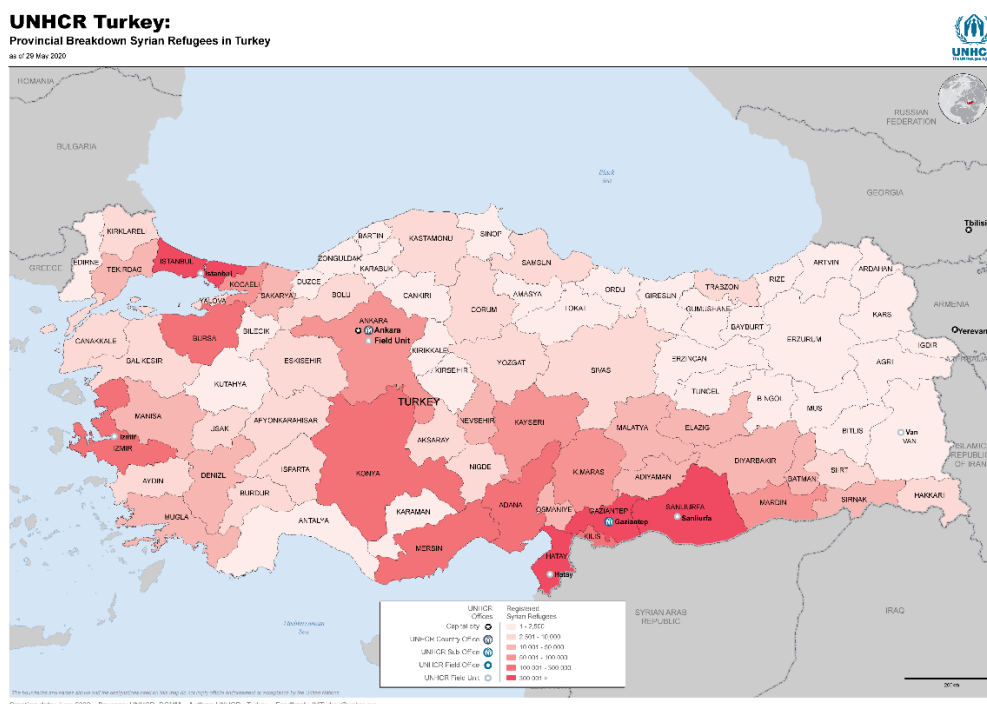


SITUATIONAL BRIEF: REPORT ON FORCED MIGRANTS AND COVID-19 PANDEMIC RESPONSE IN TURKEY

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FORCED MIGRATION COUNTRY CONTEXT

- According to the Directorate General of Migration Management (DGMM), Turkey hosts around 3.6 million registered Syrian refugees under the temporary protection regime. Of the registered refugees, 98.8% live in urban settings (81 provinces) and 1.2% (63,948 refugees) live in seven camps (temporary accommodation centers) located in the southeastern part of Turkey. Istanbul, Gaziantep, Hatay, and Sanliurfa are the provinces with the highest refugee population in Turkey (Figures 1 and 2). Nearly half (46.6%) of the refugees are under the age of 18 and 3.7% are over the age of 60 years (1).
- As of April 2020, 454,662 irregular migrants were residing in Turkey of whom approximately 200,000 were from Afghanistan, 70,000 from Pakistan and 55,236 from Syria, followed by Palestine, Iraq, Georgia, Myanmar, Moldova and other countries (2). According to the United Nations High Commissioner of Refugees (UNHCR) Turkey Office (2019), there were an additional 368,230 asylum seekers and refugees under international protection, most of whom were from Afghanistan (46.0%) and Iraq (39.0%) followed by other nationalities (3).
- Public institutions, UN organizations, civil society and academia work and collaborate on different aspects of forced migration in Turkey, including the Ministry of Health (MoH), Ministry of National Education, Ministry of Family, Labor and Social Services, Ministry of Youth and Sports, Ministry of Interior (Mol) including DGMM, WHO, UNFPA, UNICEF, UNHCR, IOM, local and international non-governmental organizations, and public and private universities.



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Figure 1. Provincial breakdown of refugees in Turkey (UNHCR, June 2020) (4).

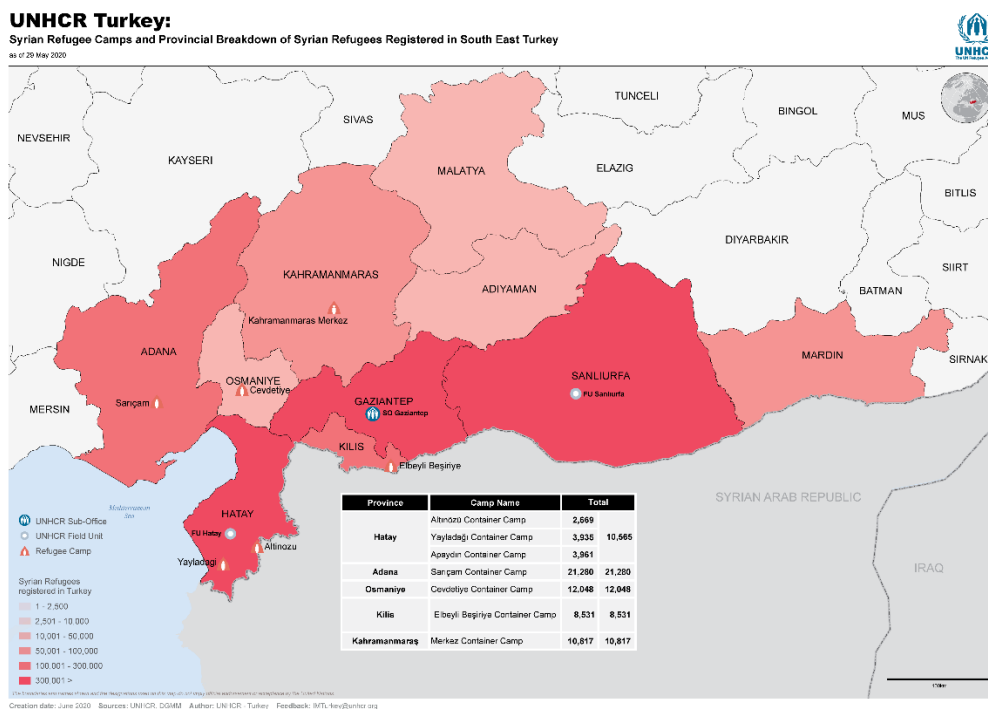


Figure 2. Distribution of refugee camps in Turkey (UNHCR, June 2020) (5).

PREPAREDNESS FOR COVID-19 IN FORCED MIGRANT POPULATIONS IN TURKEY

- Under the Law on Foreigners and International Protection that was introduced in 2013 (6), asylum seekers and refugees were given the **same rights in accessing healthcare** as citizens on the condition that they **must be registered** with the DGMM (7). Persons who have not yet completed their registration have access only to emergency medical services and health services pertaining to communicable diseases delivered by primary health care institutions (8). In December 2019, there was a change in the Law limiting rights to free health care for international protection applicants to one year after the registration of their application, with the exception of persons with special needs (9).
- The Ministry of Health (MoH) in Turkey has established a **national network of migrant health centers (MHCs)**, which act as publicly owned primary health care centers for refugees living in urban areas. There are a total of **180 MHCs across 29 provinces** in the country and they meet the physical and technical requirements of Family Health Centers for citizens. In areas that are located remotely to public hospitals and where more than 20,000 refugees reside, internal medicine, pediatrics, gynecology, oral-dental health and psychosocial support services are provided in addition to primary health care services. These **strengthened MHCs** are supported by imaging units and basic laboratory services to both facilitate access to and reduce the burden on hospitals (10,11). In recent years, the MoH has employed more than a thousand **refugee health workers** who help in decreasing the language and cultural barriers in health service provision for the majority of refugees (12).
- In 2019, the **National Preparedness Plan Pandemic Influenza** was launched in Turkey. The pandemic preparation plan included sections such as epidemiology, surveillance, prevention and control measures and treatment, as well as legislation, organization of services (including refugee camps and migrant health centers) and communication strategies. The document also mentioned lessons learned from the previous Influenza Pandemic and referred to good practices in different countries. The plan highlighted the importance of responding quickly to the needs of refugees and asylum seekers in a pandemic situation and covered topics such as border security, refugee flows, irregular migrants and other

population movements, with the MoH and MoI as the main responsible governmental institutions. A psychosocial support action plan for refugees was also included in this document with specific targets. For example, Target 2 mentioned preventing stigma and discrimination via informational and educational activities, especially for refugees and groups at risk of being stigmatized (13).

POTENTIAL RISKS AND IMPACT OF COVID-19 FOR FORCED MIGRANT POPULATIONS

Forced migrant populations in Turkey face several specific risks from COVID-19. There are particular physical and mental health vulnerabilities in this group, and they face difficulties accessing healthcare and other services. They may experience substandard accommodation and hygiene conditions and are less likely to be in a form of employment which allows for social distancing. Forced migrants may struggle to access reliable information about COVID-29; conversely, disinformation about forced migrants may increase stigmatization during the pandemic. The main risks are outlined below:

[1] Health status of forced migrant populations

- Although asylum seekers and refugee populations in Turkey are **relatively young**, which can be viewed as an advantage regarding COVID-19, factors such as **high prevalence of tobacco use, nutritional deficiencies, and chronic diseases** increase these populations' vulnerability.
- In a **large-scale study** among Syrian refugees in Turkey (2016):
 - 34.0% were found to be **tobacco** users.
 - **Diabetes** prevalence among those between the ages of 45-59 and 60-69 years were 13.0% and 18.8%, respectively.
 - **Hypertension** prevalence among the same age groups was found to be 20.6% and 39.5%. Of those hypertensive refugees, less than half were on regular anti-hypertensive medication (14).

[2] Access to healthcare

- While their right to access healthcare may be guaranteed by legislation, in practice forced migrant groups experience **different barriers in access to health care** including their legal status, language barriers, cultural barriers, lack of knowledge about how the health system functions, economic barriers and health care workers' negative attitudes towards asylum seekers and refugees (15-18).
- Unfortunately, considering the challenges of obtaining basic needs for living during the crisis, health does not seem to be one of the top priorities for many forced migrants. Due to the **economic hardships** that will inevitably emerge during and after the outbreak, the forced migrant populations may have significant difficulties in obtaining their fundamental needs and the worsening socioeconomic status **may lead to increased health concerns including COVID-19 and other acute and chronic conditions including mental health problems** (19-21).
- Refugees under the temporary protection regime are only entitled to access health care services in the province where they are registered. However, where appropriate treatment is not available in the province of registration or where treatment in a different province is deemed necessary for other medical reasons, the person concerned may be referred to another province (8).
- According to a recent survey among 879 refugees in five provinces by Relief International, **utilization of health services decreased** from 87 to 25% and **access to medicines decreased** by half during the pandemic period. The main reasons for these changes were reported as financial difficulties, stay-at-home orders, and preferring to stay at home because of the fear of getting infected (19).
- **Undocumented migrants** do not have free access to health care services except emergency care and health services pertaining to communicable diseases (17,22).

- A recently published report by the Izmir Bar Association stated several allegations including hygiene problems and limited access to health care in one of the **detention centers** in Izmir. The report further noted that 30 refugees and one security guard tested positive for COVID-19. The DGMM, however, rejected these claims. There is currently no publicly available information on the number of confirmed Covid-19 cases among the migrant and refugee populations in Turkey (10).
- Although the borders are currently closed and no deportations are reported to be taking place, **fear of deportation** among undocumented migrants could still prevent them from seeking health care.

[3] Living conditions, hygiene and employment

- Poverty, the necessity to continue working in unfavorable conditions, problems in accessing healthy food and healthy housing conditions are some of the factors that increase the risk for COVID-19 among **forced, irregular and undocumented migrant populations in Turkey**. According to the survey among refugees by Relief International, 81% of refugees reported that they **lost access to essential needs** since the onset of the outbreak. Of these, 59% reported having lost access to food, and 37% to hygiene materials (19).
- Hygiene and sanitation problems, living in crowded houses and difficulties with social distancing, stress-provoking factors such as high levels of uncertainty, increased stigma and discrimination against refugees and asylum seekers among the host community (23,24), interruptions and delays in outreach and work by NGOs, and a pause in asylum interviews also **increase the vulnerability** of forced migrant populations.
- A recent report by 3RP partners highlights a notable **deterioration in mental health** resulting from the impact of COVID-19, which may lead to increased levels of domestic violence, adoption of negative coping mechanisms, and aggravation of the existing cases of gender-based violence among the refugee populations, which will require additional programming and innovative approaches for prevention and protection of vulnerable groups (25).
- Many refugees and international protection applicants have been working informally or without job security prior to the outbreak of COVID-19, making them particularly vulnerable to be let go by employers during an economic slowdown. Initial assessments indicate a substantial number of refugee households in Turkey have one family member who has already lost a job, and the majority of refugee-run businesses expressed concern over having to shut down in the next few months (25).
- While the closure of workplaces has caused many forced, undocumented and irregular migrants to become **unemployed**, it has been reported that many of those who continue to work are not able to take advantage of the short-term work, flexible working hours, and working from home, and therefore **continue to work** as they were before the outbreak.

[4] Information flows

- Despite the **availability of COVID-19 related information** in multiple languages (26), there are still **problems in accessing reliable information** and information about available health services, which may affect the level of awareness about potential COVID-19 symptoms, proper symptom screening, access to available testing, treatment and isolation/quarantine measures.
- The closure of schools and transition to online learning has affected at least 680,000 refugee children. Refugee children are usually affected more than their peers, because of **difficulties with internet and computer access** among refugee families. Interventions such as school rehabilitation, provision of supplies, school transportation, support for Early Childhood Education, homework support and outreach have been suspended or shifted to distance modalities (25).

RESPONSE TO COVID-19 TO DATE BY GOVERNMENT, HUMANITARIAN ORGANIZATIONS AND NGOS

[1] Government and UN response

- The initial pandemic response of the governmental organizations (MoH and DGMM) in Turkey regarding forced migrants was to prepare **COVID-19 related information and communication materials in multiple languages** (24). Some of these materials were prepared and disseminated in collaboration with UN agencies such as the WHO and UNICEF (25). The Relief International survey among refugees in five provinces showed that 84% of respondents received information about COVID-19 (19).
- The MoH planned to continue providing services for refugees via the MHCs and primary health care centers throughout the country and use the **same referral system for COVID-19** as it did for citizens. Currently, professionals deployed at MHCs carry out screenings for people suspected of having COVID-19, and where necessary refer these cases to hospitals. This approach provided access to pandemic related health services for all asylum seekers, refugees and irregular migrants despite problems related to the registration of irregular migrants to the national health record database (10).
- At the end of February 2020, following the Turkish Government's declaration on opening its borders, tens of thousands of refugees left the cities in which they were residing and travelled to the Turkish-Greek border. The Turkish Medical Association reported that most people, including women and children, started living near the **Turkish-Greek border** in tents or in unfavorable living conditions (27,28). On March 28, 2020, the MoI announced that due to the COVID-19 outbreak around 5800 refugees and asylum seekers waiting at the border were going to be **transferred to temporary settlements** in 9 different cities. Refugees were kept under quarantine for 14 days and monitored by doctors assigned by the Provincial Directorates of Health. The MoH later announced that no cases were detected among this population. After the quarantine period, refugees were transferred to the cities that they were registered in (10).
- The curfews imposed on the population make it difficult for all people but particularly for refugees to **access the social services** they need. During the pandemic, social and protection services have been put under severe pressure due to the combined impact of higher demand for services and reduced operational capacity related to rotational and remote working arrangements (25). These services include social care for children, the elderly, people with disabilities, women, and victims of domestic violence. Refugees are affected more than host communities because of language barriers, lack of knowledge about continuing services, and the limited number of phone-based or online services in multiple languages.
- At the beginning of April 2020, the Turkish Government published a circular announcing that 'COVID-19 related health services' will be provided under the emergency service category **for free regardless of registration status**, facilitating access to health services during the outbreak for approximately 500,000 irregular migrants (29). According to the circular, every individual who approaches a health care center with a suspected case of COVID-19, regardless of their health coverage under the social security system, shall be granted free of charge access to personal protective equipment, diagnostic testing and medical treatment (29).
- In response to the pandemic, **3RP Turkey partners including UN agencies** have engaged in (a) adapting the delivery of services, support and assistance to ensure continuity given the situation of confinement and partial closure of community-based services; (b) identifying priority needs of women and men, girls and boys, communities and institutions impacted by the pandemic; and (c) developing new activities to respond to additional needs triggered by the pandemic. 3RP activities will be aligned with the Government's response (25).
- Currently all Migrant Health Training Centers (7 centers in 7 provinces) supported by 3RP partners are up and running. The 180 MHCs (operating outside of 3RP) that provide health services to refugees and migrants are operating as well (25).
- Ongoing support of UN agencies to the MoH includes the provision of primary health care services for refugees through **mobile teams to reach vulnerable households living in rural areas** and providing reproductive health services through

UNFPA's Women and Girls Safe Spaces integrated in MHCs with a focus on prevention of COVID-19 transmission and addressing non-COVID primary health care problems (25).

[2] Humanitarian and NGO response

- On March 16, 2020, the MoI sent a notice to all civil society organizations to cancel their events and meetings that require in-person gatherings as a social distancing measure (30). Therefore, all civil society organizations including NGOs that work for/with forced and undocumented migrants took necessary measures and gradually started **working remotely**. A study revealed that some NGOs in Turkey had to stop their activities completely because of the crisis. However, 71% of those surveyed were partially impacted by the crisis and did not entirely terminate their activities (31).
- Both local and international NGOs that work with populations affected by forced migration state that they are experiencing **difficulties in outreach and provision of services during the pandemic**. They are especially encountering difficulties in transferring economic supplies to forced migrants in need due to the lockdown procedures and lack of individual bank accounts. On the other hand, vital assistance such as the Emergency Social Safety Net (ESSN) and Conditional Cash Transfers for Education (CCTE) is continuing across Turkey without interruption despite the absence of face to face contact (25). IOM Turkey also announced that it will start a new cash transfer program for populations affected by forced migration to meet their basic needs during the pandemic.
- In **small cities**, NGOs can work in closer dialogue with the public institutions and make plans to meet the local needs more easily. On the other hand, it is important to note that the population that NGOs can reach is only a small portion of the larger asylum seeker/refugee population in the country and they **cannot fully support the need** for widespread service provision.

URGENT HEALTH AND HUMANITARIAN NEEDS IN RESPONSE TO COVID-19 AND PROPOSED SOLUTIONS

Our report highlighted that Turkey, in general, provides access to **COVID-19 related health care for all people** in the country (27), including undocumented and irregular migrants. In this respect, Turkey compares favorably to the pandemic response in many other countries. However, much more remains to be done to ensure a fully migrant-inclusive response to the COVID-19 pandemic in Turkey.

R1. All vulnerable and disadvantaged groups including forced and irregular migrants should be a central aspect of the agenda of policymakers and service providers to ensure a **comprehensive and effective COVID-19 response**.

- This response should encompass adequate provision of COVID-19 related information, mitigation and treatment measures; full access to health and social care services; support to reduce the socioeconomic impact of COVID-19; and steps to strengthen policies and communication strategies around forced and irregular migrants, incorporating a migrant-inclusive policymaking approach.
- As discussed earlier, **social determinants of health** are also strongly linked to how the COVID-19 pandemic evolves. Legal rights to healthcare do not necessarily mean full accessibility of services for forced migrants as language difficulties, cultural barriers, fear of deportation (for undocumented migrants) and other socioeconomic factors still affect the utilization of services (19,21,22).

R2. Despite a more inclusive approach for communities affected by forced migration during the pandemic response in Turkey, **strengthening existing refugee and migrant policies and practices** with a special emphasis on health, education, social care, and employment sectors, and **increasing involvement of refugees and migrants in the development, implementation and evaluation of those policies** will create a more comprehensive and stronger response that leaves no one behind as targeted by the Sustainable Development Goals.

R3. Preventive measures should apply to existing **detention centers for irregular migrants**. In this regard, both the camps and the centers need to be re-organized to include isolation and quarantine facilities for infected irregular migrants and their contacts.

- Distribution of hygiene and sanitation kits, staff training, applying social distancing measures, restricting the number of visitors, screening new arrivals for fever and other screening symptoms, maintaining good sanitation and delivery of primary health care including routine immunization services should be implemented in all camp settings and detention centers in Turkey on a continuous basis.

R4. Preventive measures for forced migrants, in general, should include the adequate provision of **personal hygiene supplies** and dissemination of linguistically and culturally appropriate **health education and risk communication** materials about COVID-19 by using **effective outreach** approaches such as working with community leaders and cultural mediators, using telephone hotlines, social media tools, and mHealth technologies.

R5. In order to ensure access to testing and treatment regardless of legal status, the number and outreach of **mobile health services** may be increased in urban areas with a high density of refugees such as Istanbul, Gaziantep, Hatay and Sanliurfa. UN organizations and NGOs should continue supporting the MoH in continuous health education and communication, COVID 19 specific data collection in the field and for facilitating access to health care including routine **primary health care services**.

R6. Communication interventions to **decrease stigma and discrimination** against forced migrants and increasing their active involvement in the response plans will also support a more inclusive approach.

- **Telemedicine and other innovative health care approaches** including physical and mental health care, as well as **remote social care and educational services** should be made available in multiple languages and strengthened with a gender sensitive approach.
- Culturally sensitive public briefings about what has been done for migrant populations would also be valuable in terms of their perception of feeling more secure and included.

R7. Considering the worsening economic situation for many families affected by forced migration, increasing the availability of **cash transfers and providing meals** for poorer families will decrease their vulnerability during the outbreak. Although the current pandemic affects both host communities and migrant populations, there are significant differences with respect to their challenges and barriers in access to services. In realizing all of the above-mentioned interventions, **intersectoral collaboration, involvement of academia** (e.g. for research, innovation, evidence based advocacy and policy making), **allocation of resources** for the most vulnerable groups and **increasing visibility** of migrant populations in the surveillance and reporting systems are highly needed.

Organisations and acknowledgements

This situational report was authored by Ozge Karadag Caman MD, MSPH, PhD⁶, Erva Nur Cinar⁷, Muge Cevik MD, MSc, MRCP⁸, F. Deniz Mardin MD, PhD⁹, Ali İhsan Nergiz², Selma Karabey MD, DPH¹⁰; and expert reviewed by Diana Rayes MHS¹¹. Overall direction and review on behalf of the Lancet Migration global collaboration was provided by Miriam Orcutt and editorial review by Elspeth Carruthers. This brief represents the views of the authors.

This series of situational and policy briefs summarises key aspects of the COVID-19 response in relation to migrants and refugees at country or regional level. They include public health and policy recommendations and perspectives and build on the [Lancet Migration Global Statement](#) recommendations to ensure migrants and refugees: have access to healthcare; are included in prevention, preparedness and response; and are part of responsible and transparent public information strategies, during the COVID-19 pandemic. Policy and situational briefs have been authored by experts working in academia, operational, or clinical areas of migration and COVID-19, and are hosted on the Lancet Migration website (www.migrationandhealth.org). Lancet Migration is a global collaboration between The Lancet and researchers, implementers, and others in the field of migration and health that aims to address evidence gaps and drive policy change building on the recommendations of the UCL-Lancet Commission on Migration and Health published in December 2018.

REFERENCES

- 1) Ministry of Interior Directorate General of Migration Management. (2020). Syrian Refugees Under Temporary Protection, Retrieved from <https://en.goc.gov.tr/temporary-protection27>
- 2) Ministry of Interior Directorate General of Migration Management. (2020). Irregular Immigration. Retrieved from <https://en.goc.gov.tr/irregular-migration>
- 3) UNHCR. (2019). Turkey Key Facts and Figures. Retrieved February 8, 2020, from <http://www.unhcr.org/tr/unhcr-turkiye-istatistikleri>
- 4) UNHCR Turkey: Provincial Breakdown Syrian Refugees in Turkey, June 2020. Retrieved June 4, 2020 from <https://data2.unhcr.org/en/documents/details/76788>
- 5) UNHCR Turkey: Syrian Refugee Camps and Provincial Breakdown of Syrian Refugees Registered in South East Turkey, June 2020). Retrieved June 4, 2020 from <https://data2.unhcr.org/en/documents/download/76789>
- 6) Law No. 6458 on Foreigners and International Protection, 11 April 2013. Retrieved May 20, 2020 from <https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6458.pdf>
- 7) Mardin, F. D. (2017). Right to Health and Access to Health Services for Syrian Refugees in Turkey. MiReKoc Policy Brief Series. Retrieved February 12, 2020 from https://mirekoc.ku.edu.tr/wp-content/uploads/2016/11/PB_Right-to-Health.pdf
- 8) The Asylum Information Database (AIDA): Country Report Turkey, 2019 Update, European Council on Refugees and Exiles (ECRE). Retrieved May 19, 2020 from <https://www.asylumineurope.org/reports/country/turkey>
- 9) Law No. 7196 Amending Several Acts, 6 December 2019, Retrieved May 19, 2020, from <https://www.resmigazete.gov.tr/eskiler/2019/12/20191224-1.htm>.
- 10) Migrants and Refugees in a Time of Pandemic: Access to Healthcare Services in Turkey, Heinrich Böll Stiftung, 18 May 2020. Retrieved May 19, 2020 from <https://eu.boell.org/en/2020/05/18/migrants-and-refugees-time-pandemic-access-healthcare-services-turkey>
- 11) Egici, Mehmet. (2019). Migrant Health Care Services Provided by Public Sector in Turkey. The Anatolian Journal of Family Medicine. 7-12. 10.5505/anatoljfm.2018.29494.

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- 12) WHO Europe, 2017. Syrian refugee response in Turkey, Retrieved April 16, 2020 from http://www.euro.who.int/_data/assets/pdf_file/0006/343905/b7b00138-6c59-11e7-84a9-e89a8f74124e.pdf?ua=1
- 13) Ministry of Health. (2019). Pandemic Influenza National Preparedness Plan 2019, retrieved April 12, 2020 from https://grip.gov.tr/depo/saglik-calisanlari/ulusal_pandemi_plani.pdf
- 14) AFAD (Disaster and Emergency Management Presidency). (2016). Health Status Survey of Syrian Refugees in Turkey, Ankara, Turkey, Retrieved April 12, 2020 from <https://sbu.saglik.gov.tr/Ekutuphane/Yayin/542>
- 15) Bahadır, H., & Uçku, R. (2016). İzmir'in Bir Mahallesiinde Yaşayan Suriyeli Sığınmacıların Sağlık Durumları , Sağlık Hizmetlerine Erişimi ve Erişimi Etkileyen Etmenler. Dokuz Eylül Üniversitesi, TUBITAK Proje No: 115S854, İzmir.
- 16) Kaya, A., & Kıracı, A. (2016). Vulnerability Assessment of Syrian Refugees in Istanbul. Istanbul, Turkey.
- 17) Mackreath, H. (2018). Undocumented Migrant Access to Healthcare in Istanbul: Differential inclusion and regimes of citizenship, gender and racialization. Istanbul: Migration, Social Transformation and Differential Inclusion, Istanbul Policy Centre, Sabancı University, Stiftung Mercator Initiative 5-6 October 2018.
- 18) Mardin, F. D. (2019). Sığınmacıların Sağlık Hizmetine Erişimi: Metropol-Uydu Şehir Karşılaştırması. Istanbul University.
- 19) Impact of the COVID-19 Outbreak on Syrian Refugees in Turkey: Results from Rapid Needs Assessment conducted in Istanbul, Izmir, Manisa, Gaziantep, Kilis and Reyhanli, Relief International Turkey, April 2020.
- 20) Önal, A. (2015). Isparta'da Yaşayan Mülteci ve Sığınmacıların Sağlık Hizmetlerine Erişimde Yaşadıkları Sorunlar Üzerine Bir Araştırma. (Yüksek Lisans Tezi) Sağlık Yönetimi Anabilim Dalı, Sosyal Bilimler Enstitüsü, Süleyman Demirel Üniversitesi, Isparta.
- 21) Kaya E, Karadag Caman O, Kilic C, Uner S. Refugees' access to and utilization of health services: challenges and solutions in Turkey. Eur J Public Health 2018; 28 (suppl. 4):403. 11th European Public Health Conference, 28 Nov-1 Dec 2018, Ljubljana/Slovenia. doi: 10.1093/eurpub/cky214.273
- 22) MDM. (2016). Access to healthcare for people facing multiple vulnerabilities in health in 31 cities in 12 countries.
- 23) Karadag O, Altintas KH. Refugees and health. TAF Prev Med Bull. 2010; 9(1):55-62.
- 24) Karadag Caman O. Stigma and discrimination towards migrants in health care. European Journal of Public Health 2015; 25(Suppl.3):27. 8th European Public Health Conference, 14-17 October 2015, Milan/Italy. doi: 10.1093/eurpub/ckv167.054
- 25) 3RP Partner Support to Turkey's Response to COVID-19, May 2020. Retrieved May 22, 2020 from <http://www.3rpsyriacrisis.org/wp-content/uploads/2020/05/turkey.pdf>
- 26) Turkish Ministry of Health, COVID 19 Brochures, retrieved April 1, 2020 from <https://www.seyahatsagligi.gov.tr/Site/KoronaVirusBrosurler>
- 27) Turkish Medical Association. (2020). Situation Analysis Report for Migrants in Edirne. Retrieved April 2, 2020, from https://www.ttb.org.tr/haber_goster.php?Guid=b3a85e86-5faa-11ea-ba01-377ed3a5c4e3
- 28) Nearly 2,000 new arrivals detained in overcrowded migrant camps in Greece, Daily Sabah, (March 31,2020), retrieved April 13, 2020 from <https://www.dailysabah.com/politics/nearly-2000-new-arrivals-detained-in-overcrowded-migrant-camps-in-greece/news>
- 29) Official Gazette of the Republic of Turkey, 9 April 2020. Retrieved April 12, 2020 from <https://www.resmigazete.gov.tr/eskiler/2020/04/20200409-7.htm>
- 30) Turkish Ministry of Interior, Additional Circular Regarding COVID Pandemic (Date: 16 March 2020). Retrieved April 14, 2020 from <https://www.icisleri.gov.tr/81-il-valiligine-koronavirus-tedbirleri-konulu-ek-genelge-gonderildi>
- 31) Report on Effects of COVID-19 Pandemic on NGOs in Turkey, April 2020, TUSEV. Retrieved May 25, 2020 from https://covid19vestklar.tusev.org.tr/wp-content/uploads/2020/04/COVID19_AnketSonucRaporu.27.04.20.pdf