Access to Health Services for Refugees in Iraq

Support and impact from 2022 to 2025

Between 2022 and 2025, UNHCR has worked with the Ministry of Health and local Directorates of Health (DoH) to transition health services for refugees and asylum seekers from parallel, camp-based services - established as part of the humanitarian response to refugee arrivals - to integration within the public health system. This shift aimed to ensure more sustainable and equitable access to healthcare through local primary public health centres.

Following a comprehensive assessment of public health facilities near refugee camps to identify potential gaps and obstacles to supporting an increased caseload, UNHCR, in coordination with other UN agencies, developed an integration plan. This plan supported the transition of healthcare services from camp-based clinics to public health centres, in close partnership with the Directorates of Health.

In the Kurdistan Region of Iraq, health services are overseen by the Ministry of Health (MoH) and local Directorates of Health (DoH). A nominal fee of 500 IQD is typically requested for people to access public healthcare. Syrian refugees and asylum seekers enjoy access to public health services on par with nationals.

From 2022 to 2025, some USD 15.5 million were invested through UNHCR in providing healthcare services for refugees in Iraq, including by providing mental health and psychosocial support, medicines to public health facilities and constructing new primary health clinics in support of inclusive healthcare services for all.

Main Achievements from 2022 to 2025

Construction and upgrade of public health facilities across the Kurdistan Region of Iraq at a value of **USD 3 million.** This included:

- Construction of 4 new primary healthcare facilities
- Upgrade of 3 existing health facilities
- Supply of updated medical equipment to an additional 8 health centers

Supply of medicine and drugs to public health facilities across Iraq at a value of **USD 500,000.**

750,000 people benefited from primary health care through UNHCR's contribution of **USD 5 million** to support the delivery of health consultations in refugee camps and host communities.

Over **34,200 mental health and psychosocial support consultations** were provided for refugee women, men, girls, and boys at facilities supported by UNHCR in camps and urban areas. This included psychiatric care, individual counselling and group support sessions. This was the result of investment of **USD 7 million** in mental health and psychosocial care services.

Impact

Eight refugee camps across the Kurdistan Region of Iraq fully are integrated into the public healthcare system. Health services are delivered by the government, not humanitarian actors.[1]

Across the three governorates in the Kurdistan Region of Iraq, the total **number of health consultations for nationals at health centres supported by UNHCR nearly doubled,** rising from 30,000 in 2022 to 52,000 in 2024 with the support of UNHCR investments in the public healthcare system.

Assessments indicate that refugees who received mental health and psychosocial support **demonstrated significant improvements in physical and mental well-being,** including higher levels of self-esteem, better coping capacity, reduced distress, and trauma symptoms. In some cases, self-harm or suicide were prevented. These outcomes underscore the essential role of MHPSS in restoring hope, resilience, and the daily functioning of refugees in a protracted displacement context.

Dr Amir works at the Domiz Primary Health Centre in Dohuk, located just a kilometre from the Domiz 1 refugee camp. The health centre opened in April 2024 after being constructed by UNHCR and equipped by the World Health Organization and it now treats around 300 patients a day, including refugees.

"Nothing compares to the feeling of being part of a community and supporting others equally," he says.

[1] At the start of the Syrian refugee crisis in 2012, a primary healthcare centre was constructed in each refugee camp and run by NGO partners to provide health care services free of charge. From 2016, UNHCR gradually started providing financial support to the Directorates of Health (instead of NGOs) to provide health services through these health centres in camps. This included funding to cover health staff salaries, treatment costs including referrals to hospitals, procurement of medicine and maintenance of centres. In 2019, UNHCR started assessing the gaps of the public health facilities near camps to inform the transition from operating separate primary health centres in camps, to refugees and asylum seekers being able to receive health care at public facilities. Between 2022 and 2024 UNHCR facilitated this transition to public health care through the investments detailed.