

TURKEY

Requirements
US\$ 54.71 million

Context

Turkey hosts the largest refugee population in the world, making up at least 3.7 million refugees and migrants as well as 330 000 asylum seekers (as of October 2021), predominantly from the Syrian Arab Republic, and also Iraq, Iran, and Afghanistan. The unmet health needs of the refugees and migrants are exacerbated by the COVID-19 pandemic, resulting in a decrease in access to health services, especially maternal and newborn health (including vaccination), noncommunicable diseases, mental health, disability and rehabilitation services, and health information. Support is needed to strengthen the coordinated provision of these services provided by the Ministry of Health and other health actors. Support is also needed for the provision of health information in several languages and community outreach to engage this vulnerable population. WHO Turkey is already supporting the Turkish Ministry of Health to provide these essential health services to both refugee and host populations through support for community health, primary health care, noncommunicable diseases, mental health, communicable diseases (including COVID-19), and health system strengthening.

The increasing unmet physical, mental health, and psychosocial needs of the refugees and migrants exceed existing support and treatment capacities and have been exacerbated by the COVID-19 pandemic. In response, the Ministry of Health established migrant health centres in 29 provinces, which operate as part of the national health system. At these migrant health centres, Syrian doctors and nurses provide services to refugees and migrants with support from Turkish health personnel. The network of migrant health centres provides primary health care services that alleviate the pressures placed on public hospitals. The migrant health centres also increase access to health care by reducing language barriers and increasing human resource capacity.

Turkey hosts the largest refugee population in the world, predominately from the Syrian Arab Republic. Pictured here, the Qatar Red Crescent Society supports the Syria humanitarian response. © WHO / Aleppo team

The COVID-19 pandemic has placed an additional significant burden on health services and health service users. The necessary focus on COVID-19 measures resulted in lower use of basic health services for other health problems, and has caused an increase in unmet health needs for the most vulnerable groups, including women, children, elderly people, and people with disabilities.

Response strategy

WHO supports the Ministry of Health to ensure equitable access to essential health services for the most vulnerable populations, including refugees and migrants. The strategy includes supporting the Ministry of Health to build health system resilience through skills development, information, and standards-sharing while supporting and augmenting primary and referral health care capacities. The entry point for these interventions is the migrant health centres system and targeted specialized services. WHO is also helping design health services that will assure continuity of care so that vulnerable populations can access appropriate curative services. Health education, health promotion, and health literacy in several languages are likewise core components of the response strategy. WHO will continue to support the Ministry of Health to increase immunization coverage for all vulnerable children. Another key element of WHO's response strategy is the implementation of programming to increase knowledge of prevention strategies, along with improved curative and rehabilitative services to reduce the acuteness of disease and lessen the burden on referral care services. WHO will continue to support mental health and psychosocial health services, expanding them to meet the needs at all levels of the health care system, including health literacy, substance abuse, mental health, patient satisfaction, and monitoring and evaluation of service provision.



Country priorities

Country targets are based on a recent assessment of needs and feasibility. Planned outcomes and priorities align with WHO and Ministry of Health priorities to support the country needs.

- Provide 350 000 primary care consultations to refugees and migrants in seven provinces with the highest number of refugees/migrants.
- Provide 83 000 non-communicable disease consultations in migrant health centres and host community clinics.
- Reach 80 000 refugees and impacted host community residents by health promotion activities on mental health and psychosocial support through psychoeducation provided in partnership between primary health care and refugee communities.
- Provide 25 000 refugees and members of impacted communities with sexual and reproductive services.
- Provide 22 000 mental health and psychosocial support consultations in migrant health centres and host community clinics.
- Reach 17 000 refugees and host community members through COVID-19-related services.
- Disseminate 11 000 information, education, and communication products on migrant health centres.
- Educate 760 000 refugees and host communities about COVID-19 risks and prevention measures.
- Provide 1000 people with disabilities with self-care training along with appropriate assistive devices.
- Train 1000 Syrian and Turkish health providers on a range of topics.
- Train 215 translators from secondary and tertiary levels of care on basic mental health and psychosocial support and patient interaction skills.
- Support seven migrant health training centres that provide services to refugees and migrants.

COVID-19 response

Special attention will be needed in 2022 for COVID-19 prevention, mitigation, and response measures. The [Regional Refugee and Resilience Plan](#) health partners will continue to support the Ministry of Health's efforts to curb the pandemic and will advocate for more resources and information on cases and contacts among vulnerable groups. WHO Turkey will:

- Focus on health service providers and users with targeted support for the most vulnerable groups under temporary and international protection along with their host communities.
- Conduct capacity building through online training and services.
- Procurement of personal protective equipment and other medical equipment and supplies, as needed.

For more information

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Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

| Pillars | Emergency response | COVID-19/ACT-A | Total |
|---|--------------------|----------------|--------------|
| P1. Leadership, coordination, planning, and monitoring | 2.10 | 0.88 | 2.98 |
| P2. Risk communication and community engagement | 2.14 | 1.42 | 3.56 |
| P3. Surveillance, case investigation, and contact tracing | 0.58 | 0.09 | 0.67 |
| P4. Travel, trade, points of entry and mass gatherings | 2.14 | 0.04 | 2.18 |
| P5. Diagnostics and testing | 3.00 | 6.26 | 9.25 |
| P6. Infection prevention and control | 0.73 | 0.07 | 0.81 |
| P7. Case management and therapeutics | 0.28 | 0.15 | 0.43 |
| P8. Operational support and logistics | 1.92 | 0.45 | 2.37 |
| P9. Essential health systems and services | 30.27 | 0.46 | 30.73 |
| P10. Vaccination | 1.46 | 0.26 | 1.72 |
| Total | 44.63 | 10.08 | 54.71 |