Health Sector Working Group Meeting, March 2026
Minutes of Meeting

Date: March 26th, 2026
Place: UNHCR Office
Chaired by: Dr. Muhammad Fawad-UNHCR, Dr. Oday Ibrahim WHO, Abdallah Nsour – RHAS
Attendees: UNHCR, Health Appeal, Islamic relief, UNRWA, IMC, UNFPA, Medair, TDH Italy, IRC, AMR, WHO, IOM, CVT, CARE, UNICEF. RHAS

Agenda:

- Updates from WHO
- Updates from UNHCR
- Sectoral findings from the Socioeconomic Survey on Refugees in Jordan (VAF 2026)
- Sub-Working Groups (SWGs) Updates
- Partners' Updates
- Any Other Business (AOB)

Opening and Introductions

Meeting started with a welcome note and a round of introductions.

WHO Update

WHO provided update on the following subjects:

- Escalating Conflict and Health Impact in the Middle East
- New WHO Recommendations to End TB (24 March 2026)
- Poliovirus situation
- More information related to the above mentioned topics and other are access through the following link: WHOUpdateMarch2026.pptx

UNHCR – Updates on Refugee Returns

- The latest UNHCR return figure is: 187,565 registered refugees have returned to Syria to date. Of these, 76% originated from urban areas and 24% from camps—a ratio consistent since the trend began.
- Current camp populations stand at: Zaatari: approximately 49,000 individuals, Azraq: over 33,000 individuals
- The total camp population (82,000+) continues a steady decline, as visible in the UNHCR return dashboard (link shared with working group participants). March 2026 data confirmed fewer returns week-on-week and month-on-month.
- A potential shift is anticipated mid-2026, influenced by the school year, similar to the surge observed mid-2025. However, 2026 returns remain significantly lower than the same period in 2025. Detailed disaggregation (by vulnerability, gender, location) are available in the dashboard.

UNHCR - Operational Updates:

- UNHCR will be engaging with all operational partners implementing health projects in refugee camps to plan continuation through the remainder of 2026, particularly post-mid-year. These engagements will be initiated at the camp level, led by Public Health colleagues.
- The process will be at the camp level, and it will be handled by UNHCR camps staff in both camps to assess project security timelines. Based on the findings, discussions with relevant partners will outline the outlook for health interventions amid further funding deterioration.
- The priority is securing basic essential services for camp populations and avoiding critical gaps in health assistance delivery.
- Discussion around the announcement delivered by UN agencies (UNHCR, WFP, UNICEF) in last JoSH meeting critically low funding post-June 2026, varying by organization and sector, shocking participants who expected contingency plans. shifting urban programs to camps (feasible due to public health alternatives outside), consolidating services, and engaging the Ministry of Health (MOH) more assertively despite low expectations. They emphasized collective decision-making beyond minor tweaks, including donor mapping showing delays.
- Data for intention survey for refugees has been completed, and analysis is underway, but regional delays may postpone results.

Sectoral findings from the Socioeconomic Survey on Refugees in Jordan (VAF 2026).

- UNHCR presented preliminary findings from a socio-economic survey on health sector. The survey targeted refugees in Jordan (both Syrian and non-Syrian), with data collection conducted from July to October 2025. It included samples from both urban refugees and those in camps.
- The presentation outlined the situation related to people with disabilities, with chronic illness, depression, metal health, and other.
- Also, it highlighted the health services accessibility in urban areas and camps. In addition to eligibility, subsidized medical care.
- The final report is expected to be finalized and launched by the end of April.

Sub Working Group Update

MHPSS

- The team continues supporting the Ministry of Health (MoH) in discussions on transitioning MHPSS responsibilities. An initial agreement has been reached for MoH to assume coordination role; draft TOR and details will be finalized in upcoming meetings.
- A meeting with the Director of Mental Health took place in this regard. The prior MHPSS group meeting is on hold pending confirmation of MoH's transition plan, to ensure clear next steps before announcement to group members.

SRH

- UNFPA continues to support the two SRH working groups in Zaatari and Azraq camps, chaired by IMC, emphasizing coordination between camps. A joint workshop for full members is planned, with invitations extended to Health Sector Working Group co-chairs for updates on SAG and the evolving Health Sector structure.
- Support persists for coordination structures, including the SRH Coalition (12 agencies, led by country directors/representatives). Upcoming coalition meeting to discuss:
  - 2024 Maternal Mortality Report (published last month on MoH and UNFPA websites; UNFPA-supported).
  - Covers 33 Syrian deaths (counted by nationality, not refugee status).
  - Non-Jordanian maternal mortality rate has risen significantly; analysis of causes needed (rate = deaths per 1,000 live births).

- Findings to be presented to coalition, MoH response activities, and technical leads.

- Reformulation of SRH group under National SRH Strategy (2022–2030); mid-term evaluation underway in 2026, with MoH requests for feedback on governance/action plan. SAG and steering committee members to be updated.
- Services in camps confirmed to continue fully until July (using unearmarked funding). Funding secured through November; beyond that, prioritize minimum services via clinic hour adjustments or mergers, balancing camp and government priorities. Service delivery, cleaning, and referrals supported until June, with donor feedback expected for extension to mid-2027. Notified funding prioritized for camps amid constraints.

Partners' Updates:

Islamic relief

- Islamic Relief facing funding constraints. Several proposed projects were not approved, including those targeted at Azraq camp (currently paused). Ongoing initiatives include:
  - A primary healthcare clinic in Mafraq.
  - A primary healthcare clinic in Karak serving Jordanians and Palestinians. =
  - A small-scale project providing 20% equipment support for Jordanians in the South.

- Prospects for additional funding through the end of the year remain unpromising.

IOM

- ongoing program, operations continue as business as usual. The regional program is now preparing for the upcoming cycle starting in 2028.
- Strong indications suggest that Jordan will not be included in the program, though no formal confirmation letter has been received. Discussions also noted that Lebanon, Iraq, and Libya may transition out of the program.

Medair

- No major updates. Cash-for-health assistance, including support for deliveries and emergency life-saving hospitalizations, continues with security funding until the end of June.

UNFPA

- UNFPA has ceased support for host community clinics. However, these clinics have remained operational, with NGOs sustaining services—including SRH—through alternative funding schemes or innovative subsidized/income-generating models.
- IFH developed a funding plan by selling select services to cross-subsidize others. They also secured government contracts for specialized services (e.g., disabilities), providing leverage for additional funding to maintain core SRH offerings.
- UNFPA continues supporting the Ministry of Health as the primary SRH responder for refugees in host communities and camps. Ongoing government support includes services for JHAS and IFH, ensuring service delivery continuity.

CVT

- CVT is exploring new funding opportunities to sustain its programs in Jordan. While no opportunities have been secured to date, the team remains optimistic and continues its efforts.

TDH

- No major updates. Health projects and activities are ongoing. Continues to explore opportunities for collaboration and funding.

UNRWA

- UNRWA is facing severe financial constraints, primarily due to external political factors. In response, the Commissioner General has implemented a 20% reduction in operations, effective 15 February 2026. This includes reducing staff working hours from 37.5 to 30 hours per week, accompanied by a corresponding 20% reduction in staff salaries.
- The health program has adjusted its service delivery model across 25 operational health centers by reducing patient visit frequency to align with the shorter hours. While necessary, these measures may impact the health status of Palestine refugees in the medium to long term.
- The speaker noted that this is likely the beginning of ongoing constraints, with further cost-containment measures anticipated in 2026. These could increase pressure on service provision and health outcomes for Palestine refugees in Jordan.

IRC

- No major updates. The team is addressing the gap following the QRC clinic closure by absorbing approximately 650 NCD patients. Coordination is ongoing with the

unit inside the Zaatari camp, utilizing QRC-provided medications for one month of consultations and needs. Continued liaison with UNHCR to determine next steps.

General update

This marks the final HSWG meeting. The co-chairs and partners shared words of gratitude and thanks.

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