Promoting physical activities. But it is seen in prevention measures. Style is taken into consideration. This is a politically loaded field. Like many countries, Turkey created a political framework in 2003, the country started reforms to extend access to, which services to cover, and how to pay for them. The healthcare structure in Ankara mainly relies on Ankara Eğitim ve Araştırma Hastanesi ("Ankara Training and Research Hospital"). The hospital is the fourth largest in Turkey and the largest one in the capital. The main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

Adequate Health Services for Refugees

BY WANDA SPAHL

A universal health coverage system can function as powerful social equalizer. Universal health coverage means that all people and communities can play the preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services is not expensive for the user to financial hardship. The main dimensions of universal health coverage are access, quality and financial risk protection. Still, which countries need to decide which to offer, and how to pay for them.

URBAN REFUGEE HEALTH CARE IN TURKEY

What healthcare access do refugees in the cities of Turkey get in reality? This is a question that needs to be answered. Urban refugees are overstretched. Even with both spatial dimensions in focus here, the location, and the quality of life, those factors - along with adequate primary health care and financial risk protection. Still, which countries need to decide which to offer, and how to pay for them.

Gecekondu Bölgesi is the Turkish term for "gecekondu", which means "night". Kondominium or "condo" is a geographical phenomenon. Where do you live and how do you live? Often, health policies focus on financing. In Turkey, all Syrians are granted temporary protection, and the main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

A market-sized threshold in the city of Istanbul hits the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

The healthcare structure in Ankara mainly relies on Ankara Eğitim ve Araştırma Hastanesi ("Ankara Training and Research Hospital"). The hospital is the fourth largest in Turkey and the largest one in the capital. The main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

Gecekondu Bölgesi is the Turkish term for "gecekondu", which means "night". Kondominium or "condo" is a geographical phenomenon. Where do you live and how do you live? Often, health policies focus on financing. In Turkey, all Syrians are granted temporary protection, and the main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

The healthcare structure in Ankara mainly relies on Ankara Eğitim ve Araştırma Hastanesi ("Ankara Training and Research Hospital"). The hospital is the fourth largest in Turkey and the largest one in the capital. The main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

Where do you live and how do you live? Often, health policies focus on financing. In Turkey, all Syrians are granted temporary protection, and the main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

The healthcare structure in Ankara mainly relies on Ankara Eğitim ve Araştırma Hastanesi ("Ankara Training and Research Hospital"). The hospital is the fourth largest in Turkey and the largest one in the capital. The main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

The healthcare structure in Ankara mainly relies on Ankara Eğitim ve Araştırma Hastanesi ("Ankara Training and Research Hospital"). The hospital is the fourth largest in Turkey and the largest one in the capital. The main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

The healthcare structure in Ankara mainly relies on Ankara Eğitim ve Araştırma Hastanesi ("Ankara Training and Research Hospital"). The hospital is the fourth largest in Turkey and the largest one in the capital. The main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

The healthcare structure in Ankara mainly relies on Ankara Eğitim ve Araştırma Hastanesi ("Ankara Training and Research Hospital"). The hospital is the fourth largest in Turkey and the largest one in the capital. The main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.

The healthcare structure in Ankara mainly relies on Ankara Eğitim ve Araştırma Hastanesi ("Ankara Training and Research Hospital"). The hospital is the fourth largest in Turkey and the largest one in the capital. The main visitors are economically disadvantaged Turkish people. Additionally, language is a problem. The number of translators provided by the Ministry of Health is relatively close to the districts with lower income. Further, although Ankara Hospital is relatively close to the districts with most refugees, sometimes transportation costs by bus or taxi to the hospitals are a financial burden. In case of acute and serious illness many refugees are in desperate situations. They are unfamiliar with the healthcare system in Ankara and they lack proper transportation. They are paid very little, but they are engaged to serve refugees’ interests. Often, and especially if their children are sick, they call ambulances to get treatment. They are unfamiliar with the health system in Turkey and thus create extra costs.
Also smaller health centres are low-threshold alternatives to hospitals. The Turkish Ministry of Health together with Hacettepe University and the United Nations Population Fund collectively run small health centres. In Ankara, there are four Women Health Centres. They are mostly frequented because of their geographic proximity to the refugees’ houses. Yet, the largest and better equipped centre is placed in an area with refugees, while e.g. no centre is placed in Keçiören. This planning error results in ineffective. People with a common cold are often overcrowded. Persons with respiratory illness becomes Population Fund collectively run Hacettepe University and the United Nations Population Fund together with the Turkish Ministry of Health.”

**ANALYSING POLICIES WITH SPATIAL DIMENSIONS**

Firstly, themes of research findings can be spatial. I have already described important spatial dimensions in Ankara. Other themes can include the current housing situation. Especially a lower socio-economic status can lead to inferior circumstances. For instance, some people with a respiratory disease might afford only low-ranked flats. If these people only wait for instance, the housing situation becomes a crucial part of the person’s health needs. For refugees, another important theme is the space that has been traversed during flight and the space that has been left behind. The place of origin is crucial to understand health needs. An example of this is the medication prescription and use. In some countries such as Austria the prescription of medications is done hystically, whereas in others such as the US or Syria it is more common to give prescription medications. A problem from a different country then sees the usage of drugs as unnecessary to become healthy. The patient might be dissatisfied with the doctor then, and in the worst case the healing process might be delayed because in the new place there is perhaps no infrastructure that covers previously covered needs might result in unwanted factory doctor-patient relationships.

Secondly, the data collection itself can make use of space on the research site to achieve a better understanding of the health needs of refugees. Maps, geographic situations in this regard are for example thematic maps of the city, mental maps, and georasters. In case studies of cities, the spatial distribution of health facilities is highly complementary. One method we may highlight is the creation of a thematic map of the city with health needs represented on it. These maps can also be used to provide a better understanding of the space that has been left behind. The place of origin is crucial to understand health needs. **Analysis** is an analysis method which developed out of the famous “grounded theory” and is rooted in interpretive perspectives (see Note D). A situation comprises a broad variety of elements beyond health services. It includes understanding the basic needs of migrants and refugees are addressed including adequate nutrition, water, sanitation, hygiene, housing, education and employment. It involves addressing the complex upstream political and socio-economic factors that affect a person’s health. Spatial dimensions are crucial for successful health policies. Both the described situation of refugees in Ankara and the proposed theoretical reflections on mapping health needs are examples in which space is an aspect that has to be taken into consideration in a time of the form of the personal history, or like the social situation affected by gender, educational background and family status. This will surely require a definition of space. It might also lead to new perspectives on space. I am sure that social researchers can learn a lot in this regard from city planners, architects and city versus city.

The final aim of social policies should be that of meeting human needs, with health being among the most crucial. Ensuring adequate services relies on political decisions. Paths taken and decisions made considerably shape how we live. In high-income countries, capturing the delivery of social services puts the perspectives of migrants in the foreground, not the situation of refugees. Yet, third to identify missing infrastruc- tures, which are not present in theory and not anticipated by the already exist- ing policy tools. **DESIGNING GOOD HEALTH POLICIES**

Analysis is an analysis method which developed out of the famous “grounded theory” and is rooted in interpretive perspectives (see Note D). A situation comprises a broad variety of elements beyond health services. It includes understanding the basic needs of migrants and refugees are addressed including adequate nutrition, water, sanitation, hygiene, housing, education and employment. It involves addressing the complex upstream political and socio-economic factors that affect a person’s health. Spatial dimensions are crucial for successful health policies. Both the described situation of refugees in Ankara and the proposed theoretical reflections on mapping health needs are examples in which space is an aspect that has to be taken into consideration in a time of the form of the personal history, or like the social situation affected by gender, educational background and family status. This will surely require a definition of space. It might also lead to new perspectives on space. I am sure that social researchers can learn a lot in this regard from city planners, architects and city versus city.

The final aim of social policies should be that of meeting human needs, with health being among the most crucial. Ensuring adequate services relies on political decisions. Paths taken and decisions made considerably shape how we live. In high-income countries, capturing the delivery of social services puts the perspectives of migrants in the foreground, not the situation of refugees. Yet, third to identify missing infrastruc- tures, which are not present in theory and not anticipated by the already exist- ing policy tools.