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USAID Health Finance and Governance Activity

Creating a Resilient Refugee Health Response through Improved Policy, Finance and Governance Report

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Contents

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Acronyms

CVA	Comprehensive Vulnerability Assessment
C/S	Caesarean Section
CBC	Complete Blood Count
ECG	Electrocardiogram
GOJ	Government of Jordan
GP	General Practitioner
HFG	Health Finance and Governance
INGOS	International non-governmental organizations
IRB	International Bank for Reconstruction and Development
JRP	Jordan Response Plan
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOPIC	Minister of Planning and International Cooperation
NCD	Non-communicable disease
NGO	Non-governmental organization
PHC	Primary healthcare
UHC	Universal health coverage
UNFPA	United Nations Population Fund
UNHCR	United National Refugee Agency
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

Executive Summary

Improving the efficiency and long-term sustainability of the health sector to support refugee and Jordanian host communities (poor and most vulnerable) in accessing health services is one of the priorities of the Government of Jordan (GOJ). The Syrian refugee population in Jordan peaked in early 2017. Although it has recently stabilized, there are over 1.3 million Syrian refugees currently in Jordan. Of the overall population - half (654,582) are registered with United National Refugee Agency (UNHCR). *Of* this number of refugees*, only* 20% live in camps. Approximately 80% of refugees live outside camps in urban areas – known as "host communities" – which, according to a 2014 inter-agency vulnerability assessment were classified as 'extremely vulnerable' (UNHCR, 2014)[1]. According to a UNHCR assessment in 2017, 93% of Syrian refugees in Jordan are living under the poverty line (UNHCR, 2017)[2].

With support from the international community and UN agencies, refugees registered with UNHCR and living in Azraq and Zaatari camps are provided with a free comprehensive health care package including primary health care, reproductive health, dental, mental health and nutritional care, and secondary and tertiary out of camp referrals (UNHCR, 2017)[3]. From 2012-2014 the GOJ provided free health care services at all MOH facilities for UNHCR-registered Syrian refugees living *outside* camps -- the largest proportion of direct health services. In 2014 the GOJ changed eligibility for this group to a subsidized rate for health care of 35-60% (the Jordan non-insured rate). However, a January 2018 Cabinet decision states that all Syrian refugees will now have to pay 80% of unified pricing (foreigner rate) directly to the MOH health facility to access health care services.

There is evidence to suggest that imposing higher user fees will cause extreme hardship for many refugees. According to a recent study, one month after the introduction of copayments in 2014, 65% of refugees stated that cost was the biggest barrier to accessing health care, with 1 in 5 households facing catastrophic spending due to health care costs. Another study found that 81% of households spent an average of 45% of their total income on health care. It is important to note that little is known about the health coverage of the remaining *non-registered* Syrian refugees (approximately 650,000). They are likely the most vulnerable. Anecdotal evidence suggests that this population seeks care from the charity sector (providing some free health care services) as well as the private sector. Non-registered refugees seeking health care services from the MOH will pay out-of-pocket costs (equivalent to non-Jordanians) or go without health care. The pattern of refugees not seeking care because of costs, not understanding their disease, and being poorly compliant with treatment, increases the probability of more expensive inpatient and specialist care in future years.

The refugee influx has an impact on multiple dimensions of the health sector. On health financing, total health per-capita spending was reduced from US $355 in 2010 to US $333 in 2015 (High Health Council, NHA 2012, 2013, 2014 & 2015)[4]. Sources agree that the Syrian refugee influx has had a major adverse impact on the quality of health care services in Jordan, and has put a strain on public facilities, particularly in the northern governorates and Amman (Aide Medical international, 2014)[5]. The annual Jordan Response Plan (JRP) consolidates and attempts to coordinate the efforts and resources of the United Nations agencies UNHCR, bilateral donors, international non-governmental organizations (INGOs), and local NGOs to support programs in education, water & sanitation, health,

energy and other essential programing. However, lack of strategic planning and coordination mean that the number of NGOS and support coming in from bilateral donors, is difficult to quantify.

The objective of this report is to highlight the main barriers for Syrian refugee access to health care services and to put forward recommendations in support of a more resilient Jordanian health care delivery system – from evidence to innovation to policy change/implementation. In addition, the assessment can help understand the burden of the Syrian refugee population and host community on the health sector in Jordan and serve as a basis for advocacy. To address the barriers related to lack of evidence, information as well as the need for innovation and greater advocacy efforts, we recommend the following:

- To address the need for *evidence* regarding health coverage for non-registered Syrian refugees, we recommend the development of a health map that will provide an evidence base for objective and informed decisions concerning refugee and host community Jordanians including patient traffic reengineering, future capital expenditure projects, surplus or deficit of primary care or specialties and to inform potential collaboration between public and private sectors.

- To support MOPIC in the coordination and implementation of the JRP, we recommend an update of the financial flow *information* from domestic and international sources, as well as capacity development in strategic planning.

- With the objective of developing a proactive health insurance product with incentives for low income and refugee communities by focusing on health prevention, promotion and care including NCD management, we recommend the piloting of an *innovative* demand side financing initiative, creating an essential health service package (EHSP).

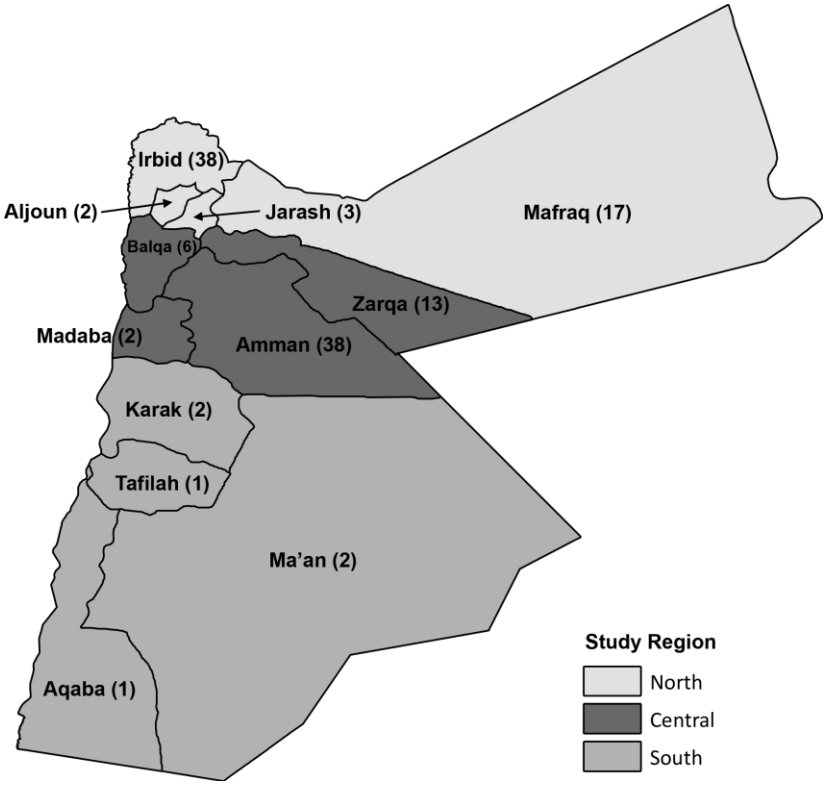
- To improve accessibility and affordability of health services in an equitable manner for both refugees and Jordanian host communities, we recommend an intervention that supports increased civic engagement for the creation of strong health promotion programs focused on primary healthcare (PHC) emphasizing prevention and self-care strategies to increase *community awareness* regarding accessing care and in support of early detection of non-communicable diseases.

Background

The recent influx of Syrian refugees has created an economic, social and political crisis for the country, particularly in the Northern Governorates where resources are scarce, as donor fatigue sets in and as nationalistic views are threatening stability. According to the Ministry of Health, there are over 1.3 million Syrian refugees currently in Jordan – representing 20 percent of the overall population - half of whom (654,582) are registered with UNHCR. Approximately 80 percent of them live outside camps located in the four northern governorates in Jordan and the capital Amman, while more than 140,000 have found refuge in camps.

Health Service Utilization among Syrian Refugees with chronic conditions in Jordan

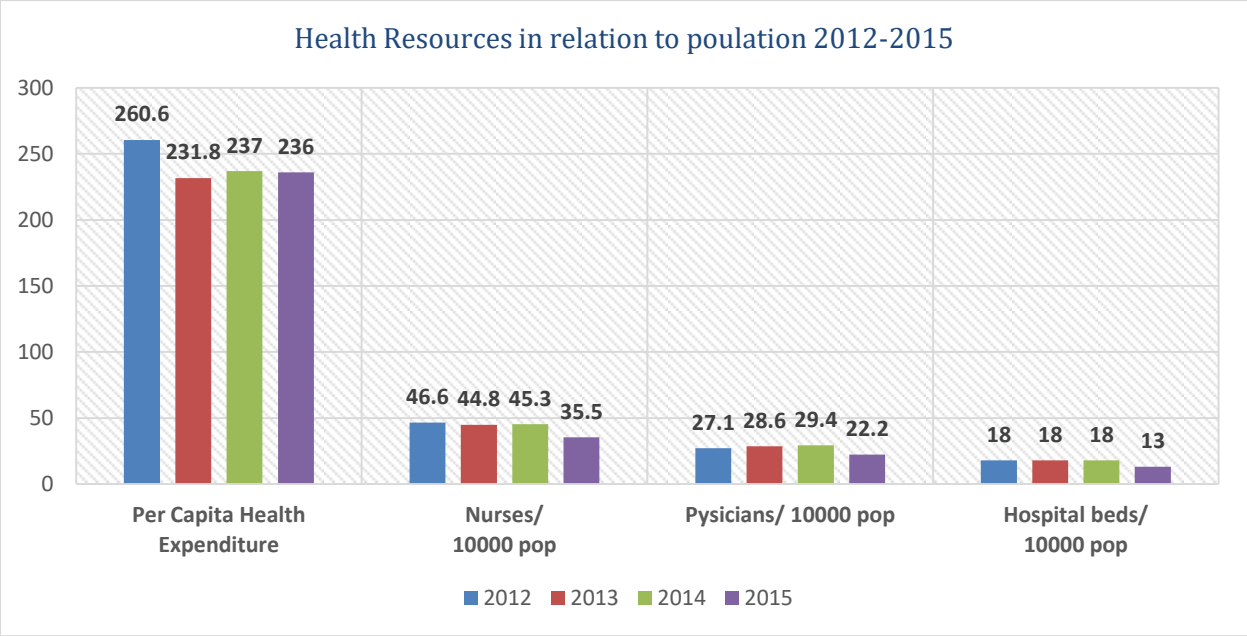
Shannon Doocy, Emily Lyles, Laila Aku-Zaheya, Arwa Oweis, Nada Al Ward, Ann Burton



The MOH reports that more than 2.6 million visits by Syrian refugees were recorded by Ministry of Health facilities between 2012-2016, with estimated costs between of 250 million JD to 300 million JD (previous data from the Ministry of Health, 2013)[6]. Verification of expenditures incurred by Syrian refugees and poor uninsured Jordanians using primary and secondary care services at MOH facilities nationwide are being independently verified as a part of the 2017/18 World Bank/International Bank for Reconstruction and Development (WB/IBRD) *Jordan Emergency Health Project*.

According to the MOH, the density of healthcare providers has witnessed notable decline since the emergence of Syrian crisis. As evidence per the below chart, the availability of physician per 10,000 population has declined from 27.1 in 2012 to 22.2 in 2015, for nurses from 46.6 to 35.5. Similarly, health

infrastructure has also been strained and the ratio of hospital beds per 10,000 population has declined from 18 in 2012 to 13 in 2015 (MOH Annual Statistical Reports)[7].



The Jordan Response Plan (JRP) consolidates all required efforts to respond and mitigate the impact of the Syria crisis on the Kingdom and the people living in it. Composed of 12 sector responses, each one builds upon a Comprehensive Vulnerability Assessment (CVA), which aims to clarify vulnerabilities of both refugees and host communities as well as to assess the impact of the crisis on key social services, such as education, health, solid waste management and water. Prepared by the Jordan Response Platform for the Syria Crisis (JRPSC), chaired by the Minister of Planning and International Cooperation (MOPIC), under the overall leadership of the Government of Jordan, is the strategic partnership mechanism between the Government of Jordan, donors, UN agencies and NGOs for the development of an integrated refugee, resilience-strengthening and development response to the impact of the Syria crisis on Jordan. It also ensures the alignment of assistance to the government's main development priorities and harmonization with national systems for planning, programming and implementation.

The recent editions of the JRP, integrates refugee *and* resilience responses for Jordanians living in host communities, paving the way for the planning and coordination of a coherent short-term refugee and longer-term developmental response. According to the Plan, the patience of vulnerable Jordanians who have shared their resources for the past five years and borne the brunt of the increased strain on basic services is running thin, and many are beginning to demand that their needs be considered a priority. These increasing vulnerabilities are playing out against a backdrop of poor macroeconomic performance due to various challenges and exogenous shocks, most recently repercussions from the Syrian crisis and the Government of Jordan's provision of services to a large number of refugees which has added to the fiscal stress and increased demand for public services such as education, health, and wastewater management (World Bank, 2017)[8].

Funders of Refugee Health

The United Nations agencies UNHCR, UNFPA and UNICEF coordinate with the Government of Jordan to address the health issues of the Syrian refugee population in Jordan, with bilateral donors including the United States through USAID, CDC and the State Department supporting programs in education, water & sanitation, health, energy and other essential programing. And while the MOH provides the largest proportion of direct health services to Syrian refugees outside of the refugee camps, there are a large number of local and international NGOs providing health care to refugees for free both outside and inside the refugee camps. The number of NGOS – registered with different GOJ ministries and UN bodies – is not easy to quantify or track:

- According to MOH 2018 lists: there are 45 NGOs working in the health sector all over Jordan on different areas: research, health awareness, sponsor health services for needy people, health services provision through clinics directly
- According to UNHCR there are 21 NGOs providing different kind of health services all over Jordan (2018)
- According to Jordan response plan (2016) there are 26 NGOs working in the health sector
- According to "Reproductive Health Services Provided to Syrians Living outside Camps in Jordan & related Policy Brief" study conducted by The Higher Population Council in 2016 there are 19 NGOs providing reproductive health services through 67 centers

The Jordan Emergency Health Project is US $150 million in total—US $36 million from the World Bank, US $34 million from the Concessional Financing Facility (CFF), and US $79 million from the Islamic Development Bank. According to the World Bank, "one dollar raised by the facility, allows Jordan to access up to four dollars on concessional terms. The project will cover almost 3.5 million health visits over the next two years (Pande, et al. 2017)[9]. As noted above US $2 million of the total is being used for "independent verification and institutional capacity building to improve efficiency of health services delivered."

Gulf Countries are providing large sums of money to support Syrian refugees – some of it independent of the UN system and the Jordan Response Plan. The Gulf assistance is provided in four ways in Jordan. The first is bilateral assistance to the Government of Jordan for development and humanitarian programs. The second is multilateral assistance in the fields of humanitarian work, given to UN agencies (UNICEF, UNHCR, WFP and WHO) and international western NGOs (such as Save the Children). Information on both of these forms of assistance is available online. The third form is direct support to Jordanian NGOs, which are mainly Islamic but also Royal NGOs such as JOHUD, Jordan River Foundation and Noor Hussein Foundation. Information about this assistance is not published online but is available in yearbooks. The fourth form of Gulf assistance is through private donors to NGOs or directly to Syrian families. Unless the donor is a member of one of the GCC members' ruling families, it is difficult to document this kind of assistance. In 2012, 28 private Gulf donors gave a total of US $727 million to charitable organizations. Omani private donors gave US $72 million to support Syrian refugees. Sixty percent of the philanthropists are anonymous, believing that publicity may defeat the altruistic purpose

of their donations. However, some donors prefer to present their donation as part of their corporate social responsibility and believe that doing so will inspire others to give (UNHCR, 2014)[10].

The number of players and their lack of alignment with government plans causes additional challenges, for example, UNHCR is reporting an urgent problem now with renal failure patients, about 115 patients with an annual cost of about $1.25 million. The funding was originally covered by the Qatar Fund for Development given to the Qatar Red Crescent for services in urban Jordan only. The funding stopped at the end of October 2017. The Syrian American Society was brought in to cover the costs for the first two weeks of November, leaving UNHCR to identify other donors/NGOs to step in. This lack of coordination and strategic planning causes additional shocks to an already over utilized health care and social support system.

Recognizing the need to develop a planning process that reflects Jordan's longer-term development vision (Vision 2012 and its 3-year Executive Development Plan 2016-18), the JRP set up the Jordan Response Information Management System for the Syria Crisis (JORISS). This government-owned online project submission, approval, tracking, and monitoring and reporting system for the JRP, is meant to support GOJ efforts in strengthening transparency, accountability and efficiency.

The Syrian Health Profile

Prior to the Syrian Civil War, in March 2011, that caused an estimated 4.6 million Syrians to flee the country, Syria was classified as a lower-middle income nation, with a fairly stable middle class that had a relatively high socioeconomic status. As a result, the health conditions observed in this population include chronic conditions less often associated with newly arrived refugees (e.g., hypertension, diabetes, and cancer) (U.S. Department of Health and Human Services, 2016)[11]. However acute illnesses and infectious diseases reflect the challenges associated with displacement, crowding, and poor sanitation. For example a recent survey of Syrian refugee households residing in non-camp settings in Jordan found that the most common reasons reported for the most recent visit to a health facility that sought care included infection or communicable diseases (20.8%), chronic medical conditions and non-communicable diseases (20.4%), injuries (8.7%) and other reasons (36.6%) – with the most commonly reported other reasons including obstetric/gynecological problems (7.3%) (Doocy, et al. 2016)[12]. These health conditions are similar to what is found in most of the urban Jordanian host communities.

Access to healthcare varies greatly depending on country of asylum and whether a refugee lives in a refugee camp or in an urban or informal settlement. UNCHR reported that the majority (72.1%) of primary healthcare visits in Zaatari camp (Jordan) were due to communicable diseases. Non-communicable diseases (21.8%), injuries (4.8%), and mental illness (1.3%) were also noted as reasons for seeking primary care. Similarly, the majority of primary healthcare visits in Iraq and Lebanon were due to communicable diseases. Notably, primary healthcare visits attributed to non-communicable diseases accounted for just 7.4% and 8.3% of all primary healthcare visits in Iraq and Lebanon, respectively (UNHCR, 2014)[13].

Half of all households reported having at least one household member with a previous diagnosis of one of five non-communicable diseases: arthritis, cardiovascular disease, chronic respiratory diseases,

diabetes, or hypertension. Among adults (≥18 years of age) in the survey population, hypertension prevalence was highest (10.7%), followed by arthritis (7.1%), diabetes (6.1%), cardiovascular disease (4.1%), and chronic respiratory disease (2.9%). However, disease prevalence was substantially higher for older refugees, particularly those 60 years of age or older (Doocy, et al. 2016)[14] .

According to the International Medical Corps (IMC) 2017 assessment report on mental health and psychosocial needs of Syrian refugees, stigma surrounding mental health issues was frequently reported by respondents, which appeared to represent a significant barrier to seeking help and accessing services. (International Medical Corps, 2017)[15]. Although reluctant to seek professional psychological or psychiatric care, the recent increase in psychological trauma related to war and displacement, has led some Syrian refugees to become more open and accepting of mental health conditions and treatment.

Overall, the following health conditions are most prevalent among the Syrian refugee population:

- Anemia
- Diabetes
- Hypertension
- Mental illness

UNHCR's Health Access Survey (2016) found half of the impaired/disabled households reported natural reasons as cause of disability while 2 in 10 reported that violence/war was the cause of their disability. Rehabilitation (44%) followed by Surgical (31%) treatments were the main types of treatment received by the disabled/impaired household members. Inability to afford user fees (50%) is predominantly the main barrier to proper care followed by the respondent's personal sentiment that the treatment is unnecessary (21%) (UNHCR, 2016)[16].

Three common results of displacement have immense implications for health outcomes among refugee populations: 1) treatment interruptions due to inability to access medicines with attendant consequences of unstable disease and acute and chronic complications; 2) poor disease monitoring due to inadequate follow up and disruption in home monitoring; and 3) deterioration in lifestyle risk factors such as exercise, smoking, nutrition, stress, and psychosocial effects due to lack of control over living circumstances and experience of traumatic events. The continuing challenges in sufficiently addressing NCDs have the potential to seriously impact both quality of life and life expectancy amongst refugees (Doocy, et al. 2016)[17].

Reproductive Health

Family planning services are available through the Jordanian healthcare system; however, such services are only provided to married couples. Birth control and family planning services are available in the Zaatari Refugee Camp, where many Syrian refugees reside. However, studies indicate that only 1 in 3 women of reproductive age are aware of birth control options in the camp. A survey of Syrian households in Jordan found that most women (82.2%) received antenatal care, with an average of 6.2 visits during pregnancy. Furthermore, 82.2% delivered their infants in a hospital, with 51.8% of births taking place in public hospitals and 30.4% in private hospitals (Al-Wazani, 2014)[18].

Barriers to healthcare

Differences in care-seeking by condition may be explained by the nature of the condition and indicate areas of potential intervention. In particular, the lower rate of care-seeking among arthritis cases may be explained by more patients self-managing their condition with over the counter medications and not finding formal health visits necessary. Unlike many chronic conditions, self-management of arthritis has been shown to sustain health benefits with minimal costs (U.S. Department of Health and Human Services, 2016)[19]. Another explanation for lower care-seeking for arthritis may be reduced mobility making it more difficult for patients to travel to health facilities. The higher utilization rates of public sector facilities may indicate that they are preferred by care-seekers due to their wider presence and coverage of all geographic areas in the Kingdom, their reasonable and affordable cost, and possibly the satisfaction of users with the quality of the service (Doocy, et al. 2016)[20].

Cost of healthcare

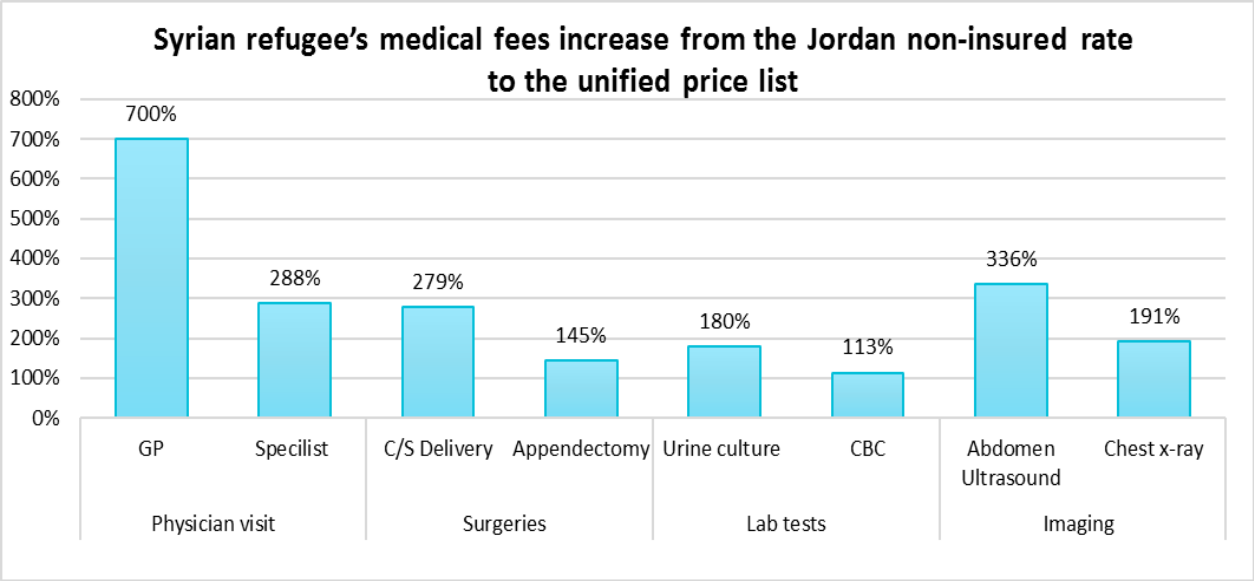
A 2016 study on health care utilization by Syrian refugees, found that of the cases with a chronic health condition diagnosis, 53.9% sought care from a public facility; the remainder received care in the private (29.6%) and NGO/charity (16.6%) sectors (Doocy, et al. 2016)[21]. Until November 2014, the Government of Jordan had allowed Syrians registered with UNHCR to access health care services free of charge in Ministry of Health (MOH) primary healthcare centers and hospitals. With this change in policy, Syrian refugees – except for those residing in Syrian refugee camps - are required to pay the non-insured Jordanian rate (35-60%) when accessing all types of health services provided by the Ministry of Health. This is a subsidized rate that is used for Jordanians who don't have government health insurance. On Jan 2018, the Prime Ministry approved 80% of the unified medical fee schedule. This much higher fee will likely prove to be more than resource-constrained households can meet. With funding support for international assistance programs waning, even nominal costs for refugees can be catastrophic. The table below shows the impact of the increased fees for 13 common procedures.

No.	**Procedure ***	**MOH CIF Fee schedule (uninsured Jordanian prices)**	**Unified medical fees schedule**	**Syrian tariff = 80% of unified medical fees schedule**	**Increase percentage**
1.	GP Visit Fees	0.4	4	3.2	700%
2.	Specialist Visit Fees	1.65	8	6.4	288%
3.	ECG	2.6	6	4.8	85%
4.	Abdomen Ultrasound	5.5	30	24	336%
5.	Normal Delivery	45	219	175.2	289.33%
6.	C/S Delivery *	71	336.5	269.2	279%
7.	Tonsillectomy - Adult	28	167.5	134	379%
8.	Appendectomy	68	208	166.4	145%
9.	Chest X-Ray	2.2	8	6.4	191%
10.	Fasting Blood Sugar Test	1	1.75	1.4	40%
11.	CBC Test	3	8	6.4	113%
12.	Urine Culture Test	2	7	5.6	180%

* Calculation method is based on the published MOH fee schedules (CIF fee schedule & Unified price list) below is the C/S price breakdown as an example:

- C/S price (Jordanian uninsured rate) = 65 JDs (Procedure Price) +6 JDs (2 * 3rd class room stay rate) = 71JD
- The unified price (Foreigners rate) for C/S = 170 (Procedure price) + 15 JD (Doctor fees) + 60 JD Delivery room fees+25% from the 170 JD for anesthesia+10% from the 170 for the support staff + 16 JD * 2 nights (Hospital stay) = 336.5
- Syrian new rate equals 80%*336.5=269.2 (without medication and consumables which is 20-30 JDs)

The chart below shows the increase percentage in medical fees that Syrian refugees will cover when shifting from the non-insured Jordanian rate to the unified price list.



According to the UNHCR's Health Utilization Survey for 2017, the mean combined income of interviewed households is 243.0 JDs where they spend an average of 99.8 JDs on health care which is 41% of their total income. Additionally, the Survey reported from those who needed medicine for their chronic condition, 55% of them were unable to access medicine mainly due to the cost of medicine (76%). An indication that an increasing number of refugees are going without health care, is the finding -- while health care services were needed by 37% of household members in the last year only 29% of them actively sought health services (UNHCR, 2017)[22].

Lack of Awareness

Besides cost, confusion about where to get services and how much to pay (if at all) – has also contributed to a decline in accessing health care services. According to the recent JCAP report on family planning access among Syrian refugees, there was widespread confusion among both Syrians and health providers regarding the fees they are expected to pay, discouraging Syrian refugees from accessing family planning services in the public sector (JCAP, 2016)[23]. Qualitative surveys have found that Syrian

refugees are unaware of health serves available to them, especially women who oftentimes must rely on male family members to familiarize themselves with local services. And even though the MOH provides free family planning services, immunization (EPI) vaccinations, health care services for Syrian refugee pregnant women and children under five, a recent UNICF study reported that 45% of Syrian 0-5 year-old are not accessing proper health services including vaccinations and disability services (Al Ghad Newspaper, Feb 2018)[24].

The UNHCR's Health Access Utilization Survey found that only 47% of refugees surveyed knew the location of the nearest clinic; Amman scored the highest by (24%), followed by (22%) and (19%) for Irbid and Mafraq respectively. For awareness of free vaccination access to children <5 years the percentage of awareness improved by 11% in 2016. However only 40% of women needing antenatal care received the needed care. Community campaigns and outreach services can be an important aspect of the response to this need; locally specific maps of services available to Syrians including reproductive health and GBV response services would be extremely valuable in this regard (UNHCR, 2017)[25].

The pattern of refugees not seeking care because of costs, not understanding their disease, and being poorly compliant with treatment, increases the probability of more expensive inpatient and specialist care in future years.

Legal Status

In December 2012, the government of Jordan introduced a "service card" or so-called "security card" that is issued to all Syrians residing in Jordan upon the registration with the police. This administrative procedure has been implemented effectively but imposes some challenges on health service accessibility for refugees. Refugees can only access the public health center that falls under the area of registration of the security card and if the refugee relocates, it is difficult to access health services. Making access more difficult, as of July 2014, the UNHCR was instructed by the Jordanian government to not issue Asylum Seeker Certificates to refugees who left camps without proper 'bail out' documentation. The asylum seeker is also required to go through the Urban Verification Exercise (UVE) to register in host communities. Within the UVE, all Syrian nationals are required to present themselves to local police stations to obtain new biometric Ministry of Interior (MoI) service cards and confirm their place of residence. Both documents are required in order to access public services, including health care. According to a UN report, police stations are distributing MoI cards to urban refugees through a verification exercise, which involves a biometric scanning procedure. These stringent measures, including tightened border controls, coincided with the repeal of free healthcare for Syrian refugees in Jordan in November 2014 (Rafique, Mehvish, 2015)[26]. According to the World Bank, only two in three Syrians in the community hold MoI cards. And another survey demonstrated that even if they had the card (97%), only 70% of them were actually aware of the subsidized access to governmental facilities provided by the card. In addition to this, a large number of refugees who left the camps to live in host communities have gone out of the official loop, failing to declare and clarify their new situation. According to UNHCR, these trends have generated a number of problems, mostly in these populations' access to key services including healthcare, education, employment opportunities and cash assistance.

Recognizing these constraints in March 2018, the Ministry of Interior's (MoI) announced a campaign aimed at regularizing the status of Syrian refugees living informally in the urban areas of Jordan, providing registration free of charge (Jordan times, 2018)[27]. While this may help increase the number of refugees being registered, concerns about security from refugees who are afraid that they will face threats when they return home – will keep many from being officially documented in the UN system (personal experience of colleagues previously working with NGOs and UNHCR).

Recommendations

The following recommendations are in line with the strategic recommendation included in the JRP (2017-2019)[28], "Establishment of effective partnerships with private and public sectors; developing evidence-based plans, policies, and decisions for disaster risk reduction and preparedness; increasing community participation and sub-national governance, transparency, and accountability to improve delivery of quality health services":

1. Develop a dynamic GIS health map that will provide an evidence base for objective and informed decisions concerning refugee and host community Jordanians including patient referral reengineering, future capital expenditure projects, surplus or deficit of primary care or specialties and to inform potential collaboration between public and private sectors. Map public and private sector primary and secondary health care facilities in the Kingdom. Identify red (underserved/overserved) and blue zones (supply matches demand). Populate the health map with a variety of indicators including high-density refugee populations, number of clinics, percentage of private vs. public, and availability of specialties.

2. Support MOPIC in updating the financial flow information from domestic and international sources, including:
    - Resources into the health sector (from GOJ and donors)
    - Gaps (essentially point 1-costs, but not just related to refugees, but the whole package)
    - An estimation of health arrears
    - Potential revenue due to policy change (likely showing that it would be marginal or accrued to other actors, like the private sector)

3. Respond to the National Strategy of Health Sector in Jordan 2015 – 2019 call to pilot demand side financing initiatives amongst refugees such as cash and or vouchers to access essential health services, such as delivery care, model the "Healthy Family Program." With the objective of developing a proactive health insurance product with incentives for low income and refugee communities by focusing on health prevention and promotion (NCD management), create an EHSP product for the poor, to be funded by international donors, private citizens, private companies and the government. (Unlike current health insurance products in the market, this program will focus on health promotion by including a proactive health component including blood pressure screenings, BMI, tobacco use, and other selected high risks.)

4. To improve accessibility and affordability of health services in an equitable manner for both refugees and Jordanian host communities, support the creation of strong health promotion programs emphasizing prevention and self-care strategies to increase community awareness regarding accessing care and in support of early detection of non-communicable disease. Very

little attention was given to NCD prevention and health promotion in Syria prior to the conflict, making it more difficult to begin to address these in a displaced population. Investing now in more aggressive health promotion could more than pay for itself in future savings from hospital care avoided or postponed.

Conclusion

As Jordan moves towards the ambitious goal of UHC in the post-2015 sustainable development era, the large influx of refugees to Jordan threatens the ability of the government to ensure an equitable distribution of health services across different refugee populations and also between refugees and host country nationals. To support efforts to foster equity and efficiency, greater emphasis from the Government of Jordan and donor countries must be placed on strengthening the overall health system as well as recognizing the fundamental human right for refugees to access essential health services. Resources provided to support refugees must be coordinated, monitored and verified through the JRP, in support of GOJ leadership of the national response effort. Improving the efficiency and long-term sustainability of the health sector will require emphasis on building capacity within the GOJ to develop an evidence base to move policy change, identify innovative financing responses, and civic engagement in health promotion programs focused on primary healthcare (PHC).

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