

Primary health care coverage standard

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Key points

- Standards of primary health care coverage apply to refugee camps and to out-of-camp (including urban) situations
- Community health programmes should be initiated in consultation with local health authorities and community representatives and should strive to have balanced representation of women and men
- Programmes should provide information on major health problems, health risks, the availability and location of health services, and behaviors that protect and promote good health. They should address and discourage harmful practices

1. Overview

All refugees should have access to quality integrated curative and preventive healthcare services, that is safe, effective and patient oriented, whether they live in refugee camps or out-of-camp (including urban) situations. UNHCR will work with Ministries of Health and partners to strengthen access to primary health care facilities.

Primary health care can be delivered through a combination of community level, mobile and fixed health care facilities. The number, location and type of each will vary by context.

Distance to health facilities should be considered when health facilities are designed and constructed. At least one health facility should be within 5 km of refugee locations. Where this is not the case, an effort should be made to increase coverage.

Emergency referral systems with pre-determined, safe and protected transport mechanisms should be available.

2. Relevance for emergency operations

In emergency situations, primary health care can provide essential and integrated routine health services, identify and manage emergency cases, prevent diseases outbreaks with effect public health measures and play a key role in disease surveillance.

3. Main guidance

Emergency Phase

- The number of health facilities is sufficient to meet the essential health needs of all the disaster-affected population. In addition:
- At least 80% of refugees have access to a health facility within one hour walk from dwellings.
- At least one health care facility is available for every 10,000 people. (Basic health units are primary healthcare facilities that offer essential health services.)
- In rural dispersed settings, at least one health care facility is available for every 50,000 people combined with community case management programmes and mobile clinics.
- One district or rural hospital is available for every 250,000 people.
- In urban areas, secondary health care facilities may be the first point of access and, therefore, cover primary health care facilities for a larger population than 10,000.
- At least 18 inpatient beds (excluding maternity beds) are available for every 10,000 people.

Post emergency phase

The above standards apply to both emergency and post emergency phases.

Primary health care coverage checklist

- Prioritize primary health care activities at community and facility or at the closest operational level based on type of crisis, epidemiological context and available resources.
- Establish and strengthen triage mechanism and referral systems.
- Adapt or use standardized protocols for healthcare, case management and rational drug use.

- Provide healthcare that guarantees patients' rights to dignity, privacy, confidentiality, safety and informed consent.
- Provide safe healthcare and prevent harm, adverse medical events or abuse.
- Use appropriate infection prevention and control (IPC) measures, including minimum WASH standards and medical waste disposal mechanisms, in all healthcare settings.

4. Standards

[Sphere standards, 2018](#)

Sphere Health systems standard 1.1:Health service delivery

People have access to integrated quality healthcare that is safe, effective and patient-centred.

Annexes

[The Sphere Handbook, 2018](#)

5. Links

[Sphere Handbook 2018](#)

6. Main contacts

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