

New Health Policy

Impact and Actions

March 2018

Background

- March 2012 GoJ allowed urban registered Syrian refugees to access MoH services free of charge.
- November 2014 GoJ ceased free access to health services in MoH. Syrian refugees had to pay the non-insured Jordanian rate

The New Decision

- A new decision issued by Cabinet on 16th January, 2018 stated that the old decision (access at non-insured rate) is cancelled and all Syrian refugees have to pay 80 % of Unified price (foreigner rate) directly to the MOH health facility when they access all types of health services.
- All waivers granted before were cancelled as well including free access ARVs, ICF + blood trans., antenatal care+
- The decision come to be fully effective at all levels toward end of February to the beginning of March.

Expected Impact

- Cost of access to Primary health care almost doubled but its still below the cost of access to private sector.
- **Scenario A:** 4 years old baby with URTI accessed PHC for consultation and medication will pay on average 6-7 JDs compared to 2-3 JDs at noninsured rate
- **Scenario B:** adult accessed PHC suffer from DM or/and HTN for consultation, investigation and medication will pay 18 – 22 JDs on average compared to 9-10 at noninsured rate.

Take into consideration the cost of travel and other barriers refugees encounter when they access public health services they may turn to private sector including access to open drug markets without being properly treated or diagnosed.

Expected Impact

- Cost of secondary and tertiary health care will be 2-5 times of old rate.
- Scenario A: 4 years old baby with mild trauma accessed emergency room for stabilization will pay on average 20 -24 JDs compared to 5-7 JDs at noninsured rate.
- Scenario B: pregnant woman admitted to the hospital for normal delivery will pay on average 200 – 240 JDs compared to 40 -60 JDs at noninsured rate.

The new rate here will be a major barrier for refugees and might turn the majority to the unsafe practices (home deliveries or traditional healers) or to private sector as it will be less costly.

Some Examples

Consultations

Doctor fees	The New Rate (80% *Unified)	Non Insured
GP consultation	3.2	0.4
Dentist consultation	6.4	1.1
Specialist consultation	6.4	1.65
Emergency consultation	6.4	1.65
Non-Emergency consultation	12.8	3.3
Child vaccination	Free	Free

Lodging

Hospital Stay/Night	The New Rate (80% *Unified)	Non Insured
Hospital lodging 1st class	28.8	11
Hospital lodging 2nd class	19.2	6
Hospital lodging 3rd class	12.8	3
Hospital lodging ICU	63.2	16
Hospital lodging neonatal	32	1.1

Surgical Procedure

Procedure	The New Rate (80% *Unified)	Non Insured
Appendectomy	224-240	100-120
Hernia Repair	320-400	140-160
Cholecystectomy	600-650	180-220
Caesarean section	560-600	240
Normal delivery	200-240	40-60
Neonatal care/night	64-96	20-25



Medication

Medicine	The New Rate (80% *Unified)	Non Insured
	Procurement cost * 158%	Procurement cost * 110%
Medications in primary health care centers		
Paracetamol 500 Mg / 30 tablets	0.29	0.25
PARACETAMOL SUSP. 250 MG/5ML	0.58	0.44
Amoxiclav 625 Mg / 14 tablets	1.44	1
AMOXICILLIN +CLAVULANIC ACID SUSP	1.38	1.04
Atenolol 50 Mg / 30 tablets	0.29	0.25
Metformin 850 Mg / 60 tablets	0.85	0.64
GLIBENCLAMIDE TABS 5 MG/ 30 tablets	0.25	0.25
GLIMEPIRIDE TABS 2 MG/ 30 tablets	0.29	0.25
CLOPIDOGREL TABS 75 MG/ 30 tablets	1.19	0.9
ENALAPRIL TABS 10 MG / 60 tablets	1.23	0.94
Omeprazole tabs 20mg / 30 Caps	0.57	0.43
Warfarin tabs 5 mg /30 tablets	1.76	1.33
Metronidazole tabs 500 mg/ 20 tablets	0.66	0.5
Ciprofloxacin tabs 500 mag/ 14 tablets	0.51	0.39

Summary of Impact

- Prior to this decision, the majority of registered Syrians were able to receive healthcare services at the non-insured Jordanian rate from the ministry of health facilities. Though the non-insured Jordanian rate was normally affordable for non-vulnerable individuals this is expected to cause considerable hardship for all refugees regardless their vulnerability.

Action taken

- UNHCR HC has addressed his concern to PM regarding this decision.
- UNHCR and WHO Reps. have met minister of health to explore solutions.
- UNHCR and WHO working with different stakeholder (officials and donors) to address the issue and find solution for better access for refugees (Key messages for Brussel conference).
- UNHCR maintain current level of assistances for target beneficiaries and absorb some lifesaving needs (Thalassemia, HIV)

Strategic Directions

- Intensify advocacy efforts with key stakeholders (GoJ and donor) to maintain the integration of refugees within the public health care system.
- Support resilience to enable public health care system absorptive capacities (JRP/3RP).
- Adapt one team approach to deliver assistances to the most vulnerable group of refugees (one provision policy)
- Improve coordination at field level to maximize use of resources and expand coverages.
- Continue monitoring the impact on refugees access and utilization behaviors.

Thank You

Questions?