Jordan

“Migration and health challenges”

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Outline

• Migration dynamics:
  – Jordan and its border: present situation
  – Syrian Refugees
  – Response to Refugees Influx
  – Health Sector Impact and Response
  – Key health policy issues

• Assessment:
  – Public Health Assessments of Refugees, Migrants and Host Communities findings

• Conclusions
Migration dynamics
Jordan and its border

- A crossroads of Asia, Africa and Europe;
- Lower-middle income country;
- Relatively-small country 89,342 km² (34,495 sq mi);
- Population increased 10 folds over the last 55 years;
- **About 10 million people, 30% non-Jordanians;**
  - 2 millions Palestinians since 1948;
  - 500,000 Iraqis were refugees in 2003, still 67,000 remains;
  - About 1.3 million Syrians / 668,123 registered as refugees since 2011.
Syrian refugees

Za’atary camp

- 1.266 million Syrians living in Jordan, out of whom 668,123 are registered with UNHCR;
- 80% in urban and rural areas at northern and central governorates, (Amman, Irbid, Mafraq and Zarqa);
- First refugees camp was opened in Za’atary (July 2012), followed by Azraq and Emirati Jordanian camp (2013);
Response to Syrian Refugee Influx
Phases of Refugees Response

• Government led response;
• Support of UN agencies, partners and donors;
• Response evolved over time through different phases:

• **2012-2014:**
  – Series of humanitarian appeals launched;
  – Response to prioritized refugees needs:
    Ø basic protection,
    Ø access to immediate life saving services across sectors (shelter, food security and livelihood, education, health).
Phases of Refugees Response (cont.)

- **2015** a turning point for Jordan;
- **His Majesty “Jordan Vision 2025”;**
- Link of humanitarian assistance to long term development goals;
- Sectoral reform plans aligned to the national development agenda
Phases of Refugees Response (cont.)

• “Jordan Response Plan 2015” launched as chapter of UN appeal;

• Integrate resilience and refugee components to meet the needs of both refugees and host communities;

• 2016-2018 plan covered three-year periods to allow for longer-term planning.
Health Sector Impact and Response
Impact of Refugee Crisis on the Health System

• According to **Vulnerability Assessment (2015):**
  ✓ +2,886 additional hospital beds needed,
  ✓ +22 comprehensive primary health centers
  ✓ +1,022 physicians to meet population needs.

• Crowded health facilities;
• Reduction in consultation time;
• Shortages in medications and supplies;
• Overuse of equipment and infrastructure;
• Decline in performance on key health system indicators
Health Sector Response

• Led by the Ministry of Health;
• Support from WHO, UNHCR, UNICEF and UNFPA and NGOs;
• Health response prioritized provision of life-saving, primary, secondary and tertiary care;
• Different modalities implemented depending on the refugees’ place of residence and registration status.
Health System in Jordan

Governance of Health System In Jordan

Public Sector
- MOH
- RMS
- Universities Hospitals
- National Endocrine Center

Private Sector
- Private Hospitals
- Private Clinics
- Specialized Centers

Charities and International
- KHCC
- Unrwa
- NGOs Clinics

Health Councils
- HHC
- JMC
- JNC
- FDA
- JPD
- HPC
Healthcare Financing (Insurance Schemes, 2015)

Source: Population & Housing Census, DOS, 2015
Healthcare Financing

• Jordan is ranked as one of the lower-middle income countries;
• Out of pocket health expenditure has been stable at around 26% of total health expenditure. However, healthcare per capita is relatively low;
• Spending on secondary healthcare services is relatively high compared to spending on primary healthcare.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2015</th>
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<tbody>
<tr>
<td>Gross Domestic Product (GDP) (million JD)</td>
<td>26 (billion)</td>
</tr>
<tr>
<td>Total health Care Expenditure (million JD)</td>
<td>2.2 (billion)</td>
</tr>
<tr>
<td>Per Capita Health Care Expenditure (JD)</td>
<td>236</td>
</tr>
<tr>
<td>Health Care Expenditure as Percent of GDP</td>
<td>8.44%</td>
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<tr>
<td>Percent of Government allocated to Health</td>
<td>11.35%</td>
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Key health policy issues
Policy revisions for refugees access to Health Services

• **2011 - 2014** - All Syrian refugees registered with UNHCR were eligible to access MoH facilities *free-of-charge*;

• **2015 - 2017** - All Syrian refugees registered with UNHCR were eligible to access MoH facilities charged as “*non-insured Jordanians*” (subsidized rates);

• **January 2018 - ongoing** - All Syrian refugees registered with UNHCR are eligible to access MoH facilities charged of 80% of the standard pricing applicable to “*foreigners*”.
  - Vaccinations and some MCH services are still provided free-of-charge.
Impact of 2018 Policy revision to Access to Health Services

• 2-5 fold increase in cost of services;
• Essential services no longer affordable for most refugees;
• **Budget** required for international agencies to cover refugees drastically increased.
Partners support to 2018 policy revision

“Emergency project”
150 mio USD / 2 years

“Jordan partnership paper”
This will afford Syrian refugees equitable access to national health care systems and provide life-saving interventions to all.

WHO-USAID Donor Platform

Multi-Donor Account
17 donors to activate a Multi Donor Account (MDA) to support health sector

EU/MADAD programme
To support health sector for 3 years
Need Assessment
Public Health Assessments of Refugees, Migrants and Host Communities

(26 July – 02 August 2018)

Multi-agency assessment led by WHO and MoH;
UN Agencies involved: IOM, UNHCR, UNICEF, UNFPA and UNRWA;
4 governorates (95% of Syrian refugees): Amman, Irbid, Mafraq, and Zarqa
Objectives

• Assess health needs of host community, refugees, and migrants in Jordan, and the availability of and access to health services;

• Propose measures to close the humanitarian/development gap and ensure better access of all populations to health care services;

• Propose options for potential funding mechanisms to enhance access to health care services.
Methodology

Three-tiered approach using mixed-methods:

1. Institutional and policy level: existence of policies, and strategies to respond to the needs of migrants and refugees in different areas

2. Health facility level: utilization of services by different population groups

3. Community level: health needs, access to health services, and determinants of health
Key Findings

• Assessment confirmed what we knew about the situation with more evidence from different sources.

Key issues:
• Differences in access to health services;
• Reduction in health services utilization;
• Need to invest in the health system
Conclusions

• Committed to remain a safe haven for people needing protection;
• After 7 years of Syrian crisis, the current situation is not sustainable;
• Response to refugees needs is still fraught with challenges;
• Poor determinants of health and vulnerabilities of refugees increased;
• Government to revise refugees policy to access public health services with external budgetary support;
Conclusions

• Ministry of Health’s Strategy and the Health Sector Reform Plan outline priority areas for investment, including:
  ✓ improving the quality of primary health care,
  ✓ introduction of new vaccines;
  ✓ maintenance and construction of health facilities;
  ✓ expanding the civil insurance program to include vulnerable Jordanians.

• Strategic investments in the health system will benefit both the refugee and Jordanian populations.
Thank You