

The Effect of Syrian Refugees on Health Services In Şanlıurfa, Turkey

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Abstract

The aim of this study is to put forward the present situation of health services in Şanlıurfa. In this descriptive study, features of population and health services delivery system (labour force, infrastructure, use of service etc) are focused. Data are compared with the average of Turkey and the number of Syrian refugees is considered. Data are obtained from Ministry of Health 2018 Statistical Year Book, Turkish Statistical Institute and Şanlıurfa Provincial Directorate of Health. For the categorization of data, analyses are made with average and percentage values. While the rate of Syrian refugees to total population in Turkey is 4.41%, this rate is 22.3% in Şanlıurfa. When the number of doctors per 1000 analysed, the rate is 1.87 across Turkey, and 1.11 in Şanlıurfa. When Syrian refugees are included, this rate falls into 1.79 in Turkey and 0.90 in Şanlıurfa. When medical devices analysed by including Syrian refugees, it is seen that the number of people per medical devices rises to the rate of 6.8% across Turkey, this number is 22.3% in Şanlıurfa. There are 20 hospitals, 13 public, 1 university and 6 private hospitals, in Şanlıurfa. Rapid population growth and migration of more than 400.000 Syrian refugees to this region make the resources of health services, which is already insufficient, worse and more inaccessible.

Key words: health service, health service capacity, labour force in health services, Şanlıurfa

1. INTRODUCTION

Increasing welfare level of society is directly proportionate to the developments in health sector. In this sector, in which externalities are high, individuals' being healthy or unhealthy significantly affects the public health. That quality health service is to be easily accessible in general makes think that these services would contribute more to public health because health system is a factor that determines and affects the level of health. Hence, all national and international health institutions and policy-makers have set important goals towards developing and improving the access to health services (Gözlü & Tatlıdil, 2015). In fact, World

Health Organization (WHO) put forth "Health for All in 21st century (Health21)" policy in 1999 and one of the ten global aims is "to increase the access to general, comprehensive, primary and high-quality health services" (WHO, 1999). This situation is systematized with Health Transformation Program in Turkey and one of the eight determined components is defined as "widespread, easily accessible and cheerful health service system" (Akdağ, 2007). In terms of health service, the issue of accessibility, mentioned here, is providing especially free, equal and qualified primary health service when person or public needs or before a demand

shows up (Gözlü & Tatlıdil, 2015). What important here is the level of harmony between the place where service provider is and service receiver is (Çelik, 2011).

In the analyses regarding the access to health services, two main themes are dealt with in general. While first theme is regarding the harmony between features of population (income, population rate, total population etc.) and health service delivery system (labour force, source distribution, infrastructure, opportunities etc.), second theme explains the access with the analyses of obtained results, such as service satisfaction and the use level (Andersen et al., 1983). In this study, it is focused on the harmony between first idea in the issue of accessibility, features of population and health service delivery system. In a study on the accessibility by Gözlü and Tatlıdil (2015), the access levels to health services of 81 provinces in Turkey were ranked and while provinces such as İstanbul, Ankara, İzmir, Kocaeli, Antalya are placed on the top, provinces such as Siirt, Şırnak, Ağrı, Hakkari, Muş have the lowest access level to health services. In this ranking, Şanlıurfa which has the worst level after Şırnak and Mardin among Southeast Anatolia provinces ranks 73rd. Kilis, one of other Southeast Anatolia provinces, ranks 63rd, Adıyaman ranks 66th, Diyarbakır ranks 67th and Batman ranks 70th. Only Gaziantep ranks 30th in access to health services. This shows that there are problems in access to health services especially in Southeast Anatolia provinces (Gözlü & Tatlıdil, 2015).

In addition to the problems in access to health services, Southeast Anatolia Region encountered a migration wave from Syria and existing problems caused a significant increase in population. Syria locates in the

east shores of Mediterranean Sea, was affected by the financial, political protests and accordingly civil war in the Middle East in 2010 and (Duruel, 2017) experienced important humanitarian plight that affected whole world and led compulsory mass migration (Önder, 2019). According to data of United Nations High Commissioner for Refugees (UNHCR), while it is stated that more than 5 million people migrated to different country, primarily Turkey, Lebanon, Jordan, with the effect of these events, with 3.576.370 refugees, Turkey is the country that hosts the highest number of refugees (UNHCR, 2020). The number of Syrian refugees, which shows heavy increase year by year, is dense in the areas which are rather close to Syria border, this has arisen problems especially in border provinces. According to data of 2018, top ten cities in which Syrian refugees are dense, are respectively, İstanbul, Şanlıurfa, Hatay, Gaziantep, Adana, Mersin, Bursa, İzmir, Kilis and Konya. Southeast Anatolia provinces are preferred for being border provinces and other cities are preferred for job opportunities (Refugee Association, 2020).

One of the reasons of high migration to neighbouring countries, primarily Turkey, is undoubtedly the lack of access to health services. Civil war, arisen from the Arab Spring, damaged directly and indirectly the health services in Syria. When the general situation of country before analysed, while the accessibility and scope of health services was wider, this became reversed after war (Kherallah et al., 2012). This change in health service in Syria is one of the reasons of compulsory migration and this has also affected the healthcare system of countries to be migrated. Since the early stages of movement of migration, many

reforms have been made in Turkey and regulations have been made in order to increase the access of Syrians to public services. In October 2014, it was made possible for all refugees from Syria to benefit from primary and secondary health services for free with the Temporary Protection Regulation. In addition, Migrant Health Centres were established with the partnership of Ministry of Health (MH) and World Health Organization (WHO), and translators, social workers and physiologists took charge in addition to standard health personnel. No matter what these steps, supported by national and international non-governmental organizations, have been taken in terms of regulation and capacity, several problems have been encountered in practice. Hence, the effect of more than 3.5 million additional population on healthcare system is a significant issue (Koç University Migration Research Center, 2018). Ministry of Health manages more than 20 field hospitals in camps in order to meet the health needs of Syrian refugees and more than 120 doctors and more than 400 health personnel are recruited in these hospitals. Camps are planned near public hospitals and referrals can be made for further examinations. In these fields, nearly 30-40% of public hospital service capacities are provided to refugees and this causes capacity problems (Demirtaş & Özden, 2015). According to 2018 data of Şanlıurfa, it is one of the cities which is mostly and significantly affected in terms of health services because it is the second province with the highest number of Syrian refugees. Therefore, the number of Syrian refugees that live in Şanlıurfa and Turkey is considered and the relationship between population and service providing capacity

is analysed in order to put forward the reflections of Syrian population on the capacity of health services in Şanlıurfa.

In this study, in which the features of health service providing system of Şanlıurfa and population are compared with the health statistics of Turkey, the present situation regarding the access to health services in Şanlıurfa is put forward. While analysing the features of population and health service providing system, Syrian refugees are added to the population data and their effects on statistics are counted.

The aim of this study is to put forward the present situation of the city in health services and determine the effects of Syrian refugees in Şanlıurfa on health services by comparing the indicators of access to health services in Şanlıurfa and those of in Turkey.

2. METHOD

In this chapter of the study, statistical year book, published by Ministry of Health, Statistical data of Directorate General of Migration Management and data obtained from Turkish Statistical Institute are used in order to determine the effect of Syrian refugees on healthcare services in Şanlıurfa.

2.1. Aim of the study:

The aim of this study is to put forward the present situation of the city in health services by comparing the indicators of access to health services in Şanlıurfa and those of in Turkey.

2.2. Data Collection method in the study:

In this descriptive study, it is focused on the features of population and health service providing system (labour force, infrastructure etc.). In the study, in which related data is compared with the average

of Turkey, the number of Syrians is also considered. Related data is obtained from 2018 statistical year book of Ministry of Health, Turkish Statistical Institute and Directorate General of Migration Management. For data analysis, Excel is used and frequency is analysed over average and percentage values.

2.3. Importance of the study:

Şanlıurfa, one of the cities which is in a problematic condition in terms of access to health services, is also one of the main cities, affected by the civil war in Syria. In addition to the rapid population growth in the city, that a large number of Syrian refugees reside there makes the access to limited health services more important.

Table 1: Some Demographic Indicators regarding Turkey and Şanlıurfa (2018)

Indicators	Turkey	Şanlıurfa
Total Population	82.003.882	2.035.809
Number of Syrian Refugee	3.618.624	453.628
Rate of Syrian Refugees to Population (%)	4.41	22.3
Population Rate of 0-14	23.4	39.8
Population Rate of 65 and Older	8.8	3.8
Young Dependency Rate (0-14)	34.5	70.7
Old Dependency Rate (65 and older)	12.9	6.8
Total Dependency Rate	47.4	77.5
Life Expectancy at Birth	78.0	77.7

Resource: MH, 2018; Directorate General of Migration Management, 2018

In Table 1, the population of Turkey and Şanlıurfa in 2018, the number of Syrian refugees and other demographic data are shown. While total population of Turkey is 82.003.882, the number of Syrian refugees is counted as 3.426.786. The rate of Syrian refugees to total population in Turkey is seen as 4.41%. Total population of Şanlıurfa is 2.035.809, the number Syrian refugees is determined as 453.628. The rate of Syrian refugees to total population in Şanlıurfa is 22.3%. Considering this

Hence, putting forward the present situation of health service capacity of Şanlıurfa, affected by Syrian refugees, makes this study remarkable.

2.4. Limitations in the study:

For data collection, data, obtained from 2018 statistical year book of Ministry of Health, Turkish Statistical Institute and Directorate General of Migration Management is benefitted because the statistical year book of 2019 and 2020 have not been published yet.

3. FINDINGS

In this chapter of the study, socio-demographic features of Turkey and Şanlıurfa and data regarding some health resources are provided.

data, it is seen that Syrian refugees, far above than the average of Turkey, reside in Şanlıurfa. In addition, when other demographic indicators of the city considered, total dependency rate (77.5), mainly the population between 0-14 years (39.8) and young dependency rate is far above the average of Turkey (47.4). Because Şanlıurfa both receives high migration and has high fertility rate, it comes into prominence as a city especially with high young dependency rate.

Table 2: Numbers of Applications to Health Services in Şanlıurfa and Turkey (2018)

Indicators	Turkey	Şanlıurfa
Applications to Primary Healthcare	265.496.223	4.670.532
Applications to Secondary and Tertiary Healthcare	517.018.981	12.871.921
Per Capita Application to Doctor	9.5	8.6
Applications to Dentist	53.115.784	933.705
Per Capita Application to Dentist	0.68	0.46

Resource: MH, 2018

In Table 2, information regarding the number of applications to health services in Şanlıurfa is shown. In addition to this data, the average of Turkey is also shown. When the table analysed, while the average of per capita application to doctor is 9.5 across Turkey, it is 8.6 in Şanlıurfa. While the average of per capita application to dentist is 0.68 across Turkey, it is 0.46 in Şanlıurfa. Considering this data, it is seen that per capita application to doctor and dentist in Şanlıurfa is behind the average of Turkey.

Table 3: Numbers of Hospitals and Beds in Turkey and Şanlıurfa (2018)

Indicators	Turkey	Şanlıurfa
Number of Hospitals	1.534	20
Number of Beds	231.913	4.037
Number of Beds (per 10.000)	28.3	19.8
Number of Beds including Syrian Refugees (per 10.000)	27.1	16.2
Number of Beds in Intensive Care Unit	38.098	986
Number of Beds in Intensive Care Unit (per 10.000)	4.6	4.8
Number of Beds in Intensive Care Unit including Syrian Refugees (per 10.000)	4.4	3.9

Resource: MH, 2018

In Table 3, the number of hospitals and beds in Turkey and Şanlıurfa and the rate of them to the population (2018) are shown. According to this data, while there are 1.534 hospitals, 231.913 beds and 38.098 beds in intensive care unit in Turkey, there are 20 hospitals, 4.037 beds and 986 beds in intensive care unit in Şanlıurfa. Across Turkey, by including Syrian refugees, the number of beds per 10.000 falls from 28.3 to 27.1 and the number of beds in intensive care unit per

10.000 falls from 4.6 to 4.4. In Şanlıurfa, by including Syrian refugees, the number of beds per 10.000 falls from 19.8 to 16.2 and the number of beds in intensive care unit per 10.000 falls from 4.8 to 3.9. According to data in the Table, it is seen that the number of beds in intensive care unit per 10.000 in Şanlıurfa (4.8) is a bit more than the average of Turkey (4.6). However, it shows change with the effect of Syrian refugees.

Table 4. Numbers of Family Practice Center, 112 Station and 112 Ambulance in Turkey and Şanlıurfa (2018)

Indicators	Turkey	Şanlıurfa
Number of Family Practice Center	26.252	607
Population per Family Practice Center	3.124	3.354
Population per Family Practice Center including Syrian Refugees	3.261	4.101
Number of 112 Station (MH)	2.735	50
Population per 112 Station (MH)	29.983	40.716
Population per 112 Station including Syrian Refugees	31.306	49.788
Number of 112 Ambulance (MH)	4.910	90
Population per 112 Ambulance (MH)	16.701	22.620
Population per 112 Ambulance including Syrian Refugees	17.438	27.660

Resource: MH, 2018

In Table 4, numbers of Family Practice Center, 112 Station and 112 Ambulance in Turkey and Şanlıurfa and the rate of them to the population (2018) are shown. According to this data, while there are 26.252 family practice centers, 2.735 112 stations (MH) and 4.910 112 ambulances in Turkey, there are 607 family practice centers, 50 112 stations and 90 112 ambulances in Şanlıurfa. By including Syrian refugees, population per family

practice center rises from 3.124 to 3.261, population per 112 stations rises from 29.983 to 31.306, population per 11 ambulances rises from 16.701 to 17.438 in Turkey. By including Syrian refugees, population per family practice center rises from 3.354 to 4.101, population per 112 stations rises from 40.716 to 49.788, population per 11 ambulances rises from 22.620 to 27.660 in Şanlıurfa.

Table 5. Statistics regarding use Health Services in Turkey and Şanlıurfa (2018)

	Number of Hospital Patient	Number of Days in Hospital	Number of Operation	Bed Occupancy Rate (%)	Average Day in Hospital	Speed of Bed Cycle
Turkey	13.651.377	56.642.035	5.201.738	66.9	4.1	58.9
Şanlıurfa	300.438	1.087.097	96.564	73.8	3.6	74.4

Resource: MH, 2018

In Table 5, statistics regarding the use of health services in Turkey and Şanlıurfa (2018) are shown. Considering Table 5, while the bed occupancy rate is 66.9% across Turkey, it is 73.85 in Şanlıurfa. While average day in hospital is 4.1 across Turkey, it is 3.6 in Şanlıurfa. While the speed of bed cycle is 58.9 across Turkey, it is 74.4 in Şanlıurfa.

Table 6. Data regarding the Health Personnel in Turkey and Şanlıurfa (2018)

Number of Health Personnel	Total Doctor	Specialist Doctor	General Practitioner	Junior Doctor	Dentist	Nurse + Midwife	Pharmacist	Other Health Personnel
Turkey	153.128	82.894	44.053	26.181	30.615	246.351	246.351	177.409
Şanlıurfa	2 255	1 017	1 070	168	326	4 101	578	2 527
Number of Health Personnel per 1000			Total Doctor		Specialist Doctor	General Practitioner	Dentist	Nurse + Midwife
Turkey			1,87		1,01	0,54	0,37	3,00
Şanlıurfa			1,11		0,50	0,53	0,16	2,01
Number of Health Personnel per 1000 (including Syrian refugees)			Total Doctor		Specialist Doctor	General Practitioner	Dentist	Nurse + Midwife
Turkey			1,79		0,97	0,51	0,36	2,87
Şanlıurfa			0,90		0,41	0,43	0,13	1,65
Number of populations per Health Personnel 1			Total Doctor		Specialist Doctor	General Practitioner	Dentist	Nurse + Midwife
Turkey			536		989	1.861	2.678	332
Şanlıurfa			903		2.002	1.902	6.244	496
Number of populations per Health Personnel 1 (including Syrian refugees)			Total Doctor		Specialist Doctor	General Practitioner	Dentist	Nurse + Midwife
Turkey			559		1.032	1.944	2.797	347
Şanlıurfa			1.104		2.448	2.327	7.636	607

Resource: MH, 2018

In Table 6, information regarding the number of health personnel in Turkey and Şanlıurfa and their ratio to population are shown. When the table analysed, it is seen that while the number of doctors per 1000 is 1.87 across Turkey, the number of doctors per 1000 is 1.11 in Şanlıurfa.

When Syrian refugees are included in the study, the number of doctors per 1000 falls into 1.79 in Turkey and 0.90 in Şanlıurfa. According to this data, it is seen that the number of doctors per 1000 in Şanlıurfa is far behind the average of Turkey. In other words, when the average of Turkey is

considered, there are 536 people per doctor, this number is 902 in Şanlıurfa. When Syrian refugees are included, while the number of people per doctor rises to 559 across Turkey, this number rises to 1.104 in Şanlıurfa. Considering this data, Şanlıurfa is far behind the average of Turkey in terms of labour force in health services. Similar numbers are seen in the

number of other health personnel. As a city, behind the average of Turkey, Şanlıurfa draws back in terms of capacity with the effect of additional Syrian population. This is presented in Table 7 with the number of people per total doctor and in Table 8 with the number of people per specialist doctor by comparing with other cities.

Table 7. Population per Total Doctor including Syrian Population (2018)

City	Population per Total Doctor (Except Syrian Refugees)	City	Population per Total Doctor including Syrian Refugees
Turkey (In Average)	536	Turkey (In Average)	559
Top 5 Cities (Best 5 cities)			
1. Ankara	329	1. Ankara	335
2. Edirne	347	2. Edirne	352
3. İzmir	391	3. İzmir	403
4. Isparta	408	4. Isparta	414
5. Bolu	421	5. Bolu	424
Last 7 Cities (Worst 7 Cities)			
75. Şanlıurfa	903	75. Kilis	991
76. Çankırı	909	76. Mardin	999
77. Iğdır	963	77. Muş	1057
78. Hakkari	1049	78. Hakkari	1068
79. Muş	1054	79. Ağrı	1069
80. Ağrı	1067	80. Şanlıurfa	1104
81. Şırnak	1152	81. Şırnak	1185

Resource: MH, 2018; Directorate General of Migration Management, 2018

In Table 7, city ranking based on population per total doctor is shown by including Syrian population. Regarding this issue, while cities in the best position are Ankara, Edirne, İzmir, Isparta and Bolu, it is seen that Şırnak is in the worst position among 81 provinces. Şanlıurfa, ranking 73rd even in the case of excluding Syrians, it falls to the level of 80 by including refugees.

Table 8. Population per Specialist Doctor including Syrian Population (2018)

City	Population per Specialist Doctor (Except Syrian Refugees)	City	Population per Specialist Doctor including Syrian Refugees
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Turkey (In Average)	989	Turkey (In Average)	1032
Top 5 Cities (Best 5 cities)			
1. Ankara	593	1. Ankara	603
2. İzmir	691	2. İzmir	711
3. İstanbul	746	3. İstanbul	772
4. Edirne	765	4. Edirne	777
5. Isparta	807	5. Isparta	820
Last 8 Cities (Worst 8 Cities)			
74. Şanlıurfa	2002		
75. Çankırı	2022	75. Bingöl	2221
76. Iğdır	2194	76. Bitlis	2231
77. Bingöl	2214	77. Kilis	2268
78. Bitlis	2226	78. Ağrı	2425
79. Ağrı	2420	79. Şanlıurfa	2448
80. Şırnak	2461	80. Muş	2480
81. Muş	2473	81. Şırnak	2531

Resource: MH, 2018; Directorate General of Migration Management, 2018

In Table 8, city ranking based on population per specialist doctor is shown by including Syrian population. Regarding this issue, while cities in the best position are Ankara, İzmir, İstanbul, Edirne and Isparta, it is seen that Şanlıurfa is in the worst position among 81 provinces after Şırnak and Muş. Şanlıurfa, ranking 74th even in the case of excluding Syrians, it falls to the level of 79 by including refugees.

Table 9. Data of Medical Devices in Turkey and Şanlıurfa

	BT	MR	USG	Doppler USG	EKO
Turkey	1.211	915	5.846	5.557	2.520
Şanlıurfa	12	7	58	62	28
Population per Medical Device					
Turkey	67.716	89.622	14.027	14.756	32.541
Şanlıurfa	169.650	290.829	35.100	32.835	72.707
Population per Medical Device (Including Syrian Refugees)					
Turkey	72.359	95.766	14.989	15.768	34.772
Şanlıurfa	207.453	355.633	42.921	40.152	88.908

Resource: MH, 2018, Turkish Statistical Institute, 2018

In Table 9, medical devices in Turkey and Şanlıurfa and their ratio to population (2018) are shown. Data in the Table is obtained with the division of 2018

statistical year book and 2018 population data of Turkish Statistical Institute. When data analysed, it is seen that there are 1.211 BT, 915 MR, 5.846 USG, 5.557 Doppler

USG and 2.520 EKO devices across Turkey. In Şanlıurfa, there are 12 BT, 7 MR, 58 USG, 62 Doppler USG and 28 EKO devices. Considering population per medical device by including Syrian refugees, the number of people per BT rises from 67.716 to 72.359, per MR rises from 89.622 to 95.766, per USG rises from 14.027 to 14.989, per Doppler USG rises from 14.756 to 15.768, per EKO rises from 32.541 to 34.772 across Turkey. In Şanlıurfa, by including Syrian refugees, the number of people per BT rises from 169.650 to 207.453, per MR rises from 290.829 to 355.633, per USG rises from 35.100 to 42.921, per Doppler USG rises from 32.835 to 40.152, per EKO rises from 72.707 to 88.908. By including Syrian refugees, the number of people per medical devices increases at the rate of 6.8% across Turkey, this number is 22.3% in Şanlıurfa.

4. DISCUSSION AND CONCLUSION

It is known that the capacity of health service providing, one of the main elements of accessing to health, differs across Turkey. Especially in Southeast Anatolia and East Anatolia Regions, there is an unfavourable distribution, Şanlıurfa is one of the leading cities in which this distribution is uneven. In this study in which the present situation of health services across Şanlıurfa is put forward by comparing with the averages of Turkey, the effect of Syrian refugees is considered. Recent years, there have been significant developments in the health services of Şanlıurfa and several improvement attempts have been made. Hospitals, built according to new technological criteria, increase in the number of beds and labour force in health, better ambulatory care and clinical services can be exemplified.

However, rapid increase in population and migration of more than 400.000 Syrians to this region have begun to place great demands on the capacity of providing health service which is already in a difficult condition, and caused services provided to become more insufficient. Within this context, data like the number of hospital beds, the number of labour force in health (doctor, nurse, dentist, pharmacist and other health personnel), the number of polyclinic applications per capita (primary, secondary and tertiary), the number of medical devices, the number of hospital patients, the number of days in hospital, the number of operations, bed occupancy rate, average day in hospital, speed and period of bed cycle, are focused in order to put forward the present situation of health services in Şanlıurfa. This data is compared with the averages of Turkey and changes in the capacities are obtained by including Syrian refugees.

When data, obtained from the study, considered, it is found out that while the rate of Syrian refugees to total population in Turkey is seen as 4.41%, the rate of Syrian refugees to total population in Şanlıurfa is 22.3%. Considering this data, it is seen that Syrian refugees, far above the average of Turkey, reside in Şanlıurfa. In Şanlıurfa where the number of Syrian refugees is high, it is found out that they directly affect the providing of health service.

Across Turkey, while there are 28.3 beds per 10.000, the number of beds falls to 27.1 by including Syrian refugees (Table 3). In addition, while the number of beds in intensive care unit per 10.000 is 4.6, it falls to 4.4 by including Syrian refugees. In Şanlıurfa, while there are 19.8 beds per

10.000, the number of beds falls to 16.2 by including Syrian refugees. In Şanlıurfa, while the number of beds in intensive care unit per 10.000 is 4.8, it is seen that it falls to 3.9 by including Syrian refugees. According to this data, the number of beds in Şanlıurfa, which is already behind the average of Turkey, falls further by including Syrian refugees. It is seen that Şanlıurfa that has more beds in intensive care unit than the average of Turkey falls behind Turkey when Syrian refugees included. When the statistics regarding the use of health services in Turkey and Şanlıurfa in 2018 considered (Table 5), while the bed occupancy rate is 66.9% across Turkey, it is 73.85 in Şanlıurfa. It is seen that Şanlıurfa has higher rate than Turkey has in terms of bed occupancy. While the speed of bed cycle is 58.9 across Turkey, it is 74.4 in Şanlıurfa. According to this data, it is presumed that the number of patients in Şanlıurfa is fewer leads these rates to be high.

When the comparison between health labour force across Turkey and health labour force in Şanlıurfa, it is found out that Şanlıurfa is far behind the average of Turkey in terms of labour force in health services. It is seen that while the number of doctors per 1000 is 1.87 across Turkey, the number of doctors per 1000 is 1.11 in Şanlıurfa (Table 6). When Syrian refugees are included in the research, the number of doctors per 1000 falls into 1.79 across Turkey and 0.90 in Şanlıurfa. In other words, when the average of Turkey is considered, there are 536 people per doctor, this number is 902 in Şanlıurfa. When Syrian refugees are included, while the number of people per doctor rises to 559 across Turkey, this number rises to 1.104 in Şanlıurfa.

Considering this data, it is seen that the number of doctors per 1000 in Şanlıurfa is far behind the average of Turkey. Insufficient number of labour force in health services makes access to health services difficult. While the average of per capita application to doctor is 9.5 across Turkey, it is 8.6 in Şanlıurfa (Table 2). While the average of per capita application to dentist is 0.68 across Turkey, it is 0.46 in Şanlıurfa. Considering this data, it is seen that per capita application to doctor and dentist in Şanlıurfa is behind the average of Turkey. Within the light of this information, it is seen that Şanlıurfa is far behind the average of Turkey in terms of labour force in health services. The number of health personnel in Şanlıurfa, which is already insufficient for local inhabitants, is seen to have become more insufficient with the Syrian refugees. To this respect, it can be said that there are problems regarding the access to health services in Şanlıurfa after Syrian refugees have arrived.

Data are analysed in terms of medical devices and according to this data, it is found out that Şanlıurfa is also behind the average of Turkey in terms of population per medical device (Table 9). Considering population per medical device by including Syrian refugees, the number of people per BT rises from 67.716 to 72.359, per MR rises from 89.622 to 95.766, per USG rises from 14.027 to 14.989, per Doppler USG rises from 14.756 to 15.768, per EKO rises from 32.541 to 34.772 across Turkey. In Şanlıurfa, by including Syrian refugees, the number of people per BT rises from 169.650 to 207.453, per MR rises from 290.829 to 355.633, per USG rises from 35.100 to 42.921, per Doppler USG rises from 32.835 to 40.152, per EKO rises from

72.707 to 88.908. Although the medical device need is already far behind the average of Turkey for the local inhabitants of Şanlıurfa, it seen that insufficient number of medical devices has become more insufficient as a result of adding Syrian refugees to the population across the province. This shows that this poses an obstacle for people, who lives in Şanlıurfa, to access rapidly and receive efficiently health services.

Although there are significant deficiencies in terms of health resources in Şanlıurfa, it is seen that it is at the level of Turkey average in terms of life expectancy at birth (Table 1). While the life expectancy at birth is 78.3 across Turkey, it is 77.1 in Şanlıurfa. Despite experiencing important problems regarding accessing to health services, other factors like climate, dietary habits, being an agricultural city are thought as the underlying reasons for Şanlıurfa to be at the level of Turkey average in terms of life expectancy at birth. It is suggested that determining this issue by a different study would be appropriate.

In Table 1, the population of Turkey and Şanlıurfa in 2018, the number of Syrian refugees and other demographic data are shown. While total population of Turkey is 82.003.882, the number of Syrian refugees is counted as 3.426.786. The rate of Syrian refugees to total population in Turkey is seen as 4.41%. Total population of Şanlıurfa is 2.035.809, the number Syrian refugees is determined as 453.628. The rate of Syrian refugees to total population in Şanlıurfa is 22.3%. Considering this data, it is seen that Syrian refugees, far above than the average of Turkey, reside in Şanlıurfa. In addition, when other

demographic indicators of the city considered, total dependency rate (77.5), mainly the population between 0-14 years (39.8) and young dependency rate, is far above the average of Turkey (47.4). Because Şanlıurfa both receives high migration and has high fertility rate, it comes into prominence as a city especially with high young dependency rate.

Planning works more carefully in order to increase the providing capacity of health service across the province and taking increasing migration into consideration should be paid attention. In this region, because hospital and bed numbers of university and private sector, and labour force in health services are insufficient, Ministry of Health, should give weigh to works for increasing capacity. High birth rate, ageing population and existence of Syrian refugees are considered important problems for the providing of health services in Turkey. If there is not an increase in the contribution of public administration to health or the budget share of health sector, it would cause people not to receive necessary and up to grade health services and this would pose a risk for society especially in case of contagious diseases. Considering that health is a sector whose externality is high, it is necessary to decreases the inequality between regions in order to create a developed society.

The basis of accessing to health is the available of related services in terms of technology and resource distribution. This is affected by political, economic, organizational and professional ideas of country. Considering that Şanlıurfa has trouble in terms of capacity, it is important for public authorities to make decisions by

paying regard to the needs and expectations of the province. That access is sufficient and appropriate quality would decrease the number of people who have to migrate to another city because of different reasons and this would enable patient to receive treatment within a shorter time, also decrease in concentrating on certain institutions and travels between provinces. In fact, it is seen that patients in Şanlıurfa consistently visit other cities like Ankara, Adana, Gaziantep, Diyarbakır and Mersin for further examination and treatment, oral and dental treatments, these visits are sometime with referral and sometimes without referral. Especially, this has increased since SSI removed the referral necessity to be treated in another province.

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