EU Support to Refugees in Türkiye

Priority Area Brief

Health

June 2026

The Government of Türkiye (GoT), with EU support, continues to ensure access to migrant health services across the country. The goal is to further improve refugees' health and well-being by supporting the delivery of high-quality healthcare and strengthening the institutional capacity of the Turkish Ministry of Health (MoH). As of early April 2026, over 2.2 million Syrians were registered under Temporary Protection (SuTP) in Türkiye, down from 2.9 million at the end of 2024. Additionally, Türkiye hosts 167,000 international protection applicants and status holders from 61 different countries, predominantly from Afghanistan, Iran, Iraq, and Ukraine.

The network of 182 Extended and Standard Migrant Health Centres (E/MHCs) remains essential to ensure access to public health services for SuTP and other migrants. Following amendments to the Family Medicine Practice Regulation on 21 February 2025, all migrants were removed from Family Health Centre (FHC) registries in March 2025 and redirected to E/MHCs and/or Foreign Nationals Polyclinics (FNPs) for primary healthcare. The long-term objective is to align FNP and E/MHC services with the Family Medicine model, standardise delivery, and enhance integration with digital health systems.

To prevent additional strain on E/MHCs and ensure uninterrupted, equitable care for migrants, the EU-funded SIHHAT III Project included support for FNPs. Alongside the nearly 100 FNPs already supported nationwide by the MoH, SIHHAT III in Q4 2025 reinforced 37 FNPs co-located with E/MHCs across 13 provinces, facilitating service integration and maintaining access for all refugees and migrants.

SuTPs' access to healthcare changed fundamentally with the entry into force of the Regulation Amending the Temporary Protection Regulation (dated 27 November 2025) on 1 January 2026. The amendment introduced mandatory contributions payable by SuTPs to healthcare providers for services received, applying to secondary and tertiary care; primary healthcare (PHC) services provided through E/MHCs and FNPs remain free of charge. As the regulation has been in effect for only a few months, its full effects on health-seeking behaviour and out-of-pocket spending have not yet been assessed.

Under the revised Temporary Protection Regulation, Social Assistance and Solidarity Foundations are mandated, upon request, to reimburse contribution payments made by individuals facing financial hardship. The requirement to pay upfront and subsequently seek a refund nonetheless risks discouraging the most vulnerable households from seeking timely care, and the practical operation of this reimbursement route will need to be monitored as data become available. As the most vulnerable refugees face increasing barriers to access, their need for mobile and outreach health services delivered through E/MHCs is even more pronounced.

Consequences of the 2023 earthquakes (EQs) are still evident, and the MoH continues to implement its post-disaster response plan, providing support services to the traumatised population, including refugees and Turkish citizens. The functional E/MHC system has remained central to healthcare and psychosocial provision in the affected provinces.

The Refugee Health Support Strategy

The EU refugee health sector strategy aligns with the MoH health policy and programmes and aims at ensuring healthcare for refugees at the same level as for the Turkish population. The key strategic aim is to improve the health status of refugees and increase healthcare availability and accessibility by adapting services to specific needs of refugees. As many refugees first present to hospitals, the MoH is prioritising the strengthening of PHC by operating migrant health centres in neighbourhoods with high refugee concentrations and expanding mobile health services.

The total EU allocation for the health sector is EUR 1.05 billion, of which EUR 951 million was disbursed by the end of December 2025. Five EU-funded projects have been completed, and two projects are ongoing. One focuses on health facility infrastructure development "Strengthening Health Care Infrastructure for All" (SHIFA), running until 2029. The other focuses on health service delivery (SIHHAT III), running until the end of 2026. The plan is to sustain healthcare services for refugees and migrants through SIHHAT IV. Around 8% of the overall EU allocation was channelled to NGOs and UN agencies, which delivered twenty short-term humanitarian health projects. In December 2025, one ECHO-funded project remained operational until mid-2026.

Increased Availability and Accessibility of Quality Healthcare Services

SIHHAT is one of the largest projects of the EU support to refugees in Türkiye. Its current phase, SIHHAT III (EUR 260 million), builds on the results of SIHHAT I and II (EUR 300 million and EUR 210 million respectively). While focused on PHC delivery, it also supports Secondary Healthcare (SHC) services. The project aims to improve availability, accessibility, and quality of healthcare services for refugees, increase their health literacy and improve health-seeking habits.

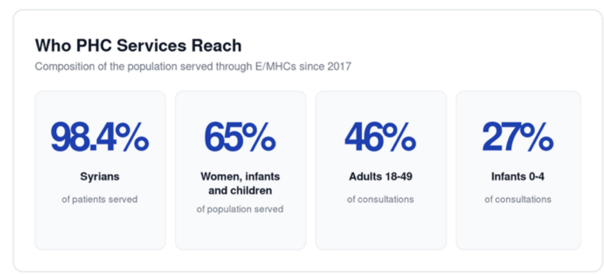
As of December 2025, there were 182 E/MHCs,[1] representing 96% of the target of 190 and a 3% increase since June 2025. Following the recent MoH reclassification, nine Container Health Units (which had replaced facilities damaged by the 2023 earthquakes) were converted into MHCs and are now included in the count of 182 E/MHCs. The E/MHCs continue to focus on sexual and reproductive health (SRH), mental health and psychosocial support (MHPSS), implementation of the national immunisation calendar for refugee children and pregnant women and strengthening health literacy and health-seeking behaviour among the refugee population.

Expanding PHC services with key specialities helped reduce refugees' dependency on hospital services and relieve the intense burden on SHC facilities. Mobile healthcare services support the most vulnerable, including hard-to-reach rural residents and seasonal agricultural workers, and remain particularly important in the earthquake-affected provinces.

Primary Healthcare Services Provision

The E/MHC network extends to the 32 high-refugee-concentration provinces providing PHC services to refugees. It is part of the healthcare system directly managed by the MoH through SIHHAT, with mostly Syrian and other foreign doctors and nurses providing PHC services, complemented with specialists in gynaecology, paediatrics, internal medicine, dentistry and psychosocial support. Cancer screenings are part of the national programme and conducted in mobile screening vehicles, in KETEMs (Cancer Early Diagnosis, Screening and Education Centres) and in the hospitals. Cervical smear and stool samples are also taken in the E/MHCs.

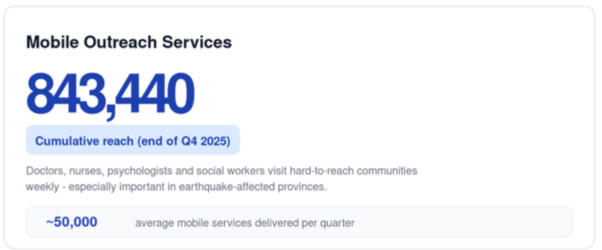
Since 2017, more than 59 million PHC consultations have been provided to refugees: 95% were through E/MHCs, 3% through NGO-operated health centres, and 2% through mobile services. 98.4% of these patients are Syrians and 65% of the population served have been women, infants and children.



[1] SIHHAT III Quarterly Progress Report (QPR) 4, December 2025

At the end of 2025, PHC consultations had already achieved 118% of the 2026 target. In Q4 2025, general medical consultations rose by 50%. Contributing factors included the shift of refugee and migrant registrations from FHCs to E/MHCs, a tendency among those opting for voluntary return to secure prescriptions in advance, and seasonal respiratory illness. These shifts are mirrored in the 2025 SUMAR Provincial Effectiveness Assessment (PEA), where participants in Hatay, Şanlıurfa and Gaziantep reported that, following recent restrictions on FHC access, E/MHCs have effectively become their main entry point for general consultations and prescription renewals.

Service profiles have remained consistent in recent years: 46% of PHC consultations are provided to adult refugees aged 18 to 49 and 27% to infants aged 0 to 4. To increase access to healthcare for vulnerable refugees, the mobile outreach teams, composed of doctors, nurses, psychologists and social workers, visit communities weekly. A range of services are provided, including awareness raising, follow-up of pregnancies and child immunisation, newborn heel-prick tests, and follow-up of patients with chronic illnesses and bedridden, disabled or elderly patients. The quarterly average number of mobile services is close to 50,000, reaching in total 843,440 at the end of Q4 2025.



Reproductive health consultations - which previously accounted for two-thirds of PHC visits—fell by 50% in the second half of 2025 compared with the first half. This decline likely reflects fewer women of reproductive age due to voluntary returns; contraceptive stock-outs and intermittent supplies from the MoH and NGOs (consultations increase significantly when contraceptives are available in E/MHCs); and lower birth rates among migrants, with live births decreasing by more than 20%.

PHC and SHC services are complemented by 1,106 Bilingual Patient Guides (BPGs): 430 (40%) in E/MHCs and 676 (60%) in hospitals. BPGs help E/MHCs and hospitals provide healthcare services free from language and cultural barriers for Syrians and other migrants.

Secondary Healthcare Services Provision

EU support to SHC service provision includes support provided under the SIHHAT programmes, the ongoing rehabilitation and construction of health facilities under the SHIFA project (Physiotherapy and Rehabilitation (PTR) Units in 13 hospitals and Ankara University Hospital Emergency Department), PTR equipment for PTR Units in 14 hospitals, cardiology devices for 45 hospitals in 24 provinces and the state hospitals in Kilis and Hatay constructed in 2023. SIHHAT provides BPGs and interpreters to hospitals in 61 provinces to facilitate SHC service delivery to refugees.

The number of psychologists in E/MHCs decreased from 102 in June 2025 to 96 in December 2025, while the number of social workers remained more stable, at 126. In December 2025, the MHPSS services were available in 96 out of 182 E/MHCs and in 30 out of 32 SIHHAT provinces. The quarterly number of MHPSS consultations provided in EMHCs was 13,000 (average) in 2024-2025, reaching 16,700 in Q4 2025. In the second half of 2025, SHC and NGO-supported services provided over 6,000 MHPSS consultations to refugees, three times as many as in the first half the year. The increase reflects growing demand for psychosocial support among refugees as they consider voluntary return to Syria and contend with family concerns, uncertainty about safety and living conditions, and the stresses of reintegration. By the end of 2025, approximately 270,000 MHPSS consultations were delivered in PHC and over 731,000 in SHC facilities. Qualitative findings from the 2025 SUMAR PEA reinforce the value of these services in earthquake-affected provinces: women in Hatay who attended sessions delivered by EU-funded partners reported being able to manage stress more effectively, respond more calmly to their children, and navigate administrative procedures with greater confidence.

Strengthening Healthcare System Staffing

Staffing remains one of the biggest challenges. The number of E/MHC staff has continued to decline since the 2023 earthquake, a trend further compounded by the voluntary return process in 2025. Q4 2025 ended with 126 fewer staff (3%) than in Q4 2024. There was a decline across all staff categories except physicians, whose numbers increased from 609 in Q1 2025 to 620 in Q4 2025. This reflected the MoH/SIHHAT decision to prioritise filling physician vacancies over other staff positions. An uneven distribution of health professionals remains a persistent HR challenge for SIHHAT, shaped by staff preferences for certain provinces, family needs, and administrative hurdles. The shift of refugees from FHCs to E/MHCs has intensified the strain: at some sites, a single physician sees 60-80 patients per day, leaving only a few minutes per consultation. This compressed face-to-face time, combined with higher patient volumes, continues to put pressure on care continuity for chronic conditions and staff well-being. The first SUMAR Monitoring Mission to SIHHAT III, conducted in November 2025, observed similar pressures in the visited provinces; for

example, the departure of the sole gynaecologist and internal medicine specialist from five E/MHCs in Malatya has obliged refugee women to seek reproductive healthcare at hospitals, with associated appointment and language barriers.

Healthcare Services Infrastructure Development

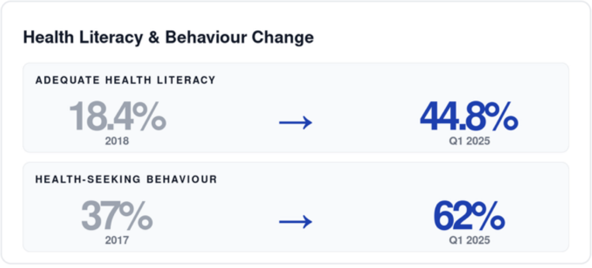
The EU has supported the upgrading of a total of 623 PHC and SHC facilities by Q4 2025 (79% of the target). The SHIFA project (EUR 140 million) equipped 45 hospitals in 24 provinces with 99 pieces of cardiology equipment and 14 hospitals with 930 pieces of 28 types of equipment for physiotherapy and rehabilitation (PTR) units.[2] "In Mersin City Hospital, the cardiology equipment received enabled the number of monthly interventions to increase from 50 to 80 and allowed over 800 patients to be treated annually".[3] SHIFA completed 20 out of 22[4] planned rehabilitations of existing E/MHCs. The ongoing rehabilitation of Ankara hospital's emergency department has expanded the total floor area to 3,000 m2 through the construction of an additional building. All 110 planned rehabilitations of PTR units have been completed and equipped with the necessary equipment. The 2026 SUMAR Monitoring Mission further documented that, in the rehabilitated PTR units of Mardin Kiziltepe Hospital, the new equipment has eliminated the waiting list for the most severe post-traumatic rehabilitation cases.

Of 56[5] planned health centre (HC) buildings, 45 are under construction and 11 are contracted. The new HCs will co-locate E/MHCs, FHCs and Healthy Life Centres (HLC), thereby supporting integration, improving PHC for refugees and Turkish patients, and moving 56 E/MHCs from rentals to public buildings, freeing funds to upgrade services.

Improving Health-seeking Behaviour

Improving health literacy has been a consistent focus across all three SIHHAT phases, with health education for refugees prioritising women of reproductive age and those facing challenges in accessing health centres. SIHHAT III has further emphasised health literacy (HL) and increased its efforts to reach adolescents in schools. Nearly 33% of all training sessions in Q4 2025 were provided in schools, and the overall number of participants increased by 30%.[6] Health literacy sessions are provided to refugees in E/MHCs, schools, public education centres and other venues on a bi-weekly basis. In 2025, almost 250,000 refugees attended HL sessions, including over 60,000 students.

As a result of the efforts invested through all three phases of the SIHHAT project, the share of refugees with an adequate level of health literacy increased from 18.4% in 2018 to 44.8% in Q1 2025. Health-seeking behaviour improved in parallel, climbing from 37% in 2017 to 62% in Q1 2025.



The EU-supported health system, built around E/MHCs and aligned with MoH strategy, has become a stabilising force for refugees who have endured war, displacement, and the 2023 EQs. These services have reinforced refugees' resilience and continue to offer a point of stability where they can address not only physical health needs but also their psychological and social ones.

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The EU support to refugees in Türkiye is a programme financed by the European Union which supports the Government of Türkiye to manage the challenges presented by the influx of refugees from neighbouring countries (over 90% of whom are from Syria) since 2011. To date, the EU has allocated over EUR 12 billion to support 180+ projects covering a wide range of sectors.

This Brief has been prepared by SUMAR which provides monitoring and reporting services to the EU relating to the refugee support programme. For more information go to: EU support to partner countries on migration and forced displacement - European Commission.

[2] SHIFA Quarterly Progress Report (QPR) 5, 27 February 2026
[3] SUMAR SHIFA Monitoring Mission Report (2025)
[4] Following considerable cost increases, the number of E/MHCs to be upgraded was decreased from 44 to 22 as of June 2025
[5] Following considerable cost increases, the number of HCs to be constructed decreased from "up to 65" to "up to 60" in the Addendum 2 of 29.11.2024
[6] SIHHAT III Quarterly Progress Report (QPR) 4, December 2025