settings either owing to the language barrier or due to the delays in the distribution of the new ID numbers²¹ (Doğanay and Demiraslan, 2016; Bilecen and Yurtseven 2018). By the time the COVID -19 pandemic hit however, a great majority of Syrians had received their government issued identification numbers and had access to universal healthcare.

Accordingly, once a forced migrant from Syria registered themselves with the authorities, they could benefit from the Turkish healthcare system, 'without having to pay a contribution fee to the SSI' (Bilecen and Yurtseven 2018;

¹⁷ Throughout the years, number of the accommodation centers changed. Meanwhile, AFAD remained as the key agency until March 2018, when the responsibility over the management of these temporary accommodation centers was transferred to the General Directorate for Migration Management. <https://www.afad.gov.tr/nufus-hareketleri>. The General Directorate for Migration Management (GDMM) or the Directorate-General for Migration Management (DGMM) was later renamed the Presidency of Migration Management (PMM). See the Official Gazette, 29th October 2021, Issue 31643, p. 10.

¹⁸ According to Erdoğan (2019), there were periodic shifts in this liberal approach but it remained on the discourse level. For example, "a rule was imposed on the Syrians 'not to leave the province of registration' after 2017, [but] when registration operations were completed," it proved difficult to oversee its application.

¹⁹ To give an idea of the relatively low use of health services during the pre COVID-19 era, e.g. for the years 2011-2015, records of the Turkish Ministry of Health and AFAD, suggest that there took place 7,519,668 outpatient health examinations, 228,537 surgeries, 25,467 wounded patient admissions, and approximately 60,000 child birth operations. Accordingly, the total health cost of the displaced Syrians at the end of the year 2015 was calculated at 883,005,756.51 Dollars (Doğanay and Demiraslan, 2016: 2).

²⁰ The Presidency of Migration Management (PMM) states that between April 29, 2011 and May 27 2014, a total of 491.190 Syrian nationals arrived and 270.702 Syrian nationals left the temporary accommodation centers <https://en.goc.gov.tr/temporary-protection-in-turkey> [Accessed June 16, 2024].

²¹ Attainment of the said identification numbers has been crucial for the Syrian population, as it is with this FIN number (personal number) that asylees are able to access many services, including healthcare. On a different note, during the initial stages of the population influx, migrants were given numbers starting with 98. However, after the introduction of the TPR scheme in 2014, all registered Syrians under temporary protection were given new FIN numbers starting with the digit 99. While these numbers eventually facilitated many transactions, the transition period also saw a backlog (Bilecen and Yurtseven 2018: 119).

Alawa et al., 2019). To be more exact, the costs of healthcare (within the scope of SUT²²) for Syrians under temporary protection, 'have been covered under a joint protocol of the Ministry of Health, AFAD and the Presidency for Migration Management' (T.C. Sağlık Bakanlığı, 2019: 34). Its sustainability to a side, universal healthcare coverage for citizens and foreigners alike was one of Turkey's strengths in its fight with the COVID-19 pandemic.

As a matter of fact, even "before the pandemic, Turkey had one of the most comprehensive universal health coverage schemes - accessible by 99 % of all inhabitants, including over 3.6 million ... Syrians under Temporary Protection" (WHO, 2020: 4). Yet Turkey also made the bold move of opening the healthcare system to both registered and unregistered foreigners (T.C. Sağlık Bakanlığı, 2019)²³. Near the end of the pandemic, some two years after it made its first COVID-19 appeal,²⁴ the UN Refugee Agency (UNHCR, 2022a) remarked, "as soon as the pandemic began, the Turkish government reacted swiftly and decisively, considerably mitigating its impact. Primary reaction focused on managing the health impact of the pandemic (mobility restriction measures, social distancing²⁵ and reinforcement of the health sector)."²⁶

It was also observed that throughout the COVID-19 pandemic, vaccination rates for citizens and foreigners remained close to equal in ratio (UNHCR, 2022a). According to the bi-annual UNHCR survey monitoring the asylees' access to vaccination, 72 % of the informants received vaccination, at a rate which "largely correspond[ed] with that of the general population in Turkey" (UNHCR, 2022a).

To conclude with the remarks of a WHO report, "... Turkey has [had] one of the lowest case fatality ratios (2.8%; and 52.5 infections/million population)...It has also risen to the occasion and shouldered its role as a longstanding propagator of global solidarity and provider of humanitarian support. Turkey's success in ... dispatching supplies on humanitarian grounds to many countries in their time of desperate need to fight against the pandemic, while still [sic.] able to meet critical domestic needs, offers key lessons..." (WHO, 2020).²⁷ Indeed, at the risk of painting a rosy picture for a world-scale health crisis, the relative success of Turkey in the management of the pandemic was praised by an overwhelming number of reports penned by the WHO, UNHCR, and IOM. Overall, the Turkish healthcare system did prove to be resilient and egalitarian throughout the COVID-19 pandemic.

²² Sağlık Uygulama Tebliği (SUT), the Health Practices Communiqué is interchangeably referred to as the Health Implementation Directive (HID).

²³ Healthcare for the latter was opened at the level of preventive care (including vaccinations) and emergency care. Article 21 of the Temporary Protection Regulation stipulated that foreigners who are not registered with the authorities could benefit from preventive health services and emergency care services (Article 21, TPR, see also T.C. Sağlık Bakanlığı, 2019).

²⁴ UNHCR (2020). The UN Refugee Agency steps up COVID-19 preparedness, prevention and response measures: UNHCR, the UN Refugee Agency, launched its initial COVID-19 appeal on 10 March 2020 in Geneva. Geneva [<https://www.unhcr.org/neu/35317-un-refugee-agency-steps-up-covid-19-preparedness-prevention-and-response-measures.html>], the United Nations High Commissioner for Refugees.

²⁵ Social distancing was essential since vaccination programs varied across age groups. In line with the vaccination protocols as advised by the WHO, infants and children were not included in the vaccination program. In 2019, i.e, at the beginning of the pandemic, the General Directorate for Migration Management reported that of the Syrian population under temporary protection, 495.361 were between the ages of 5-9 and 563.483 were between the ages 0-4. See T.C. Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü (2019). *Göç ve Sağlık* (T.C. Sağlık Bakanlığı Yayın No 1147). Ankara, T.C. Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü. For a breakdown of age groups in charts, see Erdoğan (2019).

²⁶ UNHCR (2022 [February 2022]). Turkey Fact Sheet. <https://www.unhcr.org/tr/en/factsheets-and-dashboards>.

²⁷ For more on the relative success of Turkey and the number of COVID-19 deaths worldwide, see <https://data.who.int/dashboards/covid19/deaths?n=c>. According to World Health Organization (WHO), out of 17,004,677 confirmed cases, 101,419 COVID-19 related deaths occurred in Turkey <https://www.who.int/countries/tur> (last updated on 19 December 2023).

CONCLUSION AND SUGGESTIONS

The principle of non-refoulement is nowadays considered part of customary international human rights law and as such a general obligation of all states. Since states are obliged to abide by the principle of non-refoulement, they are obliged also to protect refugees for the time necessary. The peremptory norm of non-refoulement secures admission and, in individual cases, may further raise the presumption that a local durable solution will be forthcoming. In the case of large-scale movements [however], no such presumption can be raised since many states, especially in the third world, do not have the resources or other possibilities to offer durable solutions to a great number of refugees. The international community thus has to assist in burden-sharing (Kjaerum, 1994: 144).

When the COVID-19 pandemic hit, it was reckoned that "more than 3.9 million foreign nationals" were "present in Turkish territory. In addition to the Syrians, Turkey [at the time hosted] more than 300,000 asylum applicants and refugees of different nationalities, including Iraqis, Afghans, Iranians and migrants from a number of African nations. This number also included another "distinct category of migrants ... holders of residence permits (based on work, education or humanitarian residency) counting around 850,000" (IOM, 2019: 5). Notwithstanding the difficulty of informing and vaccinating such a large group of people from diverse backgrounds and linguistic families, the Turkish healthcare system proved to be resilient throughout the pandemic (UNHCR, 2022a, 2022b).

On May 5th 2023, "the head of the UN World Health Organization (WHO) ...declared 'with great hope' an end to COVID-19 as a public health emergency", stating that "for over 12 months, the pandemic 'has been on a downward trend'."²⁸ However, just three months prior to this message, Kahramanmaraş in Southeastern Anatolia was hit by two massive earthquakes,²⁹ resulting in an unprecedented number of deaths and a new wave of - this time internally - displaced people. The disaster of the century also saw 'the destruction of public and private infrastructure, including schools and healthcare facilities' (European Commission, 2023). The UN Refugee Agency followed that "[t]he earthquakes ... impacted 15 million people over the 11 hardest-hit provinces in Türkiye, which hosts the largest refugee population in the world. More than 1.7 million refugees, mostly Syrians, reside in the affected provinces" (UNHCR, 2023c). Of this number, approximately '2.9 million people' were reported to have moved away from Southeastern Anatolia altogether (European Commission, 2023). Meanwhile "[i]n Syria [too], an estimated 8.8 million people were affected by the earthquakes, including in north-west Syria where over 4.1 million people were already dependent on aid, compounding the devastation of 12 years of crisis" (UNHCR, 2023c).

Consequently, while the UNHCR 'declared a Level 2 (L2) emergency', initially targeting the 1.7 million asylum seekers and the 5.3 million internally displaced people (IDPs) in the region, the European Commission reported that

²⁸ <https://www.un.org/en/coronavirus>

²⁹ GÜLDOĞAN, Diyar (6th February 2024). Türkiye Remembers February 6 Earthquake Victims. Anadolu Ajansı. Campaigns to reconstruct the region and to support the affected communities are ongoing. For the UNHCR appeal of 2023, see <https://reporting.unhcr.org/syria-and-t%C3%BCrkiye-earthquake-emergency-supplementary-appeal>.

the 'accommodation centers started hosting ... Turkish citizens along with Syrians under temporary protection' (UNHCR 2023b, European Commission, 2023).

Since the beginning of the humanitarian crisis, Turkey has not only taken in the bulk of Syrian asylum seekers but has also progressively opened up access to the labor market, universal healthcare, and educational opportunities. However, as a series of new difficulties put the country's infrastructure under strain, it becomes increasingly clear that the adoption of a new model of burden sharing is necessary. Peripheral countries need to form alliances and start negotiating a radically different model of burden sharing in order to prevent the spill-over of the ongoing turmoil in the region.

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