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ANALYSIS

Rethinking the right to work for refugee Syrian healthcare professionals: a call for innovation in global governance

It's time to consider facilitating Syrian refugee healthcare professionals to care for refugee Syrians residing in host countries say **Vural Özdemir and colleagues**

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Since the Syrian civil war broke out in 2011, millions have fled their homes.[1] The migration and refugee flows have been of an immense scale and speed not seen since the second world war. Syria is now the largest source of displaced people and refugees, overtaking Afghanistan. Though much debate has been focused on healthcare in Syria in the time of war, little attention has been given to how best to provide for Syrian refugees' health in host countries. We make a call for innovation in global governance for health to meet the needs of refugees in host countries, and discuss how one project in Turkey has looked to Syrian refugee doctors and healthcare professionals to cope with demands.

Refugee flows and health

Movement of people has occurred throughout history for various reasons, including economic prospects, education, fleeing from wars, social conflict, discrimination, natural and anthropogenic disasters, and more recently, climate change.[1-3] However, the number of people living in a country other than where they were born, international migrants, swelled to 244 million or 3.3% of the world's population in 2015, an increase of 71 million since 2000.[2] This figure includes nearly 20 million refugees. The 1951 Refugee Convention defines refugees as people who are outside the country of their nationality because of "a well founded fear of being persecuted."[4]

According to the UN Refugee Agency (UNHCR), on 1 June 2017 over five million Syrians were living in the neighbouring countries of Turkey (2 992 567), Lebanon (1 011 366), Jordan (660 315), Iraq (241 406), and Egypt (122 228) as well as 30 000 in north Africa.[1] In the European Union, the response to the Syrian refugee crisis has been mixed, with some countries increasing efforts to take in refugees while other countries have set up barbed wires to stop the refugees' influx. Yet, the total number of Syrian asylum applications in Europe from 2011 to 2016 was only about a million, much lower than in the countries sharing a border with Syria.[1]

The World Health Organization defines health as "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity."[5] From this definition, it follows that migration ought to be an integral component of the social environments that invariably affect health.[6] Yet, despite the current scale and distribution of Syrian refugees, migration is not formally and systematically included as a legitimate component of social determinants of health.[7]

There seems to be no end in sight to the Syrian war or the entrenched sectarian conflicts in the Middle East. Even if peace were immediate, rebuilding Syria and creating sustainable civilian infrastructures and jobs could take at least a decade. The average time spent as a refugee ranges from 10 to 20 years.[8] Hence, it is realistic to recognise that refugees are here to stay in both affluent and developing countries. Refugee health has thus become a development and global governance concern.

The growing permanence of refugees should be a call to shift the focus of global health organisations and governments from acute crisis response to new and enduring ways of working. Governance for refugee health is a neglected issue that cuts across migration and development agendas. How should we understand and respond to refugee health in the context of the current Syrian war?

Neglected long term health

In the case of the Syrian war, health has reached the global agenda through news of health workers killed in Syria by the government and bombs dropped from helicopters on Syrian

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civilian infrastructures, including hospitals.[9] Such egregious acts are clear violations of the Geneva conventions and medical neutrality in war zones. Less attention has been given to the health of refugees who now live outside Syria, particularly in neighbouring developing countries, despite reasons for concern.

Language barriers and lack of familiarity with diseases prevalent in refugee populations from Syria can make it difficult for healthcare workers in host countries to provide adequate care. Health workers who have fled Syria often want to help their fellow refugees but face obstacles. Most neighbouring countries to Syria lack adequate migration and integration policies or mechanisms to assess equivalency of professional credentials—for example, to determine whether refugee medical doctors and nurses can practise in their new country. Notably, the host countries in the Middle East are more accustomed to people emigrating out for economic prospects than to an influx of migrants and refugees, and this contributes to sluggish integration and policy responses in the region. Whereas international migrants represent at least 10% of the population in Europe, North America, and Oceania, in Africa and Asia they account for less than 2% of the population.[2]

Assisting refugees

Host countries commonly use a two step strategy to help refugees. The first step is an increase in public spending for initial needs and to help refugees adapt through language literacy, professional training, refresher courses, and other services. The second step is employment and broader integration. Host countries differ widely, however, in their emphasis or allocation of funds to these integration steps. Sweden and the US represent the two extremes, with most countries residing somewhere in between. Sweden offers refugees generous initial social support but is relatively restrictive in granting them work permits.[10] The US, by contrast, has a short initial burst of assistance but encourages refugees to be self sustaining and employed rapidly.[10]

An ideal policy would have both elements in place, offering strong initial support for adaptation, and mechanisms for employment and refugee work permits. Unfortunately, Syrian refugee health workers have fallen between the cracks until recently.[7] Furthermore, in Lebanon and Jordan, Syrian refugee doctors who care for their fellow displaced citizens face the risk of arrest and deportation.[11] New mechanisms of engagement with Syrian health workers would not only help with employment but are important for responsible innovation in global governance for health,[12] post-conflict capacity building and future reconstruction of Syria.

In November 2014, Gaziantep University, a public institution situated at the Syrian border with a tradition of integrating medicine, engineering, and social sciences under a rubric of social innovation, launched a collaborative initiative to help Syrian health professionals together with national and international health actors such as WHO and the Turkish Ministry of Health. The university contributed to the collaborative development of a series of adaptation training courses for Syrian doctors and nurses in Turkey, aiming to familiarise them with the Turkish health system and focusing on family medicine and primary health services. After a vetting process and verification of their credentials, a total of 201 Syrian doctors and 103 nurses residing in Turkey completed the training by June 2016 over 12 education cycles, each lasting a week and including a one day practice session in a local Turkish healthcare setting.

The programme included information about the Turkish health system, such as medicines used and vaccination schedules to promote Syrian professionals' provision of healthcare to fellow refugees in the future. It aimed to increase the social inclusion of Syrian health professionals in Turkey while mitigating the language barrier between health professionals and Syrian patients in their host country (fig 1⇓).

Although the adaptation programme does not yet provide Syrian healthcare workers with a work permit to practise in Turkey, it is helping to increase public awareness of innovation in global governance for health in emergency settings.[7] Turkey plans to open migrant health centres in all Turkish cities with a Syrian refugee population over 20 000. The intention is that they will employ about 500 Syrian doctors and 300 Syrian nurses after their qualifications have been verified.[13]

The approach could be scaled up, for example, through refugee healthcare clinics or other mechanisms in the future. As this was an emergency setting, it is hard to predict whether such programmes might have a role in global governance of refugee health in other settings. It will be necessary to measure its effect on both refugee health and the host country health services, as well as the underground makeshift medical care that often occurs in global crisis zones. The politics of collaboration among the local and global organisations and, at times, within the host country national healthcare systems and institutions, also warrant attention because they can determine the success or failure of capacity building efforts for refugee health.[6 14]

The adaptation training programme is a step on the road towards assessing the credentials of refugee doctors and nurses to work in Turkey to meet the health and language needs of Syrian refugee populations. Without such steps, there is the risk of unqualified or dubious health workers offering medical services to displaced people desperate to receive care in conflict zones.

There remain many challenges ahead, such as verifying and validating the qualifications and credentials of Syrian refugee healthcare professionals when medical institutions in war torn countries are not always easily accessible. The perceptions and reactions of the host country healthcare professionals to use of Syrian doctors and nurses also need to be assessed. Trust and collaboration between the two are essential to ensure effective healthcare for refugees.

The concept of refugee health professionals helping to meet refugee health is important, not only in the Middle East but also internationally. Historically, mechanisms to provide health professional work permits and determine equivalency of qualifications have been geared towards elective (non-emergency) migration in affluent countries and are not well suited to integration of foreign or refugee health workers in an emergency or conflict zone. Hence, the experience with the Syrian refugee health workers in southeast Turkey might offer a model for other emergency situations.

Bigger picture

The experience in southeast Turkey is worth consideration to build capacity for refugee health in other global crisis zones.[10] This is supported by recent evidence that refugees can usefully boost development in the host countries.[10] Much of the debate on refugees has rested on misplaced assumptions and ill conceived fears that refugees will cost the local governments and take away jobs from the local citizens. However, a recent study found that refugees not only create new jobs but also serve as an economic boost to the economies of host countries.[10]

In a comprehensive international study, Legrain and colleagues predict that an increase in net government debt of €68.8bn by 2020 to fund investment in refugees will yield a total increase in gross domestic product of €126.6bn between 2015 and 2020[10]; in other words, "investing one euro in welcoming refugees can yield nearly two euros in economic benefits within five years." The economic boost results from numerous sources, including a demand dividend in economies where demand is depressed or that have shrinking populations without migration (eg, Europe) and a development dividend through remittances sent to family members in refugees' country of origin.

The effect on the health systems of host countries may also be beneficial. A recent study found that the refugee influx to Cameroon did not adversely affect the mother and child health services for the refugee hosting community. In fact, child delivery in health facilities and vaccination coverage have improved.[15]

With additional factors such as climate change contributing to displacement, we need a new language and innovation in global governance that truly understand migration and refugees as an integral part of life in the 21st century rather than an unplanned burden. Refugee health and refugee health workers have been neglected in debates over the Syrian war and displaced populations. The southeast Turkey adaptation training programme highlights the novel ways in which refugee doctors and nurses can contribute to their host countries and fellow refugee patients' health. It also shows that many of the challenges we face in 21st century medicine are related to governance rather than to simple lack of healthcare resources.

Refugees have already suffered enormously. Access to health services in the host countries with language and other competencies in place can help transform the current predicaments to opportunities for equitable development. The alternative, neglecting the refugee health workers and their enormous potential, will make a bad situation worse in the Middle East.

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Key messages

- Accreditation systems to allow healthcare professionals to work in a country different from that in which they qualified are usually set up for elective migration
- Emergency situations such as in Syria raise questions about whether refugee health workers should offer medical services to fellow refugees
- Brief training in primary care systems of host or transit countries, as tried in southeast Turkey, could enable such work and boost healthcare, development, and the economy

Figure

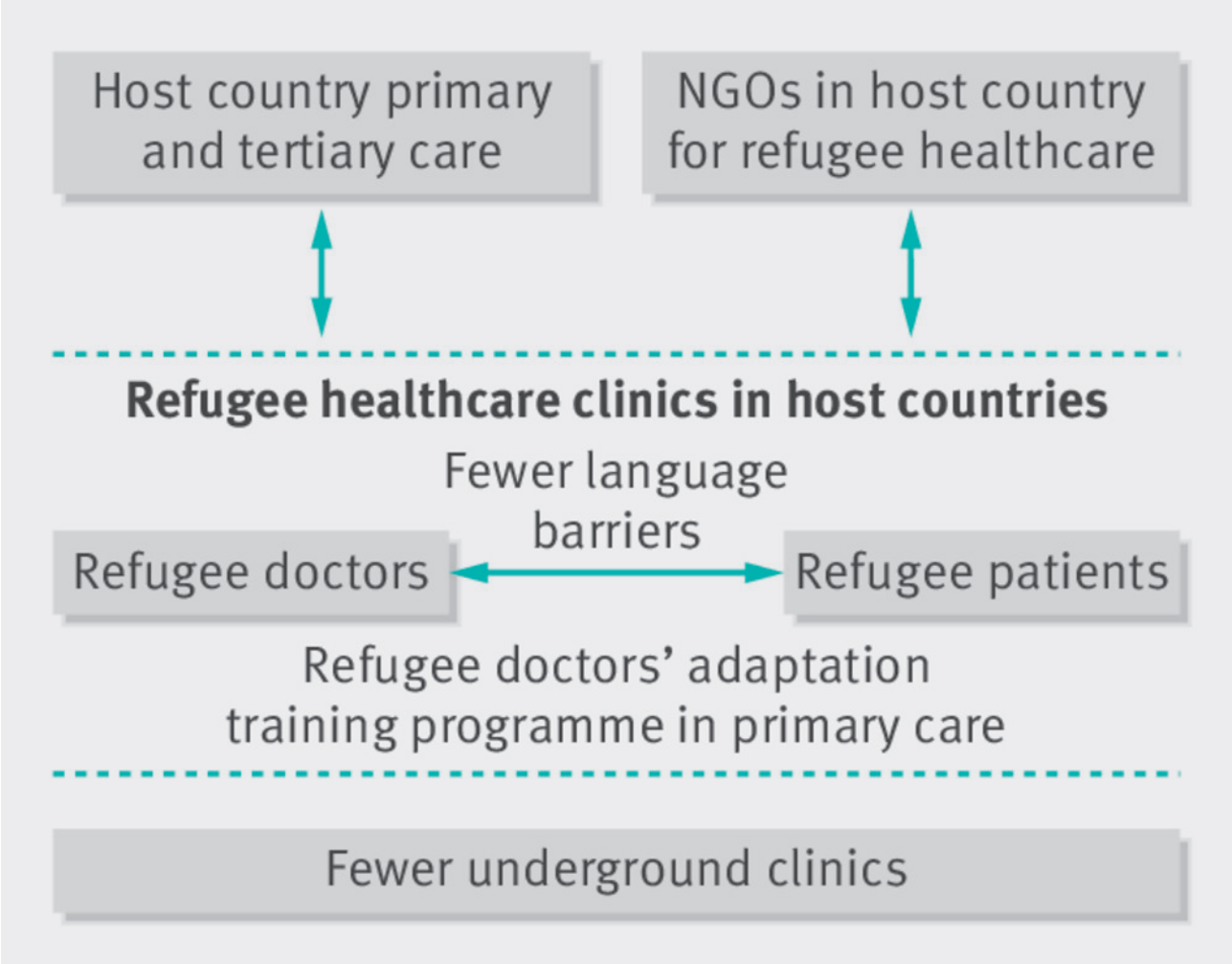

Fig 1 How refugee healthcare professionals could be mobilised to improve care of other refugees in host or transit countries