LIVES AT RISK

The Collapse of Refugee Health Services in Jordan Amid Funding Cuts

Health Sector Working Group, Jordan

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Refugees in Jordan have access to public health care at a subsidized rate, thanks to the generosity of the Government of Jordan and donors funding the Jordan Health Fund for Refugees (JHFR). In addition, different organizations in the refugee response provide complementary essential and life-saving health services where the public health services do not have the capacity, which serve both the refugee and host community. The majority of refugees live outside of camps, around **117,000** Syrian refugees reside in two major camps, Zaatari and Azraq. Within the camps, different organizations operate primary healthcare centres offering services ranging from chronic disease management and reproductive health to vaccinations, mental health, and nutrition. Azraq camp also hosts a hospital providing secondary medical care, including emergency care, surgeries, deliveries, and paediatric services.

The health sector has been chronically underfunded, with only **56%** of health sector funding needs met in both 2023 and 2024. That said, the health sector is now facing an unprecedented shortfall. Since the beginning of 2025, **$19.4** million or **22%** of the 2025 3RP appealed health sector budget has been retracted after already being programmed for. This early-year setback is particularly concerning, as it signals a potentially protracted funding gap with cascading effects throughout the year. If left unaddressed, essential services will be further scaled back or suspended.

Today critical life-saving interventions are under severe threat. When funding disappears, lives are lost. It is not a matter of if, but when. The current shortfall is jeopardizing over a decade of hard-won progress in refugee health and protection, placing additional strain on an already overstretched national system. Without urgent support, there is an imminent risk of a reversal—pushing the situation back into a humanitarian crisis with far-reaching consequences for both refugees and host communities.

The **recent survey** conducted by the Health Sector Working Group (HSWG) in March 2025 shows a devastating impact of the recent funding reductions. Partners reported that **38% of their budgets in the health sector was impacted:**

- Close to **$19.4** million in funding towards the health sector has been **withdrawn**
- **22%** of funding programmed and appealed for against the 3RP has been **suspended**
- **72** supported healthcare facilities/projects have **suspended or reduced healthcare provisions**
- **10 organizations** have had to **reduce or stop** their **programmes.**
- **529,000 individuals (454,000 refugees and 75,000 Jordanians)** will be affected by the reduction or suspension of health services by either partially or complete-

The collapse of health services is not just a public health emergency—it is a protection risk. Without care, preventable illnesses will become fatal. Women will deliver babies without skilled attendants or not be able to reach a hospital when they need a caesarean. Children will go unvaccinated. Mental health conditions will escalate. Healthcare will become a luxury few can afford—pushing already vulnerable families into deeper debt and despair. With little or no alternatives to crucial services provided, this will create critical gaps in access to essential and lifesaving health services for refugees. **The consequences will be dire**:

282,188	Women and children will not receive **health and nutrition** services
100,000	Individual will not receive **community health protection**
40,980	Patients will not receive **mental healthcare**
38,406	Patients will not receive **chronic disease** management
37,406	Patients will not receive **acute disease** management or routine **immunization**
10,413	Patients will not receive **emergency or lifesaving secondary healthcare**
1,667	Women and neonate will not receive **emergency perinatal care**

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Already before the most recent cuts, refugees were reporting that they had reduced the number of visits to healthcare providers, spent money from savings, borrowed money, and reduced or stopped medications to cope with increased healthcare costs (Health Access and Utilization Survey, 2024). It is also known that 9 out of 10 refugees have debts, many of which have been taken to pay for necessary health treatments or medicines. The situation will only worsen now.

In host communities, the resources of the public health sector are already strained, and there is limited capacity to deal with increased health needs. The refugee camps are completely reliant on humanitarian health interventions and require referrals outside of the camps for any secondary or tertiary health interventions.

What will happen?

As services decrease, waiting times and deterioration of the quality of life will increase. The quality of care will diminish as understaffed healthcare facilities are trying to manage an increased caseload. Efforts to control communicable diseases and respond to health emergencies locally and globally will be undermined. Health disparities will further grow, with the most vulnerable becoming even more vulnerable and sick as they cannot access health care due to lack of means. Untreated health conditions and increased hardship to afford health care and medication will lead to an increase in preventable diseases and chronic conditions. What is worst, some will not be able to receive the lifesaving medical attention they need in a timely way, leading to premature deaths.

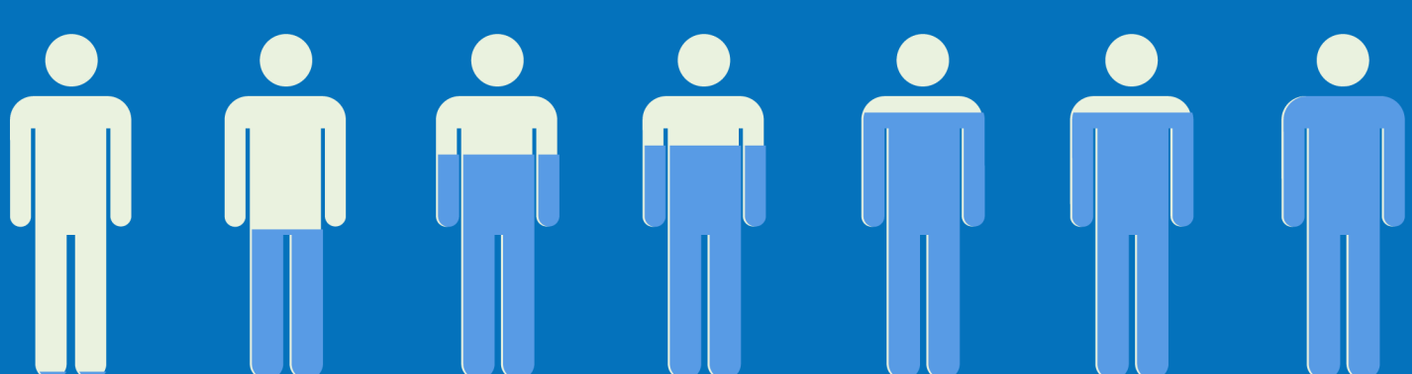
What needs to happen Now?

Call for Action

Immediate and sustained financial support is essential to prevent a full-scale health emergency. Restoring funding to the health sector in Jordan is not only about keeping clinics open—it is about safeguarding lives, preventing instability, and honouring the commtments made to refugees and their hosts. Every delay puts more lives at risk. The time to act is now.

All mentioned funding cuts in this paper are within the frame of the JRP/3RP. However, other funding cuts reported by HSWG partners amount to more than **$18** million, for activities planned to support other vulnerable groups in Jordan.

Reduction % per thematic sector area



124%*	54%	19%	18%	9%	9%	5%
Mental health services	RMNCHA plus nutrition services	Community health services	Non-communicable diseases services	Communicable diseases + immunization services	Secondary, tertiary healthcare	Emergency obstetric, neonatal and childcare

* The reported cut exceeded the 100% limit due to none 3RP cuts reported