

## **Policy versus practice: Syrian refugee doctors in Egypt**

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## **Policy versus practice: Syrian refugee doctors in Egypt**

The COVID-19 pandemic has renewed interest in streamlining processes which allow refugee doctors and other healthcare workers to make up for the shortfall in healthcare delivery, which many countries are facing increasingly. The protracted conflict in Syria is the biggest driver of forced displacement internationally with refugees, including healthcare workers seeking safety in host countries, however many face challenges to entering the workforce in a timely manner. The majority are in countries surrounding Syria (Lebanon, Jordan and Turkey) however the restrictive labour policies in these countries, particularly for healthcare workers have forced many to look further afield to Europe or the Gulf. Egypt's context is interesting in this regard, as it hosts a smaller number of registered Syrian refugees and was initially welcoming of Syrian medical students and doctors. However, recent socio-political changes have led to restrictions in training and work, leading doctors who initially considering staying in Egypt to increasingly consider it a transit country rather than a destination country. Here we explore the processes by which Syrian doctors in Egypt can work and how documented policies may differ to practice. We do this through a document review and from the first-hand experiences of the authors.

### **Background**

The COVID-19 pandemic has highlighted massive shortfalls of healthcare workers (HCWs) across most healthcare systems worldwide, imposing increased demands on already under-resourced services. Though the World Health Organisation (WHO) has made progress around the ethical recruitment of HCWs and advocated for the needs of migrant HCWs, refugee HCWs are an important, yet still untapped resource with both

similar and unique needs. Exact numbers, training, and locations of refugee HCWs is unknown, as the profession is often undocumented (including by UNHCR) among those who have been forcibly displaced; this makes understanding and addressing the challenges faced by this heterogeneous group challenging. Despite attempts to estimate the number and training of Syrian refugee HCWs who have been forcibly displaced, there is little consensus on quoted figures, particularly in countries where they can only work in the informal healthcare sector given challenges in obtaining the legal right to work.

As with Syrian refugees in general, Syrian HCWs mostly reside in countries neighbouring Syria including Lebanon, Jordan, Turkey and Iraq. However, the protracted nature of the conflict and the grave risks associated with return to Syria in the near future have prompted a proportion to seek safety and work further afield including in the Gulf and Europe, particularly Germany and the UK. Egypt hosts around 143,627 registered Syrian refugees as of July 2022 (UNHCR 2022), although this is a significantly underestimated figure due to the scale of the unregistered population and Egyptian authorities estimate twice the number (UNHCR 2019). Some HCWs sought refuge in Egypt for its initially welcoming policies to continue studying or training. In this commentary, we explore the policies and legislation which exist in Egypt to support Syrian refugee doctors and discuss how they are enacted in practice. We focus on doctors as there is more information for this group than for other HCWs though, overall, literature on Syrian refugee HCWs remains under-developed. To do this, we conducted a scoping literature and document review focused on Syrian refugee HCWs, including Egyptian governmental and official institutional websites to identify key policies.

### *Navigating Bureaucracy*

Doctors in Egypt are regulated by a state-authorized body, the Egyptian Medical Syndicate (EMS), which also represents Egyptian physicians at an institutional level (2013). Registration is a separate process to licensing for doctors in Egypt. The EMS controls registration of doctors, but a license to practice is issued by the Ministry of Health and Population (MoHP). Doctors must register with the EMS first, take their paperwork to the MoHP, and return to the EMS with their issued license to complete the process (De Vries et al. 2009). The MoHP issues a full license to practice for life for Egyptians however for non-Egyptians (including Syrians,) this is issued on an annual basis with the need for new security approvals at each time.

Egypt is a signatory on the 1951 Refugee Convention and has additionally ratified the 1990 Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (CMV), which includes refugees (Badawy 2010). While Egypt is one of the few countries in the region to have ratified the Refugee Convention and its 1967 protocol, Syrians without official status in Egypt are not protected by this legislation. Egypt has made stipulations to articles 12(1), 20, 22(1), 23 and 24 concerning personal status, education, labour and social security (UN 1951). Article 24 specifically addresses labour legislation, covering issues such as right to work, salary, limits of working hours, social security, accidents at work, death, disability and unemployment (Hathaway 2015), leaving these issues subject to Egypt's domestic legislation (Norman 2017). Egypt's reservations to this article pulls into question whether Egypt is legally bound to articles 17 and 18, specifically regarding the right to work (Umlas 2011), although it has not officially made exceptions to these articles.

Syrians should technically have the same employment rights as Egyptians, however

according to Egypt's 2003 Labour Law,[10] all foreign workers must have a valid work permit to take up employment, which requires official legal status in the country, sponsorship by an employer, and evidence that the foreign worker is not competing with an Egyptian national for the job ("Labour Law" 2015). Given the high unemployment rate among nationals, there are significant restrictions on foreigners accessing the labour market in Egypt. Further to this, Syrians also have difficulty obtaining official status and work permits (Refworld 2008) making formal employment for Syrians among other refugees "near impossible" (Sadek 2016). The scale of Egypt's informal labour market also poses a challenge to formalising Syrian labour in Egypt (Amer and Fargues 2014), as Syrians with permits would work informally alongside a large cohort of Egyptian employees also working informally. Similar complexities have previously been explored in Jordan (Lenner and Turner 2019).

Egyptian doctors obtain a full license to practice after their internship year when they are considered general practitioners. This option is not open to foreign medical graduates, who can choose to undertake a masters in their chosen specialty but pay costly fees, have no license to practice and no salary. The alternative route is via the Egyptian Fellowship (EF) scheme, which offers a more integrated, practical training programme in the clinician's chosen specialty. It is, however, unpaid as it is considered an extension of higher education, but with more affordable fees than the master's degree. Sitting the EF is open to both Egyptian and foreign doctors but is typically favoured by foreign doctors as the scheme is recognised internationally. Some can choose to train in a joint program between the EF and Arab Board (of Health Specializations) or, less common take the Arab Board only ("Mechanism of Recognition" 2021).

From discussions with Syrian refugee doctors in Egypt, the EF scheme appears to be the only means by which Syrians have been able to obtain a license to practice medicine in Egypt. Despite this, it is a temporary license and only permits them to work unpaid in one specialty at strictly one governmental hospital and does not permit work in the private sector. Obtaining this license is an arduous process, taking many months to be approved, and to complicate to process further, applications to the EMS and MoHP require a valid leave to remain status. This status requires evidence of current education or employment in Egypt, which few are able to do prior to obtaining their permit resulting in an impossible cycle. Refugee status alone is not accepted as valid leave to remain, however a UNHCR-issued card can be used to apply for it. Although Syrians do not require a Refugee Status Determination Interview (RSDI) to be registered Persons of Concern by the UNHCR, many preferred not to register as they are sceptical of the benefits and have concerns about the potential restrictions it would impose on their movement in and out of the country.

### **A changing political climate**

Challenges in obtaining or funding the relevant registration, licenses, and training have been affected by political changes in Egypt. Prior to 2012, when then President Morsi was in power, there was reportedly more facilitation for Syrian refugees to study and train in Egypt with more supportive processes. However, from 2014 onwards, when the military government took power in Egypt, a shift in the political and civil climate resulted in less flexibility. An example of this is when, before 2012, the Egyptian government recommended that Syrians, including medical students be exempt from university fees and for Syrians to have free access to healthcare. After the military government take-over, university fees were reintroduced, increased and Syrian students were asked to make back payments for prior years.

In March 2020, there was an expansion in granting the Egyptian Fellowship related medical licenses to non-Egyptians, including Syrians. This was followed by the issue of general licenses (free physician licenses or unconditional licenses) to Syrian doctors. The reason for this change remains opaque, however it is likely that physician shortages became even more apparent during the COVID-19 pandemic. However, the issue of licenses remains inconsistent.

### ***Brief recommendations***

Supporting Syrian and other refugee doctors residing in Egypt can reap benefits for the local health system, particularly in the post-COVID-19 climate. It can also support the ailing Egyptian health system in providing University Health Coverage (UHC,) an essential component of the 2030 Sustainable Development Goals. This is particularly so in areas where Syrian refugees, impoverished Egyptians and other vulnerable populations may reside.

An essential first step is for research and data to document the number of Syrian (and other) refugee HCWs in Egypt, their skills, intentions, and geographical distribution as without this, the extent of their needs and ability to support Egypt's health system are difficult to delineate. In Egypt, existing policies should, in theory allow Syrian refugee HCWs to obtain licenses and practice formally, however transparency and fairness in this process from the EMS is essential. This will allow refugee doctors in Egypt to obtain the needed registration, licenses, and training, enabling them to work in the health system in Egypt; this will dissuade many from leaving as for some Syrian refugees, the proximity to Syria and shared language and culture will still make Egypt an attractive location. Obtaining licenses and permission to practice is also an essential step to protect those who are working informally where they may be subject to

mistreatment or threats. For academic institutions and medical bodies, advocacy in support of Syrian (and other) refugee doctors is important to mitigate concerns among Egyptian doctors about competition for jobs or salaries. If such concerns cannot be addressed, consideration for limited registration (as occurs in Turkey) can be made; this restricts the license to practice to centres which serve other refugees. However, such a policy is not as essential in Egypt as in Turkey (due to shared language) and can be seen as an unfairly discriminatory policy towards refugee HCWs.

## **Conclusion**

Syrian refugee doctors in Egypt face challenging legislative and bureaucratic processes that disallow them from working formally in the healthcare sector. This leaves them vulnerable to exploitation and financial insecurity that impacts their psychosocial health and deprives the Egyptian health system of a skilled workforce. Thus, many Syrian refugee doctors see Egypt as a transit rather than a destination country while awaiting approval to travel elsewhere to work, e.g. Germany or the UK, even if they would have preferred to stay in Egypt due to similarities in culture and proximity to Syria or family who are refugees in the region. The COVID-19 pandemic has meant some processes by which Syrian refugee HCWs can enter the workforce in some countries have eased, but whether this is sustained remains uncertain. Further research and investment is needed to explore and help ameliorate the challenges facing Syrian and other refugee HCWs. This can identify practical measures and policy changes to support them in maintaining and building skills, navigating host country bureaucracies, and entering the workforce. Such efforts will benefit both refugee HCWs and host health systems, many of which are understaffed.



## **Declarations**

### ***Competing interests***

The authors report there are no competing interests to declare.

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### ***Ethical approval***

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