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Insights from the Health Financing Study Workshops

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1. Background

Since its inception in 2012, Medair has played a pivotal role in the Jordanian health sector, particularly in providing essential support through cash for health (C4H) and complementary community health services. Notably, Medair stands out as a leading force, often being the primary community health provider in urban settings for refugees and vulnerable Jordanians.

The health sector has made some progress strengthening coherence between humanitarian and development approaches, through the establishment of the multi-donor account (MDA) in 2018. The MDA was established in response to a successful advocacy campaign conducted by humanitarian and development partners to persuade the government to roll back the 2018 policy of charging refugees the full price for health services, often referred to as the 'foreigner' rate or 'unified' rate. It channels donor funding as budget support to the GOJ to incentivize (and subsidize) the inclusion of refugees in the national health system.

The Syrian crisis has now endured over a decade. The protracted nature of this conflict, the reduction in humanitarian funding, the bleak prospects for refugees' return to their homes in Syria, and the global economic downturn collectively underscore the necessity for prolonged ("transitional") strategies to facilitate refugees' access to healthcare services in host countries, such as Jordan.

Considering these emerging patterns, Medair initiated the health financing report in 2022 (Exploring the viability and effectiveness of alternative transitional financing systems for the provision of essential health care services among Syrian refugees in Jordan) to systematically examine avenues for transitioning toward more unified and long-lasting approaches to enhance refugee access to healthcare, all the while preventing additional fragmentation in the funding of healthcare services within the country.

This report provides comprehensive information regarding the context and setting in which health services are provided to both refugees and vulnerable Jordanians, as well as insights into Jordan's healthcare system and its financing. It also provides a more in-depth examination of the cash for health (C4H) initiative and community health programs, alongside an exploration of the coordination and cooperation among stakeholders in the healthcare sector. Additionally, the report assesses the practicality of specific healthcare financing methods and presents several potential advocacy suggestions.

It is essential to highlight that this report addresses areas and provides recommendations that extend beyond Medair's humanitarian mission. The report includes various advocacy-related suggestions, some of which could have substantial implications if adopted by policymakers. To engage with relevant stakeholders, Medair organized two workshops in 2023 - one for healthcare sector representatives and another for Ministry of Health (MoH) representatives. During these workshops, Medair shared the report's findings and recommendations, seeking their feedback and input. In this summary report, Medair shares insights from these workshops, main recommendations, and feedback collected during the sessions.





2. Introduction

In March 2023, a workshop for healthcare sector representatives was conducted with the participation of 15 organizations, including United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), Jordan Nutrition Innovation Lab / USAID project, International Rescue Committee (IRC), International Committee of the Red Cross (ICRC), International Medical Corps (IMC), International Organization for Migration (IOM), Humanity & Inclusion (HI), Terre des Hommes (TDH), International Orthodox Christian Charities (IOCC), Save the Children, Syrian American Medical Society (SAMS), Islamic Relief Worldwide Jordan (IR), Jordan Paramedic Society (JPS) and King Hussein Cancer Foundation (KHCF). The primary objective was to share the study's findings and recommendations, collect feedback, and gather suggestions for the future.

In October 2023, a joint workshop with UNHCR and UNFPA was held for Ministry of Health (MoH) representatives, involving seven directorates: Directorate of Primary Health Care, Directorate of Non-communicable Diseases, Directorate of Maternal and Child Health, Directorate of Project Management, Planning and International Cooperation, Health Insurance Department, Department of Technical Affairs for Hospitals and Directorate of Health Awareness and Media.

This workshop aimed to highlight the findings and recommendations of the health financing report and address the challenges faced by refugees when accessing MoH healthcare facilities, especially at the primary healthcare level, seeking recommendations for improvement and future steps.

3. Summary of the Workshops

3.1. The Health Sector Workshop

The health sector workshop was a comprehensive event that focused on various activities aimed at addressing critical issues in the healthcare domain. The workshop began with a detailed presentation by the Medair team, centered on their extensive health financing study.

This presentation encompassed a broad spectrum of recommendations and findings categorized into three key themes: the cash for health component, the community health component, and advocacy recommendations. Each theme explored findings relevant to both Medair's ongoing projects and the broader health sector. The primary objective was to solicit feedback on the study recommendations and assess their relevance to the health sector. To ensure active participation and gather valuable insights, attendees engaged in group work exercises to discuss the feasibility of implementing these suggestions, identify enabling factors, and highlight potential challenges. The workshop reached its conclusion with the formulation of sector-specific recommendations and outlined future plans to address the pressing issues in the health sector effectively.

3.1.1. Cash for Health:

Medair played a pivotal role by presenting the key findings of the health financing study, shedding light on the alternative health financing modalities examined during the study, and offering conclusive recommendations for the sector. One prominent recommendation was that the cash for health (C4H) approach is currently the most suitable modality for the health sector in Jordan, given the absence of enabling factors for other health financing options. However, workshop participants acknowledged the absence of a clear exit strategy, particularly in light of decreasing humanitarian funding in Jordan, with expectations of further reductions in the coming year. This raised important questions for the attendees, such as how to ensure continued access to health services for Syrian refugees in Jordan after the current Multi-Donor Account (MDA) grant ends in 2024. Additionally, participants explored ways to enhance the operational efficiency of C4H programming including creating a joint referral hub among all C4H actors, developing a guidance note for developing and implementing C4H projects, strengthening referrals between C4H actors, and investigating the feasibility of consortium approaches. Also discussed the challenges and enabling factors in establishing a C4H common fund, employing a Nexus approach where both development and humanitarian actors could contribute to long-term financing. The workshop provided a platform for meaningful dialogue and strategizing to address these critical issues in the evolving landscape of health financing in Jordan.

Participants emphasized the critical importance of advocacy efforts to extend the Multi-Donor Account beyond December 2024. This extension is crucial for ensuring the continuation of the existing governmental policy, which grants refugees access to public health services at non-insured Jordanian rates and supports the integration of refugees into the national health

system. The Cash-for-Health Working Group, chaired by UNHCR, was recognized as the most effective means of coordinating efforts among C4H actors. It was suggested that this working group take the initiative to create a guidance note for C4H programs, which could be used by any organization interested in developing and implementing such activities.

Furthermore, the consortium approach was seen as a way to harmonize how referrals are managed within the group, and the presence of a representative from the MoH in this coordination body was deemed essential. It was collectively agreed that a C4H Common Fund is not feasible in the Jordanian context, as the mandate of developmental partners differ from humanitarian partners, with the former not currently funding C4H activities. Instead, participants recommended the development of a long-term strategy that aligns with the MoH's developmental objectives, including universal health coverage, while ensuring access to healthcare for those in need. The recommendation is to present this long-term option to the Humanitarian/Developmental Partners Group for consideration.

3.1.2. Community Health:

The primary focus of the presentation was to enhance the effectiveness of community health activities. Medair stressed the need to establish coherence between various actors involved in community health work, such as MoH, NGOs, CBOs, and local partners. Medair also emphasized the importance of strengthening the referral pathway between field workers and primary healthcare centers. Another critical aspect Medair addressed was the potential localization of community health work as part of an exit strategy.

To address these challenges, Medair posed a series of important questions during the workshop. These questions revolved around creating a unified community health curriculum, identifying potential leaders, establishing communication channels for better referrals, and assessing the feasibility, challenges, and enabling factors of localization. Medair also inquired about the sustainability of community health work by local organizations and CBOs, while examining the associated challenges and enabling factors. Medair's contributions aimed to foster collaboration and improvements in community health initiatives.

Participants emphasized the need for Medair, under the leadership of the MoH, to continue strengthening the community health platform in urban settings. This effort would entail collaboration with MoH, INGOs, and local partners to ensure greater coherence among all actors in urban settings, particularly in terms of curriculum development, management of volunteers, terms of reference (TORs), and incentive rates. The call for a unified curriculum for community health was highlighted, with the recommendation that MoH should lead this process, potentially including an accreditation component to enhance the quality of training and the motivation of volunteers. The Health Accreditation Council (HAC) is already working on different accreditations in Jordan that could be leveraged for this purpose.

Moreover, participants stressed the importance to map available services under community health to ensure greater coherence. This mapping would help identify existing resources, gaps, and areas of overlap, facilitating a more coordinated approach. Additionally, the potential enhancement of the role of community health workers, allowing them to perform basic health interventions, such as blood pressure checks, was discussed as an area for potential coherence to humanitarian and development partners.

Health Community Committees (HCC) were recognized as a valuable resource for facilitating referrals, since they operate under MoH's umbrella in various locations, including malls, markets, schools, churches, and mosques. Exploring collaboration and integration of HCC into the Community Health approach, even to replace the existing CHV approach, was discussed. To support the localization of community health efforts, participants identified the need for clear operational standards, shared lessons learned, and guidelines for local actors. The MoH's HCC was seen as a potentially sustainable long-term model for community health work. Detailed needs assessments and barrier analyses were recommended to understand how to make HCC more effective in close coordination with MoH, followed by the development of an implementation model for the project.

3.1.3. Advocacy:

This presentation aimed to facilitate a better understanding of the health sector's inputs and determine the actions that Medair could undertake within this advocacy framework. Medair raised a series of vital questions during the workshop, beginning with an inquiry into the current advocacy efforts related to the future of Syrian refugees in Jordan, access to health services, and health financing enabling factors. Medair also explored the possibility of creating joint advocacy messaging to the Ministry of Health (MoH) from the health sector and sought agreement on the report's recommendations.

Furthermore, Medair encouraged participants to consider additional advocacy points. Medair also explored a more localized approach to address the healthcare needs of Persons of Concern (PoC), examining both the enabling factors that could facilitate this shift and the limiting factors that currently hinder its implementation.

Participants highlighted several key actors currently engaged in advocacy efforts related to health in Jordan. UNHCR emerged as the primary advocacy body for refugees, directing their advocacy efforts towards both the government and donors. Notably, the EU and PRM support UNHCR in advocacy efforts in low- to middle-income countries, including Jordan, where USAID and the World Bank also play active roles in advocacy initiatives. Members of the MDA (Multi Donor Account) were found to be advocating in various ways as well.

Regarding joint advocacy messaging, participants stressed the need for further study to clarify specific advocacy efforts and points to ensure coherence. While joint messaging was seen as highly feasible, it would require effective coordination among stakeholders.

Addressing healthcare needs among PoCs through a more localized approach was discussed, with enabling factors, such as the strong access and relationships local NGOs have with communities, and limitation factors, including the absence of secure funding and a stable finance system for local NGOs. Participants emphasized the importance of ongoing monitoring and noted that substantial time, likely more than three years, would be needed to observe meaningful changes in this approach. There was a call for clarity on whether this approach aligned with the longer-term strategy of the Humanitarian/Development Partners Group, raising questions about its sustainability and funding sources.

3.2. The MoH Workshop

The workshop, a collaborative effort between Medair, UNHCR, and UNFPA, brought together key representatives from the Ministry of Health (MoH) in Jordan including the Director of Project Management, Planning, and International Cooperation, the Advisor to the Minister of Health for Administrative and Financial Affairs, the Head of the Insurance Department, the Head of the NCDs Directorate, among others. Focused on advocating for improved access to healthcare services for refugees, the workshop centered on presenting findings and recommendations from the comprehensive health financing study. UNHCR, as a leading advocacy body in the sector, and UNFPA, closely aligned with the MoH on reproductive health services, played integral roles in emphasizing key advocacy messages. The event aimed to underscore the significance of addressing barriers to healthcare access for refugees in the Jordanian context. Through a united front, the workshop sought to foster meaningful dialogue and collaboration to enhance the delivery of essential health services to refugees in Jordan.

Furthermore, the workshop provided a platform for the MoH to articulate its perspective, share priorities, and outline challenges in the context of healthcare provision for refugees. This exchange facilitated a collaborative approach, allowing participants to explore sustainable solutions and enhance the uptake of healthcare services, particularly at the primary healthcare level. By fostering open communication and understanding the unique challenges faced by the MoH, the workshop aimed to establish a framework for joint efforts, ensuring a comprehensive and effective response to the healthcare needs of refugees. Through this constructive dialogue, the workshop sought to build a foundation for ongoing collaboration, ultimately contributing to the improvement of healthcare accessibility and delivery for refugees in Jordan.

3.2.1. Discussion:

The discussion centered around the commitment to avoiding the establishment of a parallel health system for refugees. Instead, the emphasis was on integrating refugees into the existing national health system, with a particular encouragement for them to access available services at the primary healthcare level. The MoH, UNHCR and UNFPA highlighted significant challenges in the low uptake of primary healthcare services, leading to increased reliance on secondary level care and subsequently higher treatment costs. The key finding from the discussion was that obstacles were primarily related to demand rather than supply; services were available, but beneficiaries were not accessing them primarily due to a lack of awareness about the available services and the process to access them. Moreover, many of them were experiencing challenges in obtaining the necessary white card, essential for accessing services at the primary healthcare level.

The workshop explored strategies to improve awareness and knowledge among refugees regarding available services. Despite concerted efforts by the MoH and UNHCR to raise awareness at health facilities and among refugee communities, the discussion recognized that there remained a substantial gap in knowledge and understanding, resulting in persistently low utilization of healthcare services at the primary level. The need to explore innovative approaches to bridge this knowledge gap and enhance the uptake of essential health services emerged as a critical focus for future initiatives.

Moreover, the implementation of the existing policy varies across MoH facilities, highlighting

the need for consistent application and adherence. It was emphasized that there should be a targeted and ongoing awareness campaign for ministry employees at various levels, recognizing the challenges posed by continuous changes in personnel. This focus on awareness aims to ensure a uniform understanding and execution of policies throughout the MoH, fostering a standardized and effective approach to healthcare service delivery for both the host population and refugees.

Based on the discussions, the cash for health assistance has notably supported refugees' access to healthcare services at the MoH. However, there is a concerning decline in reproductive health access at primary clinics including prevention, antenatal care, and family planning. Conversely, access to secondary services has increased due to the positive impact of the cash for health program. The primary challenge for refugees continues to be the affordability of treatment costs, and while cash for health addresses this issue to some extent, there was a consensus during the discussion that further improvements are needed. Although the program facilitates access, additional steps are deemed necessary to enhance its effectiveness and ensure comprehensive healthcare coverage for refugees.

Community health is an important and fundamental component that should be utilized as part of the promotion of health center services and awareness of available services within the national system. A unified approach through mass media is suggested to convey specific messages, including information on costs and locations. The strategy extends to one-on-one interactions, particularly in healthy villages located remotely, to enhance accessibility, and messages are recommended to be simplified for easy absorption by refugees. Additionally, utilizing platforms like WhatsApp and social media is proposed as effective channels to improve the demand for healthcare services.

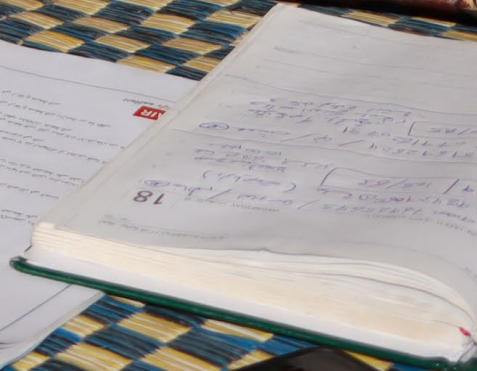
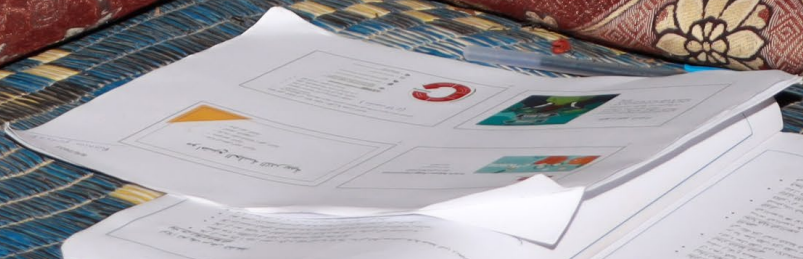
3.2.2. Key Recommendations:

The national health system is identified as a top priority for sustainability, with support recommended for community health, primary healthcare, and awareness-raising efforts. A notable proposal is a substantial increase in investment across all components of the system. The Ministry of Health highlights the importance of an exit plan supporting the national healthcare system for long-term sustainability, emphasizing the need for agreements with the ministry as a foundation for organizations. Coordination between available funding, ministry services, and refugee numbers is essential. The workshop advocates utilizing community health as a fundamental element to enhance awareness about service availability and to support utilization of health services. Prioritizing reproductive health and non-communicable diseases aims to promote access to primary health care services. The inclusion of healthy community members (Volunteers) in future workshops is proposed to further raise awareness about service availability and access. The next detailed discussion is set to prioritize the reproductive health profile, non-communicable diseases profile, and community health profile.



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4. Conclusion

The workshops provided Medair with a valuable opportunity to integrate and collaborate effectively with the health sector and the Ministry of Health in Jordan. The primary focus was on enhancing access to essential healthcare services for refugees.

The proposed next steps highlight the importance of coordination with the MoH to address challenges and devise solutions, specifically aiming to improve the uptake of primary healthcare services among refugees, with a strong emphasis on reproductive health and non-communicable diseases (NCDs) services. In addition, Medair will continue to provide cash for health, acknowledging its effectiveness, while actively exploring more sustainable alternatives.

The suggested approach involves integrating community health approaches and activities, recognizing that such integration is crucial for achieving more impactful outcomes. By fostering this collaboration and implementing these next steps, Medair seeks to contribute significantly to the overall improvement of healthcare accessibility and delivery for refugees in Jordan.



5. Acknowledgement

Thanks for your active participation in the recent workshop organized by Medair. Your presence, insights, and contributions were invaluable in making the workshop a resounding success. The diverse representation from the health sector, the Ministry of Health, and the Medair team greatly enriched the discussions and outcomes of the event.

We would like to express our sincere appreciation to the Ministry of Health team, with special recognition for Eng. Huda Ababneh, for their invaluable and fruitful contributions during the workshop. Their expertise, dedication, and collaborative spirit significantly enriched the discussions and outcomes of the sessions.

We would like to extend our sincere appreciation to Dr. Ibrahim Abu Siam from UNHCR for his exceptional support and high level of collaboration throughout the workshop. His commitment played a pivotal role in ensuring the effectiveness and success of the event.

We would also like to recognize and thank Dr. Jihan Salad from UNFPA for her fruitful participation in the workshop. Her expertise and engagement significantly contributed to the depth and breadth of the discussions.

A special mention is due to the outstanding efforts of the health team. Your incredible dedication and hard work in preparing the workshop notes did not go unnoticed.

Collaborative efforts like these are essential in advancing our shared goals in the health sector, and your active involvement has reinforced our commitment to working together for positive change.

Once again, thank you for your valuable contributions to the workshop. We look forward to future collaborations and continued success in our shared endeavors.

