

The effects of subsidizing refugee access to public health care

Evidence from UNHCR's engagement in humanitarian-development cooperation in Jordan

As the government **withdraws subsidies** for Syrian refugees' access to public health care, humanitarian actors step in.

+7%

Access rate

Health-care access rates for Syrian refugees rose from 92 to 99 per cent.

-8%

Catastrophic medical expenditures

The share of households with catastrophic medical expenditures decreased from 20 to 12 per cent.

The government **re-introduces subsidies** for Syrian refugees.

-8%

Access rate for those without serious condition

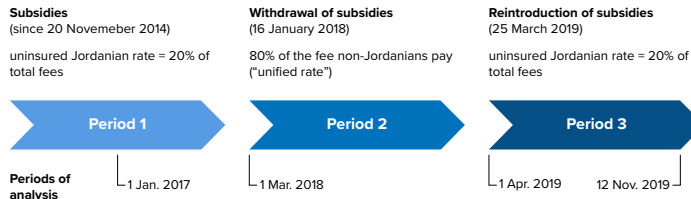
Health-care access rates for Syrian refugees with a serious medical condition decreased by 8 per cent, to 90 per cent.



Access for non-Syrians

Non-Syrian refugees experienced a sharper decrease in health-care access than Syrians.

Jordan offered Syrian refugees public health care at no charge as of 5 March 2012. However, in response to the strong increase in demand and the consequent strain on the health-care system, health-care costs for urban refugees have changed repeatedly since 2012.



UNHCR has provided free comprehensive primary, secondary and tertiary health-care services to vulnerable Syrians and all non-Syrian refugees (who from the outset were not eligible for subsidized rates) in urban areas since January 2018, in addition to the existing provision of cash assistance for health services. A multi-year evaluation analyzed* home-visit data on refugees to understand what effects the policy shifts had on these populations.

Key Findings:

- Refugees, especially with chronic medical needs, had **increased access to health care during the withdrawal of health-care subsidies** at reduced expenditures. This could be due to refugees reducing or stopping medical consumption entirely, and/or to UNHCR absorbing the additional costs disproportionately.
- Medical expenditures have dropped much more steeply in cases without serious medical conditions, indicating that these households reduced or **stopped their non-urgent medical consumption** due to increased costs. The results also point to **UNHCR's success in absorbing the health-care service gaps** created by the withdrawal of subsidies, and policy trade-offs caused by the use of public services.
- All refugees seem to have benefitted from expanded humanitarian health service during the subsidy withdrawal, but Syrians more so than non-Syrians, likely because the policy shift only concerned Syrian refugees.
- After the reintroduction of subsidies, Syrians kept enjoying relatively high health-care access at reduced cost, while non-Syrians seem to have suffered a sharp decline in health-care access.

***Methods:** We use UNHCR's home-visit data sets, comprising survey data that was collected through interviews with Syrian refugee households in Jordan. The data sets contain data on a large proportion of all registered refugees in Jordan. However, it does allow us to explore the consequences of the health-care policy shifts. For more information, visit www.unhcr.org/61af7be94.