DÜNYA DOKTORLARI

January-June 2026

Situation & Needs Assessment Report

Access to Healthcare for Syrians under Temporary Protection in Türkiye

"I have cancer and an 80% disability rating, and my husband has a 52% disability rating. We have been unable to afford our medication, and I have been without cancer treatment for the past five months."

— Participant interviewed during the June assessment

Executive Summary

Following the healthcare regulatory changes that entered into force on 1 January 2026, Dünya Doktorları Derneği (DDD) conducted a two-phase assessment to monitor changes in access to healthcare for Syrians under Temporary Protection (SuTP). The first phase, conducted between January and February 2026, assessed 88 individuals in Izmir and Hatay. Building on these initial findings, a second and more comprehensive assessment was carried out in June 2026, reaching 487 participants across Istanbul, Izmir, and Hatay.

The June assessment findings indicate that the new regulatory framework has strengthened the link between access to healthcare and participation in the formal social security system. Under the new system, individuals who are not formally employed and contributing to social security are increasingly required to cover healthcare costs out of pocket, creating new barriers to accessing essential health services. While this may encourage some Syrians under Temporary Protection to seek formal employment and social insurance coverage, the ability to do so remains constrained by structural labour market realities. Most Syrians are employed in agriculture, services, textiles, and other sectors where informal employment remains widespread, work permit uptake has historically been limited, and employers often have few incentives to register workers and contribute to social security.

At the end of June 2026, the Ministry of Interior announced a work permit exemption for Syrians under Temporary Protection in agriculture, industry, and services. These sectors are where most Syrians people work. The policy change was introduced after this assessment was completed and is therefore not reflected in the findings, but it may be relevant for interpreting future trends. While the exemption may facilitate labour market participation by reducing administrative barriers to employment particularly benefiting the Turkish market, it has not yet resulted in changes to the healthcare regulations introduced in January, nor does it automatically lead to social security registration needed for Syrians to access discounted health services fees.

As a result, there is a risk that many Syrians under Temporary Protection, despite remaining economically active will continue to be stuck in informal work arrangements that do not provide them access to social benefits needed to access discounted or free healthcare. Unless there is a change in the Healthcare access regulations, there will be a growing gap may between those minority Syrians who are able to access formal employment and maintain healthcare coverage and the majority who remain in informal work and face increased out-of-pocket healthcare costs.

Background and Regulatory Change

Until the end of 2025, Syrians under Temporary Protection (SuTP) were able to access all public healthcare services free of charge regardless of their work status or contribution to social security in Türkiye. This included accessing primary healthcare, medicines, and secondary and tertiary (surgical) care through referral pathways. This model supported continuity of care and strengthened preventive and public health approaches.

As of 1 January 2026, a new regulation introduced a fundamental policy change, requiring individuals without social security entitlements to pay healthcare service fees. Healthcare service fees include charges for medical consultations, laboratory tests, diagnostic imaging (e.g. MRI and CT scans), medical procedures and inpatient care, while statutory patient co-payments are patient contributions required for certain prescribed medicines and healthcare services at secondary and tertiary care.

Under the new framework:

- Maintaining active Temporary Protection status and an up-to-date address registration is the first prerequisite for accessing public healthcare services. Individuals whose Temporary Protection status is inactive or whose address registration is not up to date may lose access to publicly funded healthcare services.
- Among those who meet these registration requirements, individuals covered through the social security system (including those holding a work permit or work permit exemption) and those assessed as unable to pay through the ÖGBİS (Assessment of Individuals with Insufficient Financial Means) mechanism may continue to access publicly funded healthcare services. Individuals who do not meet these eligibility criteria are required to pay for public healthcare services.
- Healthcare service fees are generally collected at the point of service, meaning that payment is required at the time healthcare services are provided unless the individual is covered through the social security system or qualifies for an exemption through the ÖGBİS mechanism.
- • The implementation of the ÖGBİS assessment process, exemption mechanisms, and reimbursement procedures may vary across provinces – and according to respondent feedback – individual assessors within the same office, resulting in differences in how the regulation is applied in practice.

Background and Regulatory Change

This policy change has had a disproportionate impact on low-income households, informally employed individuals, people living with chronic health conditions, and other socially vulnerable populations. These groups are less likely to benefit from social security coverage and are often unable to absorb the additional costs associated with healthcare, increasing the likelihood of delayed care and interrupted treatment.

Photo 1: DDD's mobile health unit provides on-site medical services to residents in an underserved community

Methodology and Participant Profile

DDD conducted a two-phase assessment to monitor changes in access to healthcare for Syrians under Temporary Protection following the healthcare regulatory changes introduced on 1 January 2026. The first phase of the assessment was carried out between January and February 2026 in Izmir and Hatay provinces. A total of 88 individuals participated in the assessment through telephone-based household surveys, which were complemented by key informant interviews to provide additional context on emerging healthcare access challenges.

Building on these initial findings, DDD conducted a second and more comprehensive assessment in June 2026, expanding the geographic scope to include Istanbul alongside Izmir and Hatay.

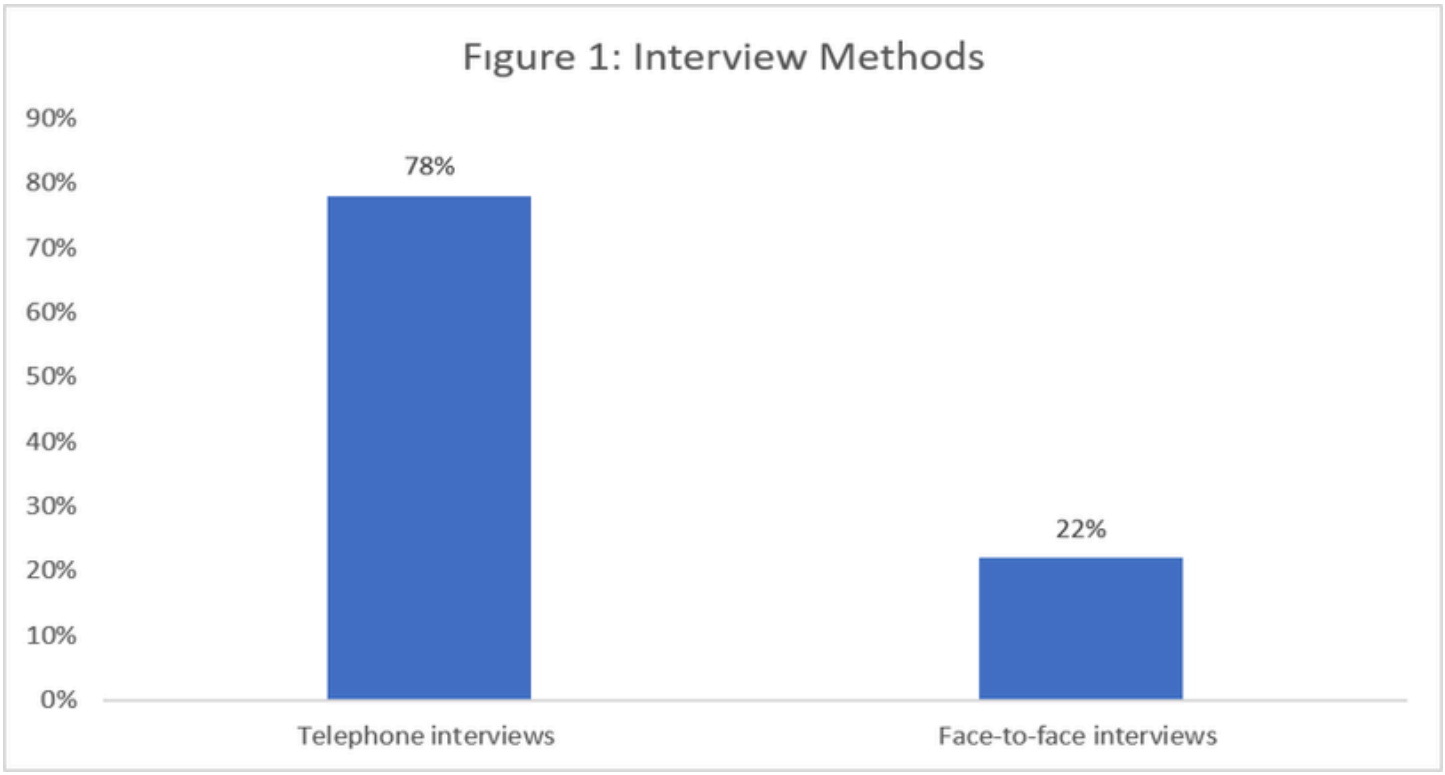

Figure 1: Breakdown of interview methods used to reach the ssessment participants

The June assessment reached 487 individuals, the majority of whom (78%, 380 participants) were interviewed by telephone, while 22% (107 participants) participated through face-to-face interviews.

Methodology and Participant Profile

Participants had an average age of 39.5 years and an average household size of 5.3 persons. Women represented the majority of respondents (73.5%), while men accounted for 26.5% of the sample.

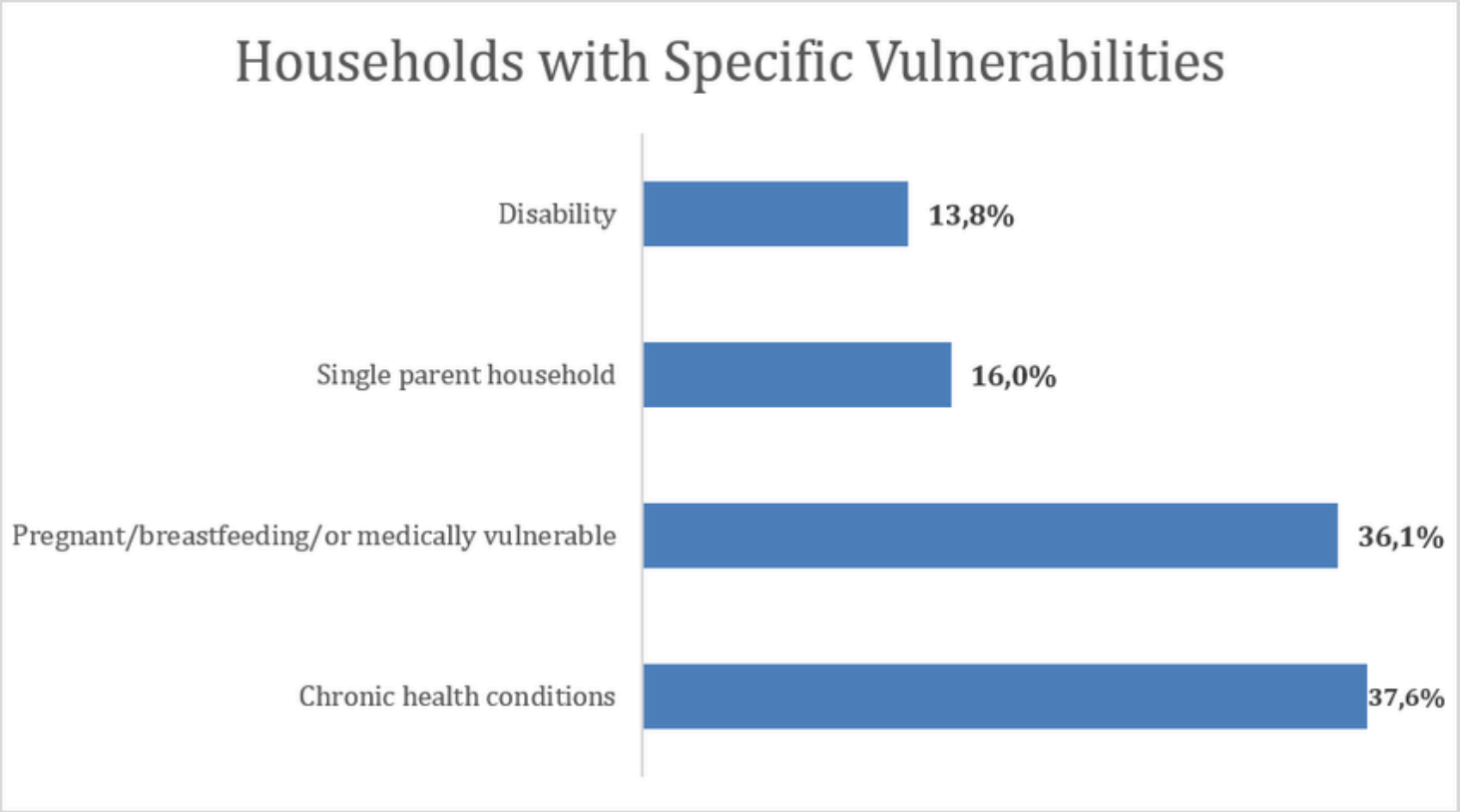

Figure 2: Prevalence of specific vulnerabilities among surveyed household

Methodology and Participant Profile

Among surveyed households, 37.6% included a person living with a chronic health condition, 36.1% included a pregnant, breastfeeding or otherwise medically vulnerable individual, 13.8% included a person with a disability, and 16.0% were single-parent households.

Figure 3: Distribution of participants by province

Geographically, nearly half of participants were located in Hatay (48%), followed by Izmir (31%) and Istanbul (21%).

Participants represent a broad and diverse mix of urban, rural and peri-urban Syrian communities: Participants in Izmir were predominantly agricultural workers living in rural areas, while the Hatay sample largely consisted of earthquake-affected rural communities working in agriculture and day laboring. Both these categories are irregular with no formal work permits available. In Istanbul, participants were primarily from districts with high concentrations of Syrians under Temporary Protection, including Esenyurt, Bağcılar, Avcılar, Küçükçekmece, Başakşehir, Sultanbeyli, and Esenler. The sample included both beneficiaries of DDD services and urban residents accessing Migrant Health Centres.

Participants were identified through DDD's beneficiary database, including individuals who had previously used DDD services, as well as through community outreach activities. Participation was voluntary, informed consent was obtained prior to data collection, and all responses were anonymized and managed in accordance with DDD's data protection and confidentiality principles.

Assessment Limitations

This assessment was limited to the provinces of Istanbul, Izmir, and Hatay.As such, the findings presented in this report reflect the experiences and perspectives of the assessed communities and are not representative of the entire Syrian population living under Temporary Protection in Türkiye.

Women accounted for 73.5% of participants. This is primarily attributable to DDD's extensive engagement with women through its Sexual and Reproductive Health (SRH) programme, as well as the timing of data collection, which was conducted during working hours. As a result, the participation of men was comparatively lower, as many were unavailable due to employment commitments.

The sample also reflects the geographic and socio-economic characteristics of the assessed communities. Participants in Izmir were predominantly agricultural workers living in rural areas, while the Hatay sample largely consisted of earthquake-affected rural communities working in both agriculture and day labor. Both of these categories are irregular work with no formal work documents. In Istanbul, participants included both beneficiaries of DDD services and urban residents accessing Migrant Health Centres. These contextual differences should be considered when interpreting the findings across provinces.

Key Findings

Access to Healthcare

The findings of the June 2026 assessment confirm that the financial and administrative barriers identified during the January–February assessment have persisted over time. Access to public healthcare remains constrained by out-of-pocket payments, administrative requirements, and inconsistent implementation of the new regulatory framework.

Findings from the January–February assessment showed that:

- 91% of individuals seeking public healthcare services were required to pay for services.
- 83% paid between 250 and 750 TRY per healthcare visit.
- The cost of some specialized diagnostic procedures and treatments exceeded 27,000 TRY.

The June 2026 assessment confirms that these barriers continue to affect healthcare access:

- 88% of respondents reported that access to healthcare had become more difficult following the January 2026 regulatory changes.
- Among respondents who answered the question on coping strategies (multiple responses permitted), 47% reported borrowing money to cover healthcare costs, 43% reported delaying treatment, and 14% reported not seeking healthcare services when they were unable to access free public healthcare.

These findings demonstrate that the regulatory changes have resulted not only in increased financial costs but also in delayed healthcare seeking and the adoption of negative coping strategies, increasing the risk of unmet health needs and poorer health outcomes.

Key Findings

Impact on Vulnerable Households

The assessment confirms that barriers to healthcare disproportionately affect vulnerable households, particularly:

- People living with chronic health conditions;
- Pregnant and breastfeeding women;
- Older persons;
- Persons with disabilities;
- Single-parent households; and
- Low-income households and individuals engaged in informal employment.

Vulnerable households faced greater challenges in maintaining continuity of care, particularly where ongoing treatment, regular follow-up, or multiple healthcare needs existed within the same household. Participants described having to make difficult decisions about whose healthcare needs to prioritise within the household. Many reported postponing treatment, interrupting follow-up care, or purchasing only the most essential medicines due to financial constraints.

"I have kidney complications during my pregnancy. I need regular follow-up care, but I cannot attend my antenatal appointments because I cannot afford the consultation fees."

-Pregnant woman interviewed during the June assessment

Key Findings

Impact on Vulnerable Households

This account illustrates how financial barriers can interrupt essential maternal healthcare, placing both maternal and newborn health at increased risk. Given the high proportion of female participants in the assessment, the findings also provide valuable insight into women's experiences in accessing healthcare, particularly SRH services. Together, these experiences demonstrate how financial and administrative barriers disproportionately affect households already facing multiple vulnerabilities, making it increasingly difficult to maintain continuity of care for those with the greatest healthcare needs.

Photo 2: A DDD healthcare provider examines a young patient.

Key Findings

Information and Administrative Barriers

The June 2026 assessment confirmed that the information gaps and administrative barriers identified during the January–February assessment have persisted over time. Together, these barriers continue to limit effective access to healthcare across the assessed provinces. The most frequently reported barriers included:

- Address registration issues; Failure to get changes in address registered by officials frequently led to the deactivation of Temporary Protection records, preventing individuals from accessing publicly funded healthcare services. This issue was reported more frequently in Hatay than in Istanbul or Izmir, reflecting the continued effects of displacement and post-earthquake population movements.
- Procedures related to the ÖGBİS (system used to assess eligibility for healthcare fee exemptions for individuals with insufficient financial means); Participants reported limited understanding of the ÖGBİS assessment process, including eligibility criteria, where to apply, the required documentation, and how eligibility decisions were made. This uncertainty reduced access to available fee exemption mechanisms.
- Limited awareness of the new healthcare regulations. Many participants reported learning about the new regulations only when they sought healthcare services at hospitals, indicating that information about the policy changes had not been effectively communicated in advance.
- Navigating administrative procedures; Even when aware of the new regulations, many participants reported uncertainty about where to seek assistance, which institution to approach, and the sequence of administrative steps required to access healthcare services. Limited guidance and inconsistent information often resulted in delays and confusion when attempting to access care.

Key Findings

Attitudes Towards Accessing Healthcare Services

To better understand whether the January 2026 regulatory changes had influenced healthcare-seeking behaviour, the June 2026 assessment included a standardized attitude assessment on healthcare utilisation. The findings indicate that participants remained willing to seek healthcare services when needed. Rather than reducing the perceived importance of healthcare, the regulatory changes appear to have reshaped the conditions under which healthcare is accessed.

Key findings from the attitude assessment include:

- Nearly three out of four respondents (74.5%) disagreed that healthcare service fees were affordable, reinforcing that financial constraints remain the primary barrier to accessing healthcare.
- 80.7% agreed that their migration status affects their ability to benefit from healthcare services, demonstrating the continuing influence of legal and administrative factors on healthcare access.
- 86.7% agreed that previous healthcare experiences influence their decision to seek healthcare services, highlighting the importance of ensuring equitable, accessible, and positive healthcare experiences.
- 90.8% agreed that the attitude of healthcare personnel is an important factor when seeking healthcare, underlining the continued importance of respectful and patient-centred care.
- 73.5% agreed that migrant-sensitive services, such as language translation and guidance, play an important role in facilitating access to healthcare.

Overall, the findings suggest that the January 2026 regulatory changes have not reduced participants' willingness to seek healthcare. Instead, they have reshaped healthcare-seeking behaviour by increasing financial uncertainty and administrative complexity, making access to healthcare progressively more difficult despite sustained demand for healthcare services.


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Dünyanın İyileştirici Gücü
Australian Aid

Comparative Assessment: January-February and June 2026

The June 2026 assessment confirms that the trends identified during the January–February assessment have remained consistent over time. Although communities have gradually become more familiar with the new regulatory framework, the barriers affecting healthcare access have proven to be structural rather than temporary. The findings indicate that the principal challenge has shifted from understanding the regulatory changes to navigating their implementation, with financial and administrative barriers continuing to restrict effective access to healthcare across a broader and more geographically diverse population.

Continuing Trends

Financial barriers remains the principal obstacle to healthcare services. The June assessment confirms that out-of-pocket payments continue to discourage timely healthcare-seeking, particularly among households with limited financial resources.

The financial impact extends beyond consultation fees. The costs of medicines, diagnostic procedures, specialised treatment, and the long-term management of chronic health conditions continue to place considerable pressure on vulnerable households, increasing the likelihood of delayed, interrupted, or incomplete treatment.

Administrative barriers continue to undermine effective access to healthcare. Challenges related to officially registering changes in address, healthcare eligibility verification, and the ÖGBİS assessment process remain widespread. Participants reported that completion of the ÖGBİS assessment—including household visits conducted by the Social Assistance and Solidarity Foundation (SYDV) and the subsequent activation of healthcare eligibility—can take several months, leaving individuals without effective healthcare coverage during the process. As a result, interruptions in treatment were reported even among individuals with serious health conditions who should have remained eligible for publicly funded healthcare under the regulatory framework. Respondents also reported inconsistencies in the implementation of ÖGBİS assessments, suggesting that they were not conducted according to a standardized approach.

Comparative Assessment: January-February and June 2026

Negative coping strategies continue to be adopted in response to healthcare costs. Households reported postponing or foregoing healthcare, reducing medicine purchases, borrowing money, or relying on informal alternatives when healthcare costs could not be met, indicating that the coping mechanisms identified during the January–February assessment have become sustained strategies rather than short-term responses.

"I cannot work because of my injury. My wife is about to give birth, and we have been asked to pay for both the delivery and my follow-up surgery. We simply cannot afford either."

-Participant interviewed during the assessment

This testimony illustrates how financial hardship, prolonged administrative procedures, and reduced access to publicly funded healthcare interact to create cumulative barriers to healthcare access. Together, these findings demonstrate that the challenges identified during the January–February assessment have persisted over time and continue to disproportionately affect households facing multiple and intersecting vulnerabilities.

Comparative Assessment: January-February and June 2026

Emerging Observations

- Healthcare access challenges are not limited to crisis impacted provinces like Hatay but across the country.
- Similar barriers to accessing healthcare were also observed in Istanbul– a highly urban area – and Izmir which is composed of both rural and peri-urban areas.
- Communities living in rural areas reported greater difficulties related to registration, transportation, and navigating administrative procedures, as both healthcare facilities and relevant public institutions including Provincial Directorates of Migration Management and Social Assistance and Solidarity Foundations (SYDVs), are often located far from where people live. Limited public transportation, longer travel distances, and the need to travel repeatedly between multiple institutions increase both the time and cost required to complete administrative procedures and access healthcare services.

Opportunities for Formal Employment and Social Protection

While the assessment highlights significant challenges affecting access to healthcare, the findings also suggest the emergence of a potential longer-term trend. Linking access to healthcare more closely with formal employment and social insurance appears to encourage some Syrians under Temporary Protection to explore opportunities for registered employment. At the same time, access to essential healthcare should not be conditional on employment status. While promoting formal employment may generate broader social and economic benefits, it should complement—not replace—equitable access to essential healthcare for SuTP.

Over the longer term, the change in policy may contribute to:

- Reducing informal employment;
- Expanding social security coverage;
- Supporting the sustainable financing of healthcare services; and
- Strengthening labour market integration.

Realizing these potential benefits, however, will depend on facilitating access to work permits, strengthening incentives for employers to recruit formally[AW2.1][SA2.2], and improving community awareness of the benefits associated with formal employment and social insurance.

Opportunities for Formal Employment and Social Protection

In the Turkish context, employers often avoid applying for work permits for several reasons. Formal employment involves additional costs, including social security contributions and other legal obligations, making informal employment financially more attractive, particularly in low-skilled sectors such as agriculture, construction, manufacturing and textiles. In addition, work permit applications must be initiated by employers, the process can be lengthy and administratively burdensome, and approval is not guaranteed. For short-term or seasonal jobs, many employers are reluctant to invest the additional time, uncertainty and costs associated with obtaining work permits.

At the end of June 2026, the Ministry of Interior announced a work permit exemption for Syrians under Temporary Protection in agriculture, industry, and services. This work permit exemption may indicate a pragmatic policy approach aimed at addressing labour shortages in sectors where Syrians are already heavily represented. By reducing employer obligations related to work permit procedures, the measure may facilitate Syrian participation in the labour market and reduce regulatory barriers to employment. However, because the exemption does not address social security registration requirements, it does not necessarily expand access to the social insurance system that increasingly determines healthcare eligibility under the January 2026 reforms. As a result, many Syrians may remain economically active yet continue to face barriers to affordable healthcare if employment is not accompanied by social insurance coverage.

Health and Systemic Impact

IThe findings of the assessment demonstrate that the financial and administrative barriers limiting access to healthcare have implications beyond the individual level, affecting both the healthcare system and broader public health outcomes.

Financial barriers continue to drive a cycle of delayed care, interrupted treatment, and postponed healthcare seeking. Many participants reported seeking healthcare only after their health condition had deteriorated or become an emergency, increasing both individual health risks and pressure on the healthcare system.

"My son urgently needs surgery, but we cannot afford the operation. We have had to postpone it because it is beyond our financial means."

-Parent interviewed during the assessment

This account reflects how financial barriers can delay essential treatment, increasing the risk of preventable complications and poorer health outcomes.

These challenges contribute to:

- Reduced utilization of primary healthcare services;
- Limited access to Sexual and Reproductive Health (SRH) services;
- Disruptions in the regular management of chronic health conditions;
- Reduced access to mental health services;
- Delayed detection of communicable diseases;
- Increased long-term healthcare system costs; and
- Weakened public health surveillance.

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Health and Systemic Impact

"I have high blood pressure, but I cannot afford my medication because my family must prioritize other essential expenses. My five-year-old son needs another operation, but we can no longer afford his follow-up care."

-Parent interviewed during the assessment

This experience highlights how financial hardship disrupts continuity of care, forcing households to make impossible choices between meeting basic needs and accessing essential healthcare services.

Overall, these trends reflect a gradual shift from preventive and primary healthcare towards crisis-driven care, increasing long-term health risks while placing additional pressure on already constrained healthcare services.

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Priority Needs

Based on the findings of the assessment, the following priority needs have been identified:

- Immediate financial assistance to cover healthcare costs and mandatory contribution fees;
- Continued access to services for people with chronic health conditions, sexual and reproductive health (SRH) needs, and mental health conditions.
- Interim solutions to address registration and other administrative barriers affecting access to healthcare;
- Provide clear and standardized implementation guidance on exemption mechanisms (ÖGBİS) and reimbursement procedures for healthcare fees;
- Provide targeted information and community outreach to reduce fear, misinformation, and harmful coping mechanisms; and
- Strengthen referral, navigation, and counselling mechanisms for vulnerable households to facilitate timely access to healthcare services.

Recommendations for Donors and Decision-Makers

As outlined in this report, many people have started seeking healthcare only after their health condition had deteriorated or become an emergency. This is increasing both individual health risks and pressure on the Turkish healthcare system in the long-term.

Immediate Priorities:

- Introduce financial support or mechanisms that could help cover fees for diagnostic services, and essential medicines to ensure timely access to healthcare; support the early detection and management of public health risks, and contribute to more sustainable and cost-effective use of Türkiye's healthcare resources
- Strengthen community-level information, patient navigation, and referral support to improve awareness of healthcare entitlements, facilitate timely access to appropriate services, and reduce delays caused by information gaps and administrative barriers;
- Promote formal employment by strengthening incentives for employers and reducing administrative barriers to recruiting Syrians under Temporary Protection, while expanding access to social protection mechanisms.
- Strengthen coordination among healthcare providers, Social Assistance and Solidarity Foundations (SYDVs), Provincial Directorates of Migration Management and civil society organizations to improve referral pathways and facilitate easier administrative processes for officially updating addresses or eligibility statuses.

Recommendations for Donors and Decision-Makers

Policy and System Strengthening

- Support evidence-based policy dialogue with the Republic of Türkiye Ministry of Health and the Presidency of Migration Management to inform policy decisions, strengthen evidence-based healthcare governance, and improve the efficiency and responsiveness of the healthcare system.
- Promote harmonized implementation of the healthcare regulations across all provinces to improve consistency in service delivery, reduce regional disparities, and ensure more equitable implementation of the regulatory framework;
- Standardize exemption and financial support mechanisms to improve transparency, reduce administrative burdens, and ensure more timely and predictable access to healthcare services; and
- Promote integrated health, migration and social protection policies to ensure that healthcare access, social protection, and labour market integration are addressed through a coordinated policy framework. This would support longer-term health system sustainability, social inclusion, and more efficient use of public resources for both Turkish citizens and non-citizens.


DÜNYA

DDD Response

Through its Emergency Healthcare Assistance Programme, Dünya Doktorları Derneği (DDD) provides consultations, laboratory services, advanced diagnostic procedures, treatment, and essential medicines for the most vulnerable individuals and households facing barriers to accessing healthcare.

Following the healthcare regulatory changes introduced in January 2026, DDD has observed a significant increase in requests for healthcare access support. Demand has risen beyond DDD's current operational capacity, particularly among people living with chronic health conditions, pregnant women, children, older persons, and persons with disabilities.

Additional financial resources are urgently needed to sustain life-saving healthcare assistance, prevent avoidable morbidity and mortality, and mitigate further deterioration in access to healthcare among the most vulnerable populations.

Conclusion and Key Policy Messages

The findings of this assessment demonstrate that the healthcare regulatory changes introduced in January 2026 continue to have significant implications for access to healthcare among Syrians under Temporary Protection in Türkiye. The barriers identified during the January–February assessment have largely persisted as of June 2026. Financial burdens, administrative challenges, and information gaps continue to undermine effective access to healthcare, with disproportionate consequences for low-income households, people living with chronic health conditions, persons with disabilities, pregnant and breastfeeding women, and other vulnerable groups.

The findings suggest that the healthcare reforms have fundamentally altered the relationship between healthcare access and socio-economic status by linking access more closely to social security coverage and formal employment. While this may create incentives for some Syrians to explore pathways to registered employment, the majority remain concentrated in sectors such as agriculture, services, textiles, and day labour where informal employment remains widespread and access to social security coverage is limited. As a result, many Syrians remain economically active while continuing to face significant barriers to affordable healthcare.

The work permit exemption announced by the Ministry of Interior in June 2026 may facilitate labour market participation in sectors facing labour shortages by reducing administrative barriers for both workers and employers. However, because the measure does not automatically lead to social security registration not has the healthcare regulations introduced in January 2026 been changed, it is unlikely to improve healthcare access. Instead, it highlights a growing policy challenge: labour market participation is becoming easier in sectors where Syrians are heavily represented, while access to healthcare is becoming harder.

Conclusion and Key Policy Messages

Without complementary measures to expand social protection coverage, strengthen pathways to social security registration, and safeguard access to essential healthcare services, there is a risk that healthcare access will become increasingly stratified between those able to secure formal, insured employment and the much larger population engaged in informal or seasonal work. Protecting equitable access to healthcare while promoting labour market participation and long-term social inclusion will therefore require coordinated action among government authorities, international organizations, donors, civil society actors, and healthcare providers.

ABOUT DÜNYA DOKTORLARI

Dünya Doktorları (DDD) is a Türkish civil society organization that facilitates universal access to healthcare services for communities affected by armed conflict, violence, natural disasters, disease, famine, poverty, and social exclusion.

DDD currently implements humanitarian projects in Türkiye's Hatay and Izmir, focusing on primary healthcare, mental health and psychosocial support services, and protection to respond to the needs of displaced populations, and strives to meet the health needs of vulnerable people around the world.

As the 16th member of the Médecins du Monde (Doctors of the World) International Network, DDD responds to humanitarian crises, building the necessary health infrastructure to provide long-term and sustainable healthcare to affected populations.

The findings presented in this report reflect the perspectives and experiences of the interviewed community members. While the results provide valuable indicative information about the assessed communities, they are not representative of all Syrian populations. These findings should be used as a basis for further exploration and to guide tailored interventions.

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For further information, visit our website: https://dunyadoktorlari.org.tr/