

Syrian refugee health workers can help Europe cope with COVID-19

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Employing displaced Syrian healthcare workers is a "win-win" for both host communities and refugees as it would strengthen national health services and allow highly-skilled medics to "get on with their lives,

rather than just get by," according to a network of UK academics.

The researchers argue that investing in the training of [refugee](#) doctors is a very effective way to help fill gaps in care provision left exposed by the COVID-19 crisis—taking far less time and money than it does to train a doctor from scratch.

By converting already-skilled people to medical work in the areas where they now live—often regions of European countries in short supply of doctors, nurses, dentists, and so on—it will help move the refugees out of poverty while bolstering the local [health](#) services of their adopted homes.

A new short film made by Cambridge's Center for the Study of Global Human Movement and the Syria Public Health Network (SPHN) follows three refugees in the UK, Germany and Turkey as they set about retraining while discussing their lives new and old, and experiences of escaping war-torn Syria.

The film was produced by Dr. Adam Coutts from Cambridge's Department of Sociology, a cofounder of SPHN, which aims to address policy challenges arising in the humanitarian health response. SPHN provides advocacy, policy briefs and evidence reviews to donors, NGOs and UN agencies.

"Syrian healthcare workers, as with many other displaced professionals, are a well-educated and highly skilled workforce. Their experiences have important policy, economic, humanitarian and academic implications," said Coutts.

"Thousands of qualified health professionals in Syria have left the country since 2011 due to military attacks on clinics and hospitals. These essential workers now find themselves excluded from formal job

opportunities and sliding into poverty in host communities in the Middle East and Europe."

"They have already been through enough trauma in escaping a war zone. In the policy to build, build, build it is a great waste to not use their skills," Coutts said.

One of the refugee medics featured in the film, Ba'raa Krebeh, who fled Homs, Syria in 2019, but now lives in Grimsby, UK "After I got my status I started to look for any opportunity or organization that could help refugee doctors," said Krebeh.

He has been assisted by the Lincolnshire Refugee Doctor Project, who helped the 29-year-old medic with housing and support for courses and exams. Krebeh is now working to pass his English test, which he hopes to do in the next couple of months, then will aim to take medical exams and get a hospital placement.

When asked about his future, Krebeh said: "I think I will be here, practicing in a hospital in Grimsby." He hopes to be working as a surgeon in five years' time.

"Much more investment and policy attention needs to be given for services such as the Lincolnshire NGO that support refugee doctors and speed up the process of recertification and recruitment," said Dr. Aula Abbara a consultant in infectious diseases at Imperial College NHS Healthcare Trust who also co-chairs the Syria Public Health Network.

"These doctors are usually among the top academic achievers in their cohorts. They may be able to work in specialties where we have shortage in the UK. It's the same in countries like Germany, where there is a shortfall of thousands of doctors and nurses at present—one expected to become even greater as the population ages," said Abbara.

"It really is in our interest that we support refugee doctors to enter our workforce. In the aftermath of the COVID-19 crisis we are in desperate need of their knowledge and skills."

Coutts points out that the ongoing exodus of highly skilled workers from Syria, Iraq and North Africa—characteristic of protracted crises in middle-income, largely urban settings—affects the ability of aid organizations and governments to deliver humanitarian assistance.

"Available evidence on post-conflict reconstruction shows that rebuilding the health workforce is one of the top priorities," said Coutts. "Employing refugee health workers can help to provide a foundation for the rebuilding of a destroyed health system."

The World Health Organization estimates a shortfall of 18 million health workers to accelerate universal health coverage by 2030, particularly in low to middle income countries.

Coutts and colleagues argue that displaced healthcare professionals present major opportunities for host communities in the Middle East and the economies of Europe, by strengthening health and welfare systems in the Middle East, Europe and the UK,

Added Coutts: "Our film shows success stories, but these are few. With more support like the Lincolnshire program many others could return to their vocations quickly and effectively. We think the integration of refugee doctors should be a political priority in countries such as the UK. Health services in the UK and across Europe needs these people."

Provided by University of Cambridge

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