



SAMS

Health Needs Beyond Return

Sustaining Healthcare for Syrian Refugees in Zaatari Camp amid Political Transition and Funding Constraints

A Policy Brief Based on Assessment Findings

February 15, 2026



POLICY BRIEF

Key Policy Messages

Sustain Needs-Based Health Assistance

Findings from the January 2026 SAMS assessment, involving refugees and healthcare providers, demonstrate a persistent burden of chronic disease, significant mental health needs, and structural barriers to care in Zaatari Camp, Jordan. Health programming should remain evidence-driven and not be prematurely scaled down in anticipation of refugee returns.

Protect Continuity of Chronic Care

High prevalence of chronic illnesses such as diabetes, hypertension, asthma, and other long-term conditions, combined with frequent medication interruptions, underscores the need for sustained financing and uninterrupted access to treatment.

Strengthen Mental Health and Psychosocial Services

Widespread psychological distress, including anxiety and depression, and limited availability of services for diagnosis and treatment require expanded and integrated mental health support within primary healthcare.

Align Return Policies with Medical Realities

Approximately 65,000 refugees remain in Zaatari Camp amid severe funding shortfalls. Return-related decisions must account for those who are medically unable to return and remain dependent on humanitarian healthcare.

1. Executive Summary

Political developments in Syria since December 2024 have reshaped regional discussions on refugee return, with more than 1.2 million Syrian refugees reported to have returned from neighboring countries as of November 6, 2025, according to coordinated humanitarian reporting led by UNHCR[1]. While these developments have altered future prospects for some refugees, they have not eliminated humanitarian needs in host countries.

Zaatari Camp in Jordan continues to host a substantial refugee population, estimated at approximately 65,000 by mid-2025, based on UNHCR data[2]. Many of those remaining face significant barriers to return, including medical conditions requiring continuous care that cannot be reliably accessed inside Syria.

Findings from a recent SAMS assessment conducted in January 2026 in Zaatari Camp indicate that non-communicable diseases, mental health conditions, and structural barriers to care constitute the most urgent and persistent health challenges among refugees who remain. The high prevalence of non-communicable diseases such as diabetes, hypertension, asthma, and chronic musculoskeletal and visual conditions is compounded by frequent medication interruptions and fragmented follow-up. Mental health and psychosocial needs are widespread, yet largely unmet due to limited service availability, leading to significant psychological distress and, in severe cases, life-threatening outcomes. These challenges are further exacerbated by structural barriers, including distance to health facilities, complex referral pathways, environmental stressors, and out-of-pocket costs when medications are unavailable through humanitarian channels.

At the same time, the refugee health response in Jordan is operating under severe funding constraints. As of early 2025, the Jordan component of the Syrian Arab Republic Regional Refugee and Resilience Plan (3RP) had secured USD 147.3 million against total requirements of USD 911.3 million, representing 16.2% overall coverage, according to inter-agency financial tracking[3]. Of this funded amount, only 9.3% was allocated to the health sector. This shortfall has direct implications for the continuity and quality of healthcare services in Zaatari Camp, particularly for refugees with long-term and complex health needs. In this context, policy shifts that implicitly assume widespread return risk accelerating the erosion of essential health services for populations that remain dependent on humanitarian assistance.

This policy brief argues that health assistance for refugees remaining in Zaatari Camp should remain needs-based, adequately funded, and adapted to protracted displacement, even as return discussions continue. SAMS calls on donors, humanitarian health coordinators, and relevant authorities to prioritize sustained financing for chronic disease management, expand and integrate mental health services, and address structural barriers to healthcare access. Ensuring continuity of care for refugees who are unable to return is essential not only to protect health and dignity but also to prevent avoidable deterioration and secondary displacement during this transitional period.

2. Background and Context

Zaatari Camp was established in 2012 as an emergency response to the influx of Syrian refugees into northern Jordan and has since evolved into a long-term displacement setting. More than a decade later, the camp continues to host a large refugee population with complex and evolving needs, despite fluctuations in population size over time. Since the fall of the Assad regime on December 8, 2024, UNHCR records indicate that 181,823 Syrian refugees registered in Jordan have returned to Syria. Of these, 26,934 individuals returned from Zaatari Camp[1], reflecting a measurable but partial reduction in the camp population. Despite these movements, approximately 65,000 refugees continue to reside in Zaatari Camp, many of whom remain dependent on humanitarian systems for access to essential services, including healthcare. The persistence of these needs underscores that displacement in Zaatari is no longer a temporary condition but a protracted reality requiring policy approaches beyond short-term or transitional planning.

The regional policy environment has shifted markedly following the political transition in Syria in late 2024. Coordinated humanitarian reporting indicates that large-scale returns have taken place from neighboring countries since that period, contributing to renewed attention on return-oriented policies and a gradual reframing of refugee responses. However, return remains uneven and highly selective. For many refugees in Zaatari Camp, return is constrained by a combination of factors, including unresolved security concerns, lack of housing and livelihoods, limited access to basic services inside Syria, and ongoing medical needs that require continuous and reliable care. These constraints mean that return is not a viable or safe option for all, and that policies predicated on widespread or rapid return risk overlooking the protection and service needs of those who remain.

At the national level, humanitarian assistance for refugees in Jordan is under increasing strain due to a contraction in available funding, driven by competing international crises, shifting donor priorities, and reductions in major bilateral funding streams. In Zaatari Camp, these funding constraints have undermined the capacity and scope of health service delivery[2], leading to reduced emergency department capacity, limitations in Level 2 and Level 3 mental health services, and constraints on non-emergency secondary and tertiary care. Funding shortfalls have also stretched the daily intake capacity of remaining healthcare providers and affected the continuity of care for refugees requiring ongoing treatment. These pressures are occurring at a time when health needs among the remaining refugee population are becoming more complex rather than diminishing.

The convergence of renewed return discourse and declining humanitarian resources presents a critical policy challenge. On one hand, decision-makers are navigating changing political realities and exploring pathways toward durable solutions. On the other, a significant refugee population remains in need of comprehensive and continuous healthcare within Jordan. Failure to reconcile these two dynamics risks creating a policy gap in which refugees who are unable to return are left with shrinking access to essential health services. Addressing this gap is not only a humanitarian imperative but also a matter of responsible policy planning, as unmet health needs can lead to avoidable morbidity, increased long-term costs, and secondary displacement.

There is an urgent need to reassess current health response approaches in Zaatari Camp. Policies and funding models that were designed for earlier phases of the displacement are increasingly misaligned with present realities. As long as refugees continue to reside in the camp and lack feasible alternatives, healthcare provision must remain a central component of the refugee response, guided by evidence on actual needs rather than assumptions about return.

This policy brief therefore focuses on the implications of these dynamics for health service delivery in Zaatari Camp and outlines actionable recommendations to ensure that refugees who remain are not left behind during this period of transition.

3. Health System Context with the Zaatari Camp

Healthcare delivery in Zaatari Camp takes place within a humanitarian framework jointly administered by the Government of Jordan, through the Syrian Refugee Affairs Directorate, and UNHCR. Health services are implemented as part of the broader refugee response, alongside other sectors, through established coordination and planning arrangements that aim to ensure access to essential services for camp residents.

Within this framework, healthcare services are available inside the camp and are complemented by referral pathways linking camp-based care to secondary and tertiary services outside Zaatari, including facilities operated by the Ministry of Health and partner hospitals. These referral pathways enable access to inpatient care, specialized treatment, advanced diagnostics, and surgical services that are not provided within the camp. Referral processes are shaped by eligibility criteria, administrative procedures, and available resources, which together influence the scope and timing of access to referred care.

Refugees accessing services outside the camp are eligible for subsidized care at public health facilities, in line with national policies applicable to registered refugees. In some cases, patients may be required to contribute to the cost of consultations, diagnostics, medications, or transportation, particularly for non-emergency services or follow-up visits. These factors may influence care-seeking patterns, especially for individuals requiring repeated visits or long-term treatment.

Health services in Zaatari Camp are supported through humanitarian financing mechanisms and project-based arrangements aligned with annual planning cycles. This structure supports the delivery of a wide range of health services while shaping how care is organized and sustained over time, particularly for services that involve continuity of treatment or long-term follow-up, such as chronic disease management and mental health care.

4. Health Actors and Service Provision Landscapes

Health services within Zaatari Camp are delivered through four comprehensive health centers and one primary health clinic, which provide free, integrated primary healthcare services. These services include outpatient consultations, maternal and child health care, routine immunization, basic diagnostics, and management of selected chronic conditions, subject to available resources and medication supply.

In addition to primary healthcare, two specialized services operate on a 24/7 basis within the camp. One provides emergency care and supports referrals to external facilities, while the other delivers sexual and reproductive health services, including obstetric care. Together, these services form the core health service infrastructure available to refugees inside the camp.

Service delivery is carried out by a range of international and national humanitarian organizations operating under defined project scopes and operational mandates. SAMS is among the organizations providing general medical services and selected specialized care, including follow-up for some chronic conditions and support to referral pathways. The presence of organizations contributes to the breadth of services available within the camp and supports continuity for patients requiring ongoing care.

Across providers, the scope and duration of services are influenced by staffing levels, funding arrangements, and project timeframes. Primary healthcare services focus on outpatient care, maternal and child health, management of common illnesses, and limited follow-up for chronic conditions. Care for more complex health needs often involves coordination across multiple providers and levels of care, combining camp-based services with referrals outside the camp. For refugees living with chronic illnesses or mental health conditions, accessing care may involve navigating services delivered by different actors over time. The way services are structured and coordinated shapes how care pathways are experienced by refugees, particularly where treatment spans primary care, specialized services, and external referrals.

5. Health Needs and Gaps among Refugees in Zaatari Camp

5.1. Chronic and non-communicable diseases

Available health sector data from Jordan indicate that chronic and non-communicable diseases represent a significant share of healthcare demand among refugees in Zaatari Camp. Inter-agency health monitoring has shown that 15.8% of consultations in the camp are related to non-communicable diseases, with hypertension (21%), diabetes (17%), and asthma (12%)[1].

Many refugees describe managing more than one condition simultaneously, increasing dependence on continuous access to healthcare services. 48% of households with chronic conditions reported difficulty accessing medicines or health services, with the most frequently cited barriers being cost (49%), medications not available at health facilities (17%), and transport-related constraints (19%). When medications are unavailable through humanitarian services, treatment may be delayed, interrupted, or shifted to out-of-pocket purchasing.

Healthcare providers from SAMS working in the camp report that continuity of care for chronic conditions is difficult to maintain. Fragmented follow-up, referral delays, and limitations in diagnostic capacity affect the ability to manage non-communicable diseases effectively. Providers note that patients with complex or advanced conditions are particularly affected, as their care often depends on external referrals that are subject to administrative and funding constraints.

5.2. Mental Health and Psychosocial Needs

Mental health and psychosocial needs represent a significant component of health demand among refugees in Zaatari Camp. Health sector analyses in Jordan have consistently identified mental health conditions and psychosocial distress as prevalent concerns among refugee populations living in protracted displacement.

Refugees describe widespread psychological distress linked to prolonged displacement, economic insecurity, uncertainty about the future, and accumulated exposure to stress and loss. Anxiety, depression, sleep disturbances, and persistent feelings of fear or hopelessness are commonly reported. These concerns frequently coexist with chronic physical health conditions, compounding vulnerability and affecting daily functioning, treatment adherence, and overall well-being.

Access to mental health and psychosocial support services remains uneven. Constraints related to service availability, limited numbers of trained mental health professionals, and inconsistent access to psychotropic medications affect the ability to provide timely diagnosis and sustained care. As a result, mental health support is often delivered through short-term or crisis-oriented interventions rather than continuous, integrated care.

Healthcare providers working in Zaatari, including those supported by SAMS, report encountering cases of severe psychological distress and acute mental health crises, including suicide attempts. Such cases are often associated with gaps in care, interruptions in treatment, or delays in accessing specialized services through referral pathways. While referral mechanisms for advanced mental health care exist, waiting periods and eligibility requirements can affect timely response, particularly for individuals requiring urgent or ongoing support.

5.3. Structural Barriers to Accessing Healthcare

Refugees living in Zaatari Camp report that access to healthcare is shaped not only by medical need but also by a range of structural factors that influence whether and when care can be obtained. Distance to health facilities within the camp remains a challenge for older persons, people with disabilities, and individuals with chronic conditions requiring frequent visits.

Access to specialized care outside the camp is further shaped by referral pathways. Refugees describe administrative referral processes for secondary and tertiary care as complex and time-consuming, involving approval requirements, referral quotas, and waiting periods. While the Jordanian Ministry of Health provides subsidized access to public healthcare services for registered refugees, these subsidies do not fully offset financial or administrative barriers for all types of care, particularly for costly diagnostics, procedures, or long-term treatment. As a result, gaps in affordability and timeliness may persist for some patients.

Healthcare providers working in Zaatari, including those supported by SAMS, note that these barriers are often interconnected and cumulative. Patients facing distance or mobility challenges are more affected by referral delays; those unable to afford medications are more vulnerable to treatment interruptions; and individuals with mental health conditions are particularly impacted by fragmented access and discontinuity of care. In some cases, multidisciplinary medical missions supported by SAMS, including specialized and surgical services provided at no cost to patients, help reduce the financial burden on refugees and contribute to easing pressure on referral facilities.

Environmental factors also affect health and access to services. Refugees describe exposure to extreme heat, cold, and dust as aggravating respiratory, cardiovascular, and musculoskeletal conditions, increasing health needs while simultaneously making access to care more difficult during peak weather periods.

6. Implications for Return and Medical Readiness

Discussions around refugee return have intensified following political developments in Syria since late 2024. While some refugees have returned, many residents of Zaatari Camp remain medically unprepared for return, particularly those living with chronic illnesses, disabilities, or mental health conditions that require continuous care. For these individuals, return is shaped not only by security and socioeconomic considerations, but by the availability and continuity of healthcare services.

Refugees living in the camp report uncertainty about access to essential medications and care inside Syria, especially for non-communicable diseases and mental health conditions. Concerns include shortages of medications, limited diagnostic capacity, and inconsistent availability of follow-up care. For individuals who currently rely on regular treatment, interruption of care during or after return poses a risk of rapid health deterioration.

Healthcare providers from SAMS report that medical readiness for return is uneven and highly individualized. Patients with stable conditions under regular treatment may be able to manage short-term disruptions, while those requiring frequent monitoring, specialized medications, or psychosocial support face significantly higher risks. Providers note that, in the absence of clear referral mechanisms and confirmed access to services in areas of return, medical decision-making remains constrained.

The interaction between health needs and return is further complicated by structural barriers already present in the camp. Refugees who struggle to access care under a coordinated humanitarian system are likely to face even greater challenges in settings with weaker health infrastructure and limited humanitarian presence. Mental health conditions, in particular, are reported to worsen under conditions of uncertainty and transition.

These factors highlight the need for individualized assessment of medical needs and careful consideration of healthcare access in any return-related planning affecting refugees remaining in Zaatari Camp.

7. Limitations of the Current Health Response

The current health response in Zaatari Camp remains largely shaped by short-term humanitarian planning and funding cycles, despite the protracted nature of displacement. While this approach has enabled continued service provision, it has limited the system's capacity to respond to long-term and complex health needs, particularly for refugees living with chronic diseases and mental health conditions that require sustained care.

Reliance on project-based financing constrains continuity of services. Health programs are frequently subject to changes in scope, staffing, and medication availability as funding priorities shift. For refugees, this translates into uncertainty around access to treatment and follow-up, while for healthcare providers it limits the ability to plan and deliver consistent care over time.

The health response also depends heavily on external referral mechanisms and episodic interventions for specialized care. Short-term medical missions and ad hoc referral arrangements address critical gaps but are not designed to provide longitudinal care or integrated treatment pathways. Refugees requiring ongoing management, rehabilitation, or psychosocial support are particularly affected by the absence of structured follow-up.

In the context of renewed emphasis on return and declining humanitarian funding, these limitations are becoming more pronounced. Policy assumptions that anticipate reduced need for services risk accelerating the erosion of health system capacity for refugees who remain dependent on humanitarian care.

8. Recommendations for Donors, Health Actors, and Relevant Authorities

8.1. Prioritize Sustained Funding for Chronic Disease Management

Donors and health actors should ensure uninterrupted availability of essential medications, regular follow-up, and basic diagnostics for non-communicable diseases. Chronic care needs remain persistent among refugees who continue to reside in Zaatari Camp.

8.2. Integrate Mental Health and Psychosocial Services into Primary Healthcare

Donors and health actors should expand access to trained mental health personnel, ensure consistent availability of psychotropic medications, and strengthen referral pathways to provide timely follow-up for moderate to severe cases.

8.3. Address Structural Barriers to Healthcare Access

Program design should explicitly account for distance, mobility limitations, environmental exposure, and out-of-pocket costs. Particular attention should be given to older persons, individuals with disabilities, and those requiring frequent or long-term care.

8.4. Strengthen Continuity Across Healthcare Providers

Health actors should enhance coordination mechanisms to reduce fragmentation, improve information continuity, and minimize treatment interruptions for patients whose care spans multiple providers and referral pathways.

8.5. Integrate Health into Return Planning

Authorities and humanitarian actors should incorporate individualized medical readiness assessments into return-related policies, including confirmation of access to essential healthcare and medications in areas of return.

8.6. Maintain Needs-Based Programming During Transition

Donors and humanitarian actors must ensure that health services in Zaatari Camp are not prematurely scaled down in anticipation of returns that are not feasible or safe for all refugees.

9. Considerations for Policymakers

Return Does Not Reduce Health Needs

While large-scale returns have occurred, healthcare demand remains high in both host countries and areas of return. Refugees remaining in Zaatari Camp include many individuals with chronic illnesses, disabilities, and mental health conditions, while returnees in Syria face constraints in accessing consistent and reliable care.

Health Needs in Zaatari Camp Are Protracted and Complex

The dominant health profile in Zaatari is chronic and long-term, not acute and emergency-driven. Chronic disease management and mental health care require predictable and sustained financing rather than short-term interventions.

Funding Decisions Have Direct Health Consequences

Reductions or delays in humanitarian financing directly affect medication availability, referral access, and continuity of care. These disruptions increase the risk of preventable deterioration and higher long-term costs.

Health Must Be Central to Durable Solutions

Return-related policy decisions should be grounded in verified access to healthcare in areas of return and individualized medical assessments, not aggregate return figures alone.

Endnotes

[1] <https://www.unhcr.org/us/news/press-releases/unhcr-historic-return-displaced-syrians-presents-opportunity-and-urgent>

[2] <https://reliefweb.int/report/jordan/unhcr-jordan-zaatari-refugee-camp-factsheet-june-2025>

[3] <https://fts.unocha.org/countries/114/summary/2025>

[4] <https://jordanapps.unhcr.org/dashboard/>

[5] <https://reliefweb.int/report/jordan/unhcr-jordan-zaatari-refugee-camp-factsheet-june-2025>

[6] <https://data.unhcr.org/en/documents/details/41787>

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