The health sector in Türkiye witnessed an unprecedented natural disaster on 6 February 2023 with the Kahramanmaraş Earthquakes (EQs). This disaster caused shocking impacts on the lives of the refugee and host community population where “48,440 thousand people lost their lives, hundreds of thousands were injured, 3.3 million people have been displaced; 2 million people are being sheltered in tent camps and container settlements”.¹

Health is a key priority under the EU Support to Refugees in Türkiye and for the Government of Türkiye, (GoT). The total allocated budget is EUR 786 million of which EUR 665 million (or 85%) was disbursed by the end of June 2023. The EU Support to Refugees in Türkiye aims to support the GoT in responding appropriately to the large numbers of refugees who arrived from Syria since the outbreak of the war in Syria in 2011² and other more recent refugee influxes from other countries.

DG ECHO have also managed health projects (implemented by NGOs and UN agencies); nineteen short-term humanitarian projects were completed, and one is ongoing. Under the Health Priority Area one DG NEAR project was completed and four projects are currently ongoing – three focused on health facility infrastructure development, and two on health services delivery.

As a result of the EQs, while “Extended and regular Migrant Health Centers (E/MHCs), supported by the EU Support to Refugees in Türkiye, were damaged by the earthquakes, 26 of them were temporarily closed as they were rendered unfit for service delivery”³, MHC staff, friends and family members were lost, other facilities/equipment were ruined.

This placed enormous pressure on the Ministry of Health (MoH) to prepare a post-disaster response plan and for the EU Support to the Refugees in Türkiye to be flexible in supporting the MoH at this sensitive time. To mitigate against any interruption in the delivery of support, services were provided in the container camps/cities set up by the GoT.

The EU’s Refugee Health Support Strategy

The current health sector strategy of the EU Support to Refugees in Türkiye seeks to ensure full alignment with the GoT’s health programmes and policies as it aims at ensuring improved accessibility of refugees to quality healthcare services with a focus on primary healthcare (PHC) including mobile healthcare services, while mitigating any possible negative impact of the presence of the refugee communities on health service delivery to local (host) communities.

In terms of access to and use of health services, as well as the management of their healthcare, the refugees face a range of problems which include a lack of

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² According to the Presidency of Migration Management website (https://en.goc.gov.tr/temporary-protection27) (data downloaded on 11 May 2023), there were 3,388,698 Syrians under Temporary Protection
³ SIHHAT Q1 narrative Report (2023).
The awareness of the Turkish healthcare system, and lack of Turkish language skills. Their preference has been to use hospitals as the first point of contact with the health system to diagnose and treat their health problems. This has led to overcrowding in the hospitals in high-refugee-concentration provinces with limited availability of physiotherapeutic and reconstructive health services (such as prosthesis, transplantations, and reconstructive surgery). However, they now apply more to primary healthcare facilities. To address the extensive displacement which occurred, as a result of the EQ, the GoT implemented a policy to facilitate the migration of refugees from their registered province to another province and to remain there for three months with the possibility to extend for a further three months. Indeed prior to the EQs, whilst refugees could move to other provinces to undertake temporary or seasonal work such as construction or agricultural labouring, it is difficult for them to access health services. Moreover, services continued to be provided in the container camps/cities.

Primary Healthcare Services Provision
SIHHAT’s PHC support strategy focuses on strengthening and expanding the network of E/MHCs in 32 high-refugee-concentration provinces which had already been achieved prior to the EQs. These centres, whilst dedicated exclusively to providing PHC services to refugees, are an integral part of the national healthcare for refugees and are directly managed by the MoH through the SIHHAT. Within the E/MHCs, mostly Syrian doctors and nurses provide PHC services including general medical consultations, immunization, laboratory services, SRH, MHPSS services and maternal and child health. Cancer screenings are conducted in mobile screening vehicles (trucks), visiting different provinces as well as KETEMs (Cancer Early Diagnosis, Screening and Education...
Centers). To-date, 92% of the EU Support to Refugees in Türkiye’s PHC services were provided by SIHHAT’s E/MHCs (including mobile health services), with the remainder provided by NGOs and UN-operated health centres. Sixty five percent of the PHC services were provided to women and girls.

The delivery of PHC consultations was affected by the EQs and subsequent temporarily closure of E/MHCs. Whilst the SIHHAT II programme recorded an increase of more than 4 million consultations in the second half of 2022, the number dropped by almost 1 million in the first half of 2023, to a total of over 3.13 million during the subsequent six-month period due to the EQs.

Under SIHHAT II, combined mobile healthcare and outreach services are provided on a weekly basis by the healthcare teams comprised of a doctor, a nurse, a psychologist, a social worker and a Bilingual Patient Guide (BPG). A range of services are provided including awareness raising and outreach, follow-up for patients suffering from chronic illnesses, bedridden / disabled / elderly patients (e.g. taking blood pressure, assessing medication, and taking samples for certain laboratory tests, heel prick tests etc.).

There were 8.7 million vaccination doses administered to children by the end of June 2023 – up from less than 8 million doses at the end of 2022. This indicates an improvement in the level of acceptance of the national vaccination calendar by the refugee parents combined with the effectiveness of the EU-supported facilities implementing the National Immunisation Programme.

SIHHAT’s support to cancer screening of refugees continued during 2023 with a focus on breast, cervical and colorectal cancer. Screening services are offered at hospitals, KETEM facilities and via mobile screening vehicles. Smear and stool samples are also taken in the E/MHCs.

Secondary Healthcare Services Provision
The EU’s support to SHC services provision includes both the SHC support provided under SIHHAT II as well as the construction of two state hospitals in Kilis and Hatay provinces.

The EU has supported the employment of Bilingual Patient Guides (BPGs) in 63 provinces. As of June 2023, SIHHAT II was supporting the employment of 716 BPGs and 25 interpreters in SHC MoH facilities. Community Mental Health Centres (CMHCs) have also been supported and operated by the MoH. Some mental health support services are also provided by NGO-operated mental health centres.

Over 4.4 million SHC consultations were provided to refugees (the majority of whom were Syrian) in the first half of 2023 - more than double the number for 2021. The supported hospitals delivered most of the consultations, with the remainder - MHPSS and physiotherapy and rehabilitation (PTR) - services are supported by NGOs. Since the beginning of the EU Support to Refugees in Türkiye, more than 57 million SHC consultations had been provided.

SIHHAT II also provides support to CMHCs by covering rental costs and providing BPGs (the centres were previously equipped under SIHHAT I funding). These centres provide psychiatric therapy and social support to refugees and to host community members.

There has been a noticeable downward trend in the number of refugees treated as inpatients in hospitals – the number dropped from 93,168 in Qtr 4, 2022 to 77,267 in Qtr 2, 2023. This is likely to be connected to the earthquakes, due to refugee relocations, and hospitals rescheduling routine operations to prioritise urgent earthquake victim care.

**Strengthening Healthcare System Staffing**
Whilst just over 4,000 healthcare service staff were employed with EU support at the end of Qtr 4, 2022, this had dropped a little by the end of Qtr 2 2023. The number of general practitioners (GPs) employed by SIHHAT also declined somewhat (by 6%) whilst the number of Syrian specialists increased by one bringing the total to 118. Just over three-quarters of the healthcare staff employed by SIHHAT II were Syrian nationals - 61% were male. The refugee healthcare system was under extreme pressure with the continuing staffing issues, particularly the lack of dentists, gynaecologists and paediatricians, which has impacted the quality of patient services. Specialists in E/MHCs were often receiving 60-80 patients per day, which does not permit adequate time to be allocated for each consultation, which in turn is also likely to negatively affect the quality of service provision.

Training activities were foreseen to be delivered to MoH staff, but delays were encompassed due to several factors; failure of tenders to contract training providers – due to escalating inflation rates in Türkiye’s since mid-2022.

**Healthcare Services Infrastructure development**
The EU has supported the upgrading of a total of 548 primary and secondary healthcare facilities to-date, including the construction of a 300-bed hospital in Kilis province and a 250-bed hospital in Hatay province. There was no significant progress recorded since Qtr 4 of 2022 in healthcare facility upgrading. This is attributed to delays in launching tenders, the challenging macro-economic environment and the impact in the EQs affected provinces.

Since May 2023, the EU-financed hospital in Kilis province has been providing services at its full operating capacity – admitting an average of 1,836 patients per day at the emergency unit and treating 964 patients per day at its outpatients’ services units. The
hospital constructed in Hatay province has been providing essential health services to the local community which was severely impacted by the EQs. Due to the quality of their design and construction, neither hospital was damaged by the earthquakes.

The health infrastructure project (SHIFA) began in 2021 and includes the construction and equipping of up to 65 new E/MHCs, the refurbishment of 44 E/MHCs and four hospitals, the upgrading / refurbishment of 110 PTR units in hospitals, as well as the procurement of medical equipment and kits.

**Improving Health-seeking Behaviour**

A critically important component of the Health Priority Area strategy is the education of refugees on health issues and how to effectively manage their health. This relates to the adoption of healthy lifestyle practices, adhering to vaccination schedules, complying with ante-natal and post-natal check-up requirements, knowing the symptoms of main diseases, knowing when and how to consult with medical practitioners on a preventive and early treatment basis, etc. SIHHAT II was designed to place an increased emphasis on health education and outreach to groups facing challenges in accessing health centres. Good progress has been recorded as the number of outreach teams increased from the initially envisaged 65 to 98 with activities being conducted in 28 provinces. The number of refugees reached through outreach services was recorded as over 468,000 at the end of Qtr 2 2023 (176% of the target).

The Migrant Health Survey (MHS) results published by the SIHHAT II (February 2023) indicated that 35% of refugee respondents had a good level of health literacy, which is a significant improvement compared to the 24% recorded from the SIHHAT I survey in 2020. Still, 65% of respondents were recorded as having a problematic or inadequate health literacy level. Feedback from monitoring mission Focus group discussions (FGDs) with refugee women, indicated that many are unaware of the existence of health awareness sessions delivered by MHCs – suggesting there is room for improvement in reaching planned target groups.

Support is also being provided at the policy level for the development/adaptation of refugee-friendly health policies. SIHHAT established a Migrant Health Scientific Advisory Board (MHSAB) envisaged as an institutional mechanism and currently three regulation changes related to working principles and procedures applied in E/MHCs, Human Resources in E/MHCs system and Voluntary Health Facilities regulation related to the cooperation between MoH and NGOs concerning the healthcare for refugees are underway.

In summary, refugees continue to widely use the MHC services provided by the MoH with EU support and are generally satisfied with the services provided. According to the SIHHAT MHS (2023), three-quarters of respondents reported having ‘good or very good’ health status. However, there is room for improvement for example, many are cutting back on any avoidable health expenditure and are consuming less nutritious food. Additionally, the major problems experienced in finding affordable and safe accommodation may have a negative impact on some refugees’ health status.