

## **Situation & Needs Report**

# **The impact of barriers to health on Syrians and migration in Türkiye**



***“We live in a tent. Sometimes the children get the flu, and I have to take my children to the hospital, but they ask for an examination fee. Our financial situation is very bad; we cannot afford it.”***

## Summary

Since 1 January 2026, Syrians under Temporary Protection are no longer able to access public healthcare services free of charge. This includes Primary Health Care (PHC) services, medicines, and secondary and tertiary care. The introduction of mandatory health contribution fees and healthcare service payments has significantly reduced access to healthcare for Syrians under Temporary Protection (SuTP).

While legally Syrians are able to access these healthcare services, practical access has deteriorated because of the costs now being charged particularly for uninsured and impoverished Syrians. These changes in legislation are directly impacting the most vulnerable: women, children and elderly Syrian people.

A 21-year-old Syrian woman under temporary protection applied to a public hospital to give birth to her second child. She believed that the delivery and surgical procedure would be free of charge. However, after undergoing a cesarean section, she was presented with a bill of 26,000 TL at the time of discharge. She was informed that her health insurance was not active and that she would not be allowed to leave the hospital without making the payment.

Evidence from Izmir and Hatay shows that financial, administrative, and information barriers are already resulting in delayed care, avoidance of services, increased emergency reliance, and harmful coping mechanisms. These trends pose immediate risks to individual health and lives, undermine public health objectives, and carry broader implications for migration as people will be forced to travel to other countries to seek services. While some may try to return to Syria, the country's infrastructure including healthcare are on the verge of collapse with only half of hospitals functional and water and sewage systems in desperate need of repair according to the WHO. 16.5 million people are expected to require humanitarian assistance in 2026 due to economic collapse, disease outbreaks, displacement, and damaged health infrastructure. As such, the desperate Syrians may also risk the dangerous journey to Europe in search of security.

## Regulatory Context and Policy Shift (January 2026 Regulatory Change)

Until the end of 2025, Syrians under Temporary Protection were able to access public healthcare services free of charge, including Primary Health Care (PHC) services, medicines, and secondary and tertiary care through referrals. This model enabled continuity of care and supported preventive and public health approaches.

As of 1 January 2026, a regulation published in the Official Gazette introduced a fundamental policy shift, stating that:

*Persons without any health insurance may access health services only by paying service fees, in accordance with Article 27(6) of the Temporary Protection Regulation.*

This provision effectively places uninsured Syrians under Temporary Protection under a fee-based access regime.

Under the new framework, most curative health services are subject to mandatory contribution fees, access is conditional on active Temporary Protection (TP) status and updated address registration, and fees are collected upfront and transferred to the Social Assistance and Solidarity Promotion Fund (SYDTF). However, there are increasing restrictions and regulations on TP renewal that are pushing more Syrians into becoming undocumented. And while exemptions and reimbursements for contribution fees are allowable under the new rules for vulnerable individuals following assessment by Social Assistance & Solidarity Foundations (SYDV), no standardized operational guidance exists.

In practice, Dünya Doktorları Derneği (DDD) findings confirm that public health facilities do not proceed without payment, exemption mechanisms are inconsistently applied, and reimbursement pathways remain unclear. A system that was previously free and ensured life saving services to the most vulnerable has not become a life threatening barrier as people are required to pay first to access services. This disproportionately excludes poor, informally employed, and medically vulnerable Syrians such as women, infants and elderly.

## Methodology and Provincial Context

Dünya Doktorları Derneği (DDD) conducted phone-based household level surveys (sample size of 88) with Syrians residing in Izmir and Hatay, complemented by key informant Interviews with the respective actors. Of all surveyed people 74% (65 out of 88) of the sample consists of women, 43% (38 out of 88) are between 18 and 35 years old, 39% (34 out of 88) are between 36 and 49, and 18% (16 out of 88) are at least 50 years old.

Izmir hosts 98,495 registered Syrians (January 2026). As a major economic hub with employment in industry, services, and agriculture, it attracts mobile and informally employed populations, many without social insurance coverage. It is also a key hub for irregular migration, where reduced access to healthcare increasingly acts as a push factor for onward movement.

Hatay hosts 148,340 registered Syrians and is a border province with Syria, including large populations in container settlements. Address verification problems, combined with post-earthquake pressures, frequently trigger full payment requirements or service denial. Barriers to care heighten risks of health-driven, uncoordinated return to Syria, where health system capacity remains critically overstretched.

Across both provinces, the regulation amplifies pre-existing vulnerabilities, directly linking health access to protection risks, mobility decisions, and regional public health concerns.

In the photograph below, Sara was born via caesarean in 2024. Her Syrian parents who survived the 2023 earthquake would not have been able to pay for her treatment under the current changes in the health care system.



## Evidence from DDD Assessment

Access to healthcare has become the exception rather than the norm:

- **91%** of Syrians seeking public healthcare were asked to pay
- **83%** were charged 250–750 TRY per visit
- Costs reached **27,370 TRY** for specialized diagnostics in Hatay

Average reported costs by surveyed people:

- Medical examination: **335–600 TRY**
- Chronic treatment: **325–676 TRY**
- Surgery/diagnostics: up to **27,370 TRY**

These costs are prohibitive for households with no regular income.

Vulnerability among surveyed households is high:

- **41%** include a person with a chronic disease
- **20%** include a person with  $\geq 40\%$  disability
- **19%** include single-caregivers
- **98%** have no work permit / Social Insurance coverage
- **28%** face address registration problems

Survey findings indicate a highly vulnerable population profile, with significant health burdens, widespread disability and caregiving responsibilities, near-universal lack of social insurance coverage, and persistent administrative barriers limiting access to services.

## Emerging Negative Coping Mechanisms

Households are increasingly resorting to negative coping mechanisms, including:

- Interchangeable use of ESSN (Emergency Social Safety Net) cards to attempt access to public healthcare services with reduced or no payment
- Delaying care until conditions become emergencies
- Borrowing money or selling household assets to cover medical costs
- Requesting previously prescribed or outdated medicines due to high prices
- Seeking informal or home-based alternative treatments

One surveyed Syrians said:

***“I live with my wife and my 14-year-old daughter. They charged us for the medications. We are already in a very difficult financial situation, and no one is working. We are afraid to go to the hospital because it is not free and we cannot afford it.”***

A pharmacy in Izmir reported:

***“We were officially instructed not to dispense medicines without payment; SGK will not cover costs. Patients ask for old medicines because prices are too high.”***

These coping strategies reflect escalating financial distress and restricted access to regulated healthcare. They increase risks of treatment interruption, medical complications, and exploitation, while undermining equitable access, public health oversight, and accountability within the health system. If sustained, these practices are likely to contribute to preventable morbidity and higher long-term system costs.

## Health and Systemic Impact

Surveyed cases exemplify the circular impact of financial barriers on Syrians' access to healthcare, where out-of-pocket costs drive delayed care, incomplete treatment, and increased reliance on emergency services.

A 21-year-old Syrian woman under temporary protection presented to a public hospital to give birth to her second child. She believed that the delivery and surgical procedure would be free of charge. However, after undergoing a cesarean section, she was presented with a bill of 26,000 TL at the time of discharge. She was informed that her health insurance was not active despite TP status and that she would not be allowed to leave the hospital without making the payment.

The family, who had no steady financial income, managed to pay part of the debt with great difficulty and was forced to sign a promissory note for the remaining amount. After discharge, due to the high cost of the prescribed medications, the mother was only able to obtain those considered vital.

***“When my wife went for a postnatal check-up after giving birth, they asked for an examination fee. I couldn't pay, so we returned home without her being examined.”***

A few days later, the newborn's health condition deteriorated. At the hospital, the baby was diagnosed with jaundice and hospitalization in an incubator was recommended. However, because of the high daily hospitalization fee requested, the family could not accept the treatment. As a result, they were forced to attempt DIY light therapy at home under very limited conditions.

This is just one case from many that DDD has received. It exemplifies how people are changing their behavior in response to these costs. The inability to afford inpatient neonatal treatment for a baby led to reliance on informal, home-based alternatives for a condition requiring clinical monitoring and increasing health risks. The newborn's deterioration and diagnosis of jaundice further demonstrate how this new system can directly threaten the health and safety of people at their most vulnerability.

At the system level, this dynamic will lead to delayed detection of communicable diseases, and growing dependence on emergency departments. Over time, these dynamics increase long-term system costs, weaken public health surveillance, and erode trust in public health institutions. The case illustrates how inadequate financial protection perpetuates avoidable health risks and reinforces inequities in access to essential maternal and newborn healthcare for Syrian populations. This represents a shift from prevention to crisis care, increasing long-term costs and weakening public health surveillance.



## Priority Needs

- Immediate financial access mechanisms to offset contribution fees and healthcare service payments.
- Continuity of care for chronic diseases, SRH, and MHPSS.
- Bridging solutions for inactive or disputed registrations.
- Clear and standardized guidance on exemptions and reimbursements.
- Targeted information and community outreach to reduce fear and harmful coping mechanisms.

## Recommendations for Donors

### Short term (0–6 months):

- Cover user fees, diagnostics, and essential medicines.
- Support community-level information and patient navigation.
- Facilitate access to work permits, SGK, and social insurance.
- Strengthen referral coordination between health facilities, SYDV, and NGOs.

### Policy & coordination:

- Support evidence-based dialogue with the Republic of Türkiye Ministry of Health and Presidency of Migration Management.
- Promote harmonized implementation of the regulation across provinces.



Nadim is a 6-year-old Syrian boy with a congenital disability. Thanks to his new orthopedic boots and walker, he can now stand and walk. He has access to education services; he would not have been able to benefit from this support if the recent changes in the health system were still in effect.

# Dünya Doktorları Hakkında

Dünya Doktorları Derneği (DDD - *Doctors of the World*) is a Turkey-based non-governmental organization that supports access to universal healthcare for communities affected by conflict, disaster, disease, poverty, and exclusion.

It provides primary healthcare, mental health and psychosocial support, and protection services in Hatay and Izmir.

As the 16th member of the Médecins du Monde (Doctors of the World) International Network, it provides humanitarian aid in crisis areas directly and through partnerships.

It has been operating in Türkiye since 2016 and Syria since 2018; continuing to provide services through health centers in Aleppo and Idlib.



**İletişim:** communication@dunyadoktorlari.org.tr

**Daha fazla bilgi için websitemizi ziyaret edin:** <https://dunyadoktorlari.org.tr/>