



OUTCOME AREA 10

Hanifa receives medical care at Guzara Hospital in Herat province, Afghanistan, a hospital built by UNHCR that improves access to essential health-care services for returnees and the local community. © UNHCR/Oxygen Empire Media Production

Healthy lives

Core output indicators

12.9 million individuals had consultations in UNHCR-supported health-care services in 59 countries, a 17% decrease from 2024. Refugees and asylum-seekers accounted for 95% of these consultations.

1.1 million individuals had consultations in UNHCR-supported mental health and psychosocial support services in 80 countries, a 13% decrease from 2024. Refugees and asylum-seekers accounted for 82% of these consultations.



3 GOOD HEALTH AND WELL-BEING

UNHCR supported equitable access to quality essential health services for refugees, asylum-seekers, returnees and other forcibly displaced people. In

2025, the response prioritized lifesaving primary health care, maternal and child health, nutrition, mental health and psychosocial support, communicable disease prevention and emergency referrals.

As funding constraints intensified, UNHCR worked with governments and partners to include forcibly displaced people in national health systems and make those systems more sustainable, equitable and resilient.

Key results

- In Bangladesh, UNHCR helped deliver primary health care, recording over 500,000 consultations, sustaining high coverage of maternal and child health services and achieving close to universal vaccination coverage for polio, cholera and Human Papilloma Virus.
- In Uganda, UNHCR strengthened access to health and nutrition services across refugee-hosting districts, supporting over 1.8 million outpatient consultations, maintaining high measles and polio vaccination coverage, and expanding mental health and psychosocial support to address rising needs linked to protracted displacement.
- In Chad, UNHCR supported over 1 million primary health consultations, maintained high coverage of skilled birth attendance and measles vaccination, and advanced the integration of refugee health services into the national system.
- In the Islamic Republic of Iran, UNHCR helped refugees maintain free access to primary health care on par with nationals. UNHCR also supported their enrolment in the public health insurance scheme, giving tens of thousands of refugees subsidized access to secondary and tertiary care.
- In Kenya, UNHCR sustained high coverage of reproductive, maternal, newborn and child health services, maintaining measles vaccination coverage above 90% and ensuring that over 94% of births were attended by skilled health personnel across refugee settlements.
- In Bangladesh and Uganda, UNHCR delivered scalable and specialized mental health and psychosocial support services, reaching over 420,000 refugees and showing positive changes through counselling and outcome monitoring.
- Nutrition services screened 2.4 million people and treated over 198,000 acutely malnourished children and 37,000 pregnant and lactating women, safeguarding outcomes where access could be sustained through strong partnerships.
- UNHCR-supported facilities recorded over 117,000 deliveries, with skilled health personnel attending 93% of births.

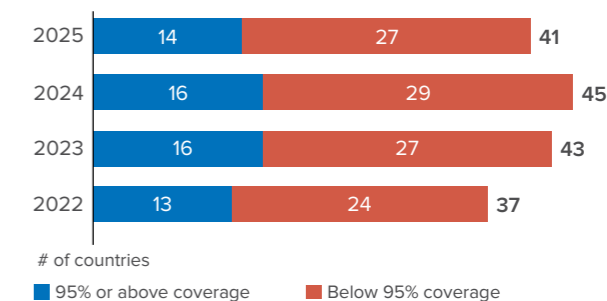
- UNHCR and partners supported over 2,000 national health facilities, expanded inclusion in national financing schemes, and strengthened partnerships with governments, WHO, UNICEF, the World Bank and others – anchoring the shift toward nationally led, sustainable responses.

Challenges

Progress in access to essential health services was constrained by sharp reductions in humanitarian funding, which limited service coverage, staffing, outreach, referrals and supplies support. Public health systems in many hosting countries remained overstretched, facing shortages of medicines, equipment and trained personnel. Financial and documentation barriers restricted access to care and inclusion in health insurance schemes. Communicable disease risks, malnutrition and overcrowding persisted in fragile settings, while rising mental health needs outpaced capacity as partners withdrew and community-based services were reduced. Together, these pressures increased the risk of reversing recent gains in health inclusion and service continuity.

Core outcome indicator

Proportion of children aged 9 months to five years who have received measles vaccination



Just over a third of reporting countries achieved the global target of at least 95% measles vaccination coverage among refugee and asylum-seeker children. Coverage remained above 95% in several major host countries, including Kenya, Jordan, Rwanda and Uganda, while other reporting countries fell below the target due to vaccine supply disruptions, reduced outreach capacity and access constraints.

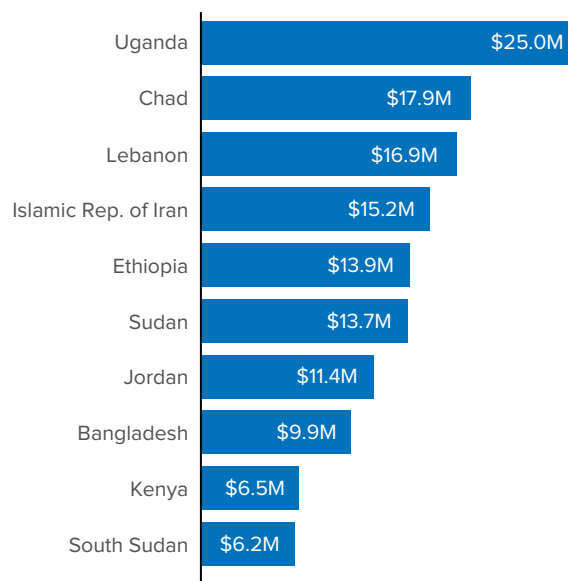
Financial overview

Global expenditure and budget for Healthy lives

- With the funds available, UNHCR could spend **\$191 million** towards budgeted needs of **\$523 million**.
- **34% decrease** in expenditure compared with 2024
- **\$332 million** of unmet needs or **63%** of the budget.
- **28%** of total expenditure under this outcome area, or **\$53 million**, was funded by flexible funding, including **\$26 million** of unearmarked funding.

Healthy lives: largest operations by expenditure

These operations accounted for **\$137 million** or **72%** of global expenditure for this area in 2025



Interactive voice response platform expands mental health support for refugees in Rwanda



© UNHCR innovation

UNHCR's [Digital Innovation Fund](#) supported an interactive voice response platform that expanded mental health and psychosocial services for refugees without internet access. Delivered through spoken audio on mobile phones, the platform offered mental health information, guided self-help exercises and tailored referral options. The pilot recorded strong engagement, with nearly 79,000 message plays and a 95% listen-through rate.

Survey data from more than 1,300 users showed measurable impact: the initiative reduced mental health stigma by 10%, increased knowledge by 7%, raised care-seeking by 5%, and reduced harmful coping behaviours such as isolation and alcohol use by 5%.