

A comparative Study of Syrian Refugees in Turkey, Lebanon, and Jordan: Healthcare Access and Delivery

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Ayman Saleh* - Serdar Aydın** - Orhan Koçak***

*MD, PhD., Child and Adolescent Psychiatry, Yale Child Study Center, New Haven, CT, 06519 /USA

E-Mail: ayman.saleh@yale.edu

ORCID: [0000-0001-8623-6927](https://orcid.org/0000-0001-8623-6927)

** PhD., Health Services and Policy Management, Arnold School of Public Health, University of South Carolina, Columbia, SC, 29208/USA

E-Mail: saydin@email.sc.edu

ORCID: [0000-0002-3532-0106](https://orcid.org/0000-0002-3532-0106)

*** PhD., Department of Social Work, Faculty of Health Sciences, Istanbul Uni., Istanbul/ Turkey

E-Mail: orkoc@hotmail.com

ORCID: [0000-0002-0281-8805](https://orcid.org/0000-0002-0281-8805)

Abstract

Refugees are usually a disadvantaged group who is vulnerable to many disparities. They have many problems ranging from education and health to employment, foreign language, exclusion in daily economic and social life and more. One of the important problems is health services which refugees urgently need. Their access to healthcare services varies significantly, depending on the country of asylum. There are about 3,222,000 Syrian refugees living in camps in Turkey (Districts or Satellite Cities) along the Turkish-Syrian border, enrolled in the Turkish General Health Insurance Program, and therefore they can be able to access free healthcare services. In Lebanon, the numbers of Syrian refugees are about 1,001,051 and they are living in urban areas and informal tent camps, with access to the primary care services. In Jordan, 79% of the 654,582 refugees are living in urban areas or informal settlements with the access to the public healthcare services. Given that most Syrians are of lower-middle income, 93% of the primary care services with acute illnesses, and infectious diseases are offered to the refugees - reflecting the challenges of displacement, crowding, and poor living conditions and sanitation. The objective of this study is to compare the healthcare access of Syrian refugees in Turkey, Lebanon, and Jordan - neighboring countries affected by fleeing refugees. The study's ultimate goal is to provide the appropriate framework and directions for governments, clinicians, and public health providers about the necessary medical screening, interventions and services for those refugees.

Keywords: Syrian Refugees, Refugees' Health Issues, Jordan, Lebanon, Turkey

Türkiye, Lübnan ve Ürdün'de Bulunan Suriyeli Göçmenlerin Sağlık Hizmetlerine Erişimleri ve Hizmetlerin Sağlanması ile İlgili Karşılaştırmalı Bir Değerlendirme

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Öz

Mülteciler genellikle birçok sıkıntılar ve sorunlara maruz kalan dezavantajlı gruptur. Mülteciler, eğitim, sağlık, istihdam, yabancı dil, ekonomik ve sosyal yaşamdan dışlanma ve birçok yönden sıkıntılarla karşı karşıya kalmaktadırlar. Bunların en önemlisi ve acil olanı ise sağlık hizmetleridir. Mülteciler sığındıkları ülkelerin farklı olan sağlık sistemlerine göre sağlığa erişim imkânlarına sahip olmaktadır. Türkiye'de genel sağlık sigortası sistemine kayıt yaptırmış olan hem kamplarda hem de kamp dışında toplam 3.222.000 Suriyeli mülteci yaşamaktadır. Kayıt yaptıran bu sayıdaki Suriyeli mülteciler ücretsiz sağlık hizmetlerinden faydalanabilmektedirler. Lübnan'da, Suriyeli mültecilerin sayısı aşağı yukarı 1.001.051 civarındadır. Lübnan'daki Suriyeli mülteciler hem şehirlerde hem de kayıt dışı kurulan çadır kamplarda birincil sağlık hizmetlerini ücretsiz olarak yaşamaktadırlar. Ürdün'de, şehirlerde ve kayıt dışı yerleşim yerlerinde yaşayan 654.582 Suriyeli mültecinin %79'u genel halk sağlığı hizmetlerine erişebilmektedirler. Suriyeli mültecilerin çoğunun yer değiştirme sıkıntıları, kalabalık olmaları, kötü yaşam ve sağlık koşullarında yaşamaları ve orta-alt seviyede gelire sahip oldukları göz önünde bulundurulursa, akut şiddetli ve bulaşıcı hastalıklar da dâhil birincil bakım hizmetlerinin %93'ünü almaktadırlar. Bu çalışma ile Suriyeli göçmenlerin Suriye'nin komşu ülkeleri olan ve mülteci olarak gittikleri Türkiye, Lübnan ve Ürdün'de almış oldukları sağlık hizmetlerinin değerlendirilmesi ve karşılaştırılması yapılacaktır. Bu çalışmanın nihai amacı, 3 ülkedeki verilerden yola çıkarak mülteciler için gerekli tıbbi araştırma, müdahaleler ve hizmetler hakkında hükümetler, klinikler ve kamu sağlığı hizmetlerini sağlayanlar yönelik uygun bir çerçeve çıkarmak ve önerilerde bulunmak olacaktır.

Anahtar Kelimeler: Suriyeli Mülteciler, Suriyelilerin Sağlık Sorunları, Ürdün, Lübnan, Türkiye

Introduction

The Syrian war caused one of the most severe refugee crises in history. There are around 5,276,506 refugees only in Turkey, Lebanon, Jordan, Iraq and Egypt which are Syrian neighbor countries (Figure 1) (<http://data.unhcr.org/syrianrefugees/regional.php>). Refugees, in general, have highly complex physical and psychological medical problems that may result in enormous challenges to the healthcare services in host countries. Syrian refugees are often faced with conditions which result in increased medical and infectious diseases, including poor housing and sanitary conditions, poor nutrition, increased physical exhaustion and injuries and the lack of access to the appropriate medical care. The most common medical problems, which are Syrian refugees face, include skin diseases, digestive system diseases, respiratory diseases, trauma related disorders and other mental disorders, malnutrition and other infectious diseases. (El-Khatib, Scales, Vearey, & Forsberg, 2013). Moreover, they also show high rates in psychiatric disorders, including Post Traumatic Stress Disorder (PTSD), Mood and Anxiety Disorders. Children are the most vulnerable group in the refugee population. Also children are more vulnerable to medical disorders and infections, they may experience loss of one or more of primary caregivers, and they may be exposed to physical and sexual abuse (Table 1).

The growing number of the immigrants and refugees in the world present enormous challenges to public health practice. Some of the challenges immigrants face to obtain healthcare services include, difficulties in financial burden, cross-cultural communication, and limited cultural awareness on country of asylum (Burgess, 2004). The influx of Syrian refugees to the neighboring countries has stretched the countries' healthcare services resources. Despite receiving large amounts of humanitarian aid, Syria neighboring countries continue to struggle to provide sufficient healthcare for Syrian refugees.

In this article we will discuss the challenges of the Syrian neighboring countries in providing medical care for the Syrian refugees. Identifying challenges may help to structure framework and directions for future improvements in public health care.

Table 1. Estimated Affected Population from the War*

Total People in Need	13,500,000
Children in Need (<18)	5,800,000
Total Displaced Population	6,283,675
Children Displaced	2,808,803
People in Hard to Reach Areas	4,000,000
Children in Hard to Reach Areas	1,700,000
People in Besieged Areas	540,000
Children in Besieged Areas	232,200

* Source UNICEF Syria Crisis August 2017 Humanitarian Results (Tekin et al., 2016)

**Figure 1. Syrian Refugee Population in Turkey, Jordan and Lebanon
Syrian Refugees in Turkey, Jordan and Lebanon, 2012-2016**



Source: UNHCR

2. Healthcare concerns among Syrian refugees living in neighboring countries

Prior to the Syrian Civil War, Syria was classified as a lower-middle income nation with a stable middle class and relatively good medical care access (World Development Indicators 2015. Washington & <http://www.worldbank.org>). Therefore, Syrian refugees can present with variety of medical conditions including chronic non-communicable diseases, as well as communicable diseases. Moreover, due to the severity of the civil war, Syrian refugees can suffer from several types of war related physical traumas, chemical injuries and severe mental disorders.

2.1. Non-communicable diseases

The most common reported non-communicable diseases in Syrian refugees are anemia, cancer, hypertension, diabetes, malnutrition, renal diseases and blood disorders. It was reported that about half of the non-camp living refugees suffer from a chronic illness, mostly in individuals older than 60 years old (S. Doocy et al., 2015). Traumatic body injuries presented in 5.7% of the refugee population; 58% of these injuries related to bombing and gunshot wounds, and 25% of them were from falls and burns (Lydia de Leeuw (2015). The situation of older refugees and refugees with disabilities). Moreover, hundreds of people were reported to be killed or injured by chemical weapons in Syria. Only between December 2014 and April 2017, around 12 chemical attacks were reported in Syria (Human Rights Watch. Death By Chemicals & 978-1-6231-34693).

2.2. Communicable Diseases

Communicable diseases are one of the major challenges presented in the Syrian refugees. Syria reported polio outbreak after 15 years of polio-free period (Ozaras et al., 2016). Tuberculosis, cutaneous leishmaniasis were reported to be one of the most common infectious diseases among Syrian refugees (Ozaras et al., 2016; Services, Prevention, Diseases., & Division of Global Migration and Quarantine SYRIAN REFUGEE HEALTH PROFILE. December 22). The rate of tuberculosis cases ranges between 5 to 43 in every 100.000 people, with increased incidents of multi-drug resistant cases (Services et al.). The increased rate of infectious diseases is connected with poor living conditions and inappropriate treatment. Syrian refugees may have received vaccination prior to the civil war or at the host asylum country. However, gaps in immunization, especially for young children were reported (Services et al.).

2.3. Mental Health Problems

Several studies reported marked increase in mental health problems in Syrian refugees, including PTSD, mood and anxiety disorders. A study

that was conducted in Turkey, Lebanon and Jordan on 6000 Syrian refugees found that 54% of the Syrian refugees suffer from a severe emotional disorder (CONFLICT). Despite the high rate of passive suicide ideations, Syrian refugees often hesitate to report such thoughts due to cultural and religious stigma and worries of social exclusion (CONFLICT). Such stigma could also interfere with expressing emotional problems and help seeking.

2.4. Healthcare issues in Syrian Women Refugees

Reproductive health

Although family planning services are provided to refugee women in all host countries, only one in three women is aware of these services (Masterson, Usta, Gupta, & Ettinger, 2014). This result shows a marked decline in contraceptive use compare to 54% of contraceptive use prior to the civil war in 2009 (Rashad & Zaky, 2014). It was significant that the mean age of pregnancy in a study of 452 women was only 19 years old (Masterson et al., 2014). A study regarding antenatal care in Jordan showed that around 82% of women received antenatal care and completed delivery in a hospital (S. Doocy, et al., Syrian Refugee Health Access Survey in Jordan. 2014, Johns Hopkins University Bloomberg School of Public Health, World Health Organization, Jordan University for Science and Technology, United Nations High Commissioner for Refugees, & Jordan.).

Early forced Marriage

Early forced marriage is an increasing problem among Syrian girls who immigrated to Syrian neighbor countries. Some Syrian families believe that child marriage will alleviate poverty and may provide their daughter protection from physical and sexual violence that often refugee girls face (Save the Children; USAID. Child). However, several studies showed that childhood forced marriage is associated with increased rate of early pregnancy, maternal mortality and other obstetric complications.

Also, it often results in omitting of education and lower socioeconomic status (USAID. Child).

Exposure to Sexual Violence

Sexual violence is a major concern for Syrian women and girls. A recent study showed that around 31% of Syrian refugee women exposed to conflict related violence and 3 % exposure to non-partner sexual violence (Doedens W). Sexual violence is highly associated with several medical and mental health problems, including depression, PTSD and increasing suicidal risk (Joiner et al., 2007).

Table 2. Numbers of Displaced Women (2015) and Children (2016) in Syria, Turkey, Lebanon and Jordan

	Turkey	Jordan	Lebanon	Syria
Women				
Reproductive Age	500,000	152,711	296,360	3000,000
Pregnant	30,000	12,000	20,597	500,000
% of Pregnant Women	6.0	7.9	6.9	16.7
Children				
Under 5 years old	374,511	105,680	173,630	2,900,000
Under 18 years old	1,221,944	338,046	552,929	6,000,000
% of children under 5 years	30.6	31.2	31.4	48.3

Source: *Healthcare Accessibility for Syrian Refugee (Dadzie, 2017)*

2.5. Health issues in child refugees

Children are the most vulnerable population in the Syrian refugee population. According to the Violations Documentation Center in Syria, more than 119,400 child were killed in the Syrian war till the time of writing these lines (<http://www.vdc-sy.info/index.php/en/martyrs/1/c29ydGJ5PWEua2lsbGVkX2RhdGV8c29ydGRpcj1ERVNDfGFwchJvdmVkJkPjZpc2l1ibGV8ZXh0cmFkaXNwbGF5PTB8Nz0lM0MxOHw=>). More than half of the Syrian refugees are children (around 2.5 million), and over than one-third of the children are less than 5 years old. According to UNICEF, in 2014 there were more than 8000 unaccompanied Syrian minor refugees,

and more than 37,000 Syrian babies were born as refugees (<https://www.unicefusa.org/stories/mission/emergencies/conflict/syria/infographic-syrian-children-under-siege/582>). In 2013, there were around 2.8 million child out of the school and the school attendance rate was less than 30% (<https://www.unicefusa.org/stories/mission/emergencies/conflict/syria/infographic-syrian-children-under-siege/582>). Immunization rate in Syrian children drop from 95% to less than 45% in 2013, and first polio case was diagnosed after 15 years of polio-free period (WHO warns of increased risk of disease epidemics in Syria and in neighbouring countries as summer approaches). Other infection outbreaks include measles, Hepatitis A and Hepatitis B (<https://www.unicefusa.org/stories/mission/emergencies/conflict/syria/infographic-syrian-children-under-siege/582>).

Syrian children showed the highest level of mental illness due to the civil war. A study that was conducted at Turkish Islahiye Camp showed that, 44% of the children who survived the war reported depressive symptoms, 45% showed PTSD symptoms and in a rate 10 times higher compare to children in the worldwide (Sirin & Rogers-Sirin, 2015).

3. Comparison of the health care system and care provided to Syrian refugee in Turkey, Jordan and Lebanon Health Care System

Over the past decade, Turkey has implemented healthcare services reform, which is reflected in the significant improvements at indicators such as maternal mortality, infant mortality, life expectancy, and accessibility. Turkey's success at improving healthcare coverage and system performance has been impressive (OECD, 2014; World Health Organization, 2012). Several studies on the effectiveness of healthcare reforms in Turkey in the last decade pointed out that interventions for the healthcare services and health financing under the Health Transformation Program (HTP) led to significant contributions in improving healthcare status indicators in Turkey (Akinci, Mollahaliloğlu, Gürsöz, & Ögücü, 2012; Atun, Aydın, Chakraborty, Sümer, Aran, Gürol, Nazlıoğlu, Özgülcü, Aydoğan, Ayar, et al., 2013; Ministry of Health, 2010; Tatar et al., 2011; World Health Organization, 2013).

The HTP has changed the main healthcare indicators in Turkey to increase healthcare performance and quality by expanding access to effective healthcare services, reducing financial hardships during illness, and improving health outcomes (Atun, Aydın, Chakraborty, Sümer, Aran, Gürol, Nazlıođlu, Özgülcü, Aydođan, Ayar, et al., 2013). The reform also defined and focused three main objectives of healthcare system performance through the HTP: health indicators, protecting citizens from financial risks, and healthcare users' satisfaction with the delivered healthcare services (Akdađ, 2011).

Universal Health Coverage (UHC) is an important way to achieve these purposes, which lead to the rapid expansion of health insurance coverage and access to effective healthcare services, reduce financial burden, and improve health outcomes for the entire population. The UHC is the system that provides high quality, affordable, accessible, and efficient health services; therefore, Turkey implemented the HTP to achieve universal health coverage via changing health system functions of administration and organization, financing, resource management, and service delivery. (Atun, Aydın, Chakraborty, Sümer, Aran, Gürol, Nazlıođlu, Özgülcü, Aydođan, & Ayar, 2013)

The three Syrian neighbor countries have similar healthcare system which is the Universal Healthcare System and its purpose is to increase healthcare performance and quality by expanding access to healthcare services. There are significant differences between the three countries' healthcare systems such as implementations as well as cost and coverage. For instance, Lebanon subsidizes up to 75% of the medical expenses, meaning the out of pocket cost is 25% of the total healthcare cost that patients have to pay for the services received. On the other hand, the Jordanian healthcare system limits the healthcare coverage for refugees who live outside the camps and charges a full rate, while free healthcare services are provided only for those who live in camps. It is important to note that the three countries have a similar number of doctors and hospital beds per population (Table 3).

*Table 3: Comparison of Syrian neighbor countries financial and medical care**

	Turkey	Jordan	Lebanon
Health care system type	Universal Healthcare System	Universal (National) Healthcare System	Universal Healthcare System (Subsidies up to 75 %)
Number of doctors per 1000 population	1.749	2.65	2.38
Hospital beds (per 1,000 people)	2.5	1.8	3.5
Health Expenditure, total, % of GDP	5.41	7.45	6.39
Total number of refugees (female%)	3,222,000 (46.8%)	654,582 (50.5%)	1,001,051 (52.5%)
Number of children <18-year-old	1,388,799	336,812	547,575
Percentage of living in camps	10%	21%	None
Total amount of received aid	\$300,505,418	\$431,185,844	\$556,765,964
Gap of Funding (%)	\$890,172,034 (66.24%)	\$1,189,871,547 (63.68%)	\$2,034,796,909 (72.64%)
Received aid per person¥	\$96.72	\$654.18	\$556.18
Health access to Syrian refugees	Free primary healthcare services. Free emergency healthcare service for registered and unregistered refugees.	Free health care services for refugees living in camps. Non-insured Jordanian rates for Syrians living outside camp who used the state's health services	Primary healthcare access after registering with the UNHCR. Subsidized primary healthcare services for refugees, including pregnant mothers and children

*Sources World bank and, UNICEF (<http://data.unhcr.org/syrianrefugees/regional.php>; Tekin et al., 2016; The World Bank, 2017; UNICEF, 2017)

GDP: Gross Domestic Production

¥ The percentage of received aid to the total of refugees in the country

Although the number of Syrian refugees live in Turkey is three times compare to Lebanon and five times compare to Jordan, the number of aid Turkey receives per refugee is around 1/6 compare to Lebanon and Jordan (Table 3). This contradictory reflects the success of Turkish health reform and can be observed by the low number of "Gap of Funding". It is significant that the minority of the Syrian refugees continues to live in camps, and there are no refugee camps presented in Lebanon. While Turkey provided free healthcare to all Syrian refugees, free medical care is limited only to refugees who live in Jordan camps (around 20% of the Syrian refugees live in Jordan) and refugees who are registered in Lebanon UNHCR (Table 3).

3.1. Acceptance and Integration

Since the start of the Syrian civil war neighbor countries applied different rules to accommodate the increasing refugee influx (Table 4). Turkey is working towards path of naturalization and integration into Turkish society. Syrian refugees are able to work in all Turkish cities without obtaining work permission, have access to medical services all over the country, and have the right to attend primary and secondary education. Jordan allows the Syrian refugees to live in the cities, however, encourage living in the refugee camps by prohibiting the right to work, limiting the refugee income to the aid from the humanitarian institutions and limiting the free medical care to refugees who live in camps. It is important to report that around 93% of the Syrian refugees who live in Jordan are under poverty line (<http://www.unhcr.org/en-us/syria-emergency.html>). Currently, Syrian refugees constitute about 30% of Lebanon population, and form the highest concentration per capita of refugee in the world. Although Lebanon does not prohibit the Syrian refugees from living and working in cities, a large share of the refugees continues to live in major refugee camps near the border of Syria, where they are exposed to very poor living conditions. Seventy percent of Syrian refugees in Lebanon live below the poverty line is high, compared to forty percent of the Lebanese population who live under poverty line. (2020 & <http://data.unhcr.org/syrianrefugees/regional.php>).

Table 4: Rehabilitation efforts of the host country

	Turkey	Jordan	Lebanon
Acceptance in the host country	- Law on Foreigners and International Protection adopted in 2013: Syrian refugees are not considered "guests" following implementation in 2014 -Social assistance services in camps -Naturalization path	-Avoids recognizing Syrians as "refugees": prefers to refer as 'visitors', 'irregular guests', 'Arab brothers' or simply 'guests' -Residency not automatically granted	-New border regulations ratified in 2014 to limit refugee admission
Ability to work in the host country	Registration and proof of identity provided to refugees. Work permits granted Strategic inclusion of Syrian refugees into workforce	Right to work is for only Jordanian citizens. Work opportunities limited. Certain professions are closed to non-Jordanians.	Application for work permits without paying a deposit. However, residency regulations in 2015 required some refugees to sign a pledge not to work.
Ability to relocate at the city	Travel permits granted	Residency and relocation is not granted	Syrian refugees to obtain residency permit (\$200 fee per person)
Opportunity to learn language if applicable	Yes Translation services in public settings	N/A	N/A
Education	Access to primary and secondary education in public schools`	Access to primary education in public schools	Access to primary education with support of humanitarian communities
Presence of Syrian schools	Presence of "Arabic Syrian schools" with adoption of Syrian Curriculum	No	No

Discussion

In this article we discussed the current Syrian refugee crises related health conditions and current provided medical services in three of the neighbor host countries Turkey, Jordan and Lebanon. Although the communicable diseases represent the most acute medical problems, the non-communicable diseases also show a major need for medical attention. Syrian women seem to receive comparatively better health services with several satellite clinics and accessibility to pre- and post-pregnancy care. There is no enough medical data describes the current provided mental health care, despite the marked increase in mental health conditions, especially in sexually traumatized women and children with PTSD. As expected, children are the most affected and vulnerable group in the Syrian refugee population.

It is crucial to report that providing acceptance and full integration to the host society is the cornerstone in mental health care. Providing the basic needs of life and the sense of "home" is the first step in disaster healing process. Turkey is the country that welcomed all the Syrian refugees fleeing from the civil war as a good model to protect the refugee's right to reach out the healthcare services. On the contrary of trendy way which most countries follow up in international refugee regime, Turkey has a different approach which is morality oriented approach instead of security centered approach towards Syrians refugees (Aras & Mencutek, 2015). The country has adopted an unconditional 'open door policy'. A policy was adopted by Turkey to grant the right to the Syrian refugees a temporary protection status which gives the temporary asylum. The regulation provides a legal status giving some social rights such as identity card, and social support and full access to medical care. Despite the refugee crisis require an international responsibility, Turkey carried the lion share of such crisis and implemented policies beyond hospitality as it was the past. Turkey carries the high expenses of refugee care, including the enormous medical expenses, with a minimal support from other countries. Such policies include housing, employment, education and health (personal and public health) (Kirişci, 2014).

Recommendations to host countries

Full integration of the refugees plays a critical part in establishing stability and sense of connectivity to the host country. Permission to travel and relocate to other cities will decrease the high concentration of the refugee population in border cities. Host countries should provide permission to Syrian refugees for working. Moreover, host countries should accept the Syrian diplomas and certifications as proof of education and work experience. Utilizing such experienced human resources will provide the host countries more workforce, decrease the burden of the host countries from providing uncovered funding to care for refugee and increase their socioeconomic status (SES). Higher socioeconomic status is strongly associated with better physical and mental health.

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