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REGIONAL OFFICE FOR THE Eastern Mediterranean

# Refugee and migrant health country profile

## Jordan



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# Introduction







Jordan is a major migrant-receiving country. With a total area of 88 780 km<sup>2</sup>, it lies to the east of the Jordan River and is surrounded by several conflict-affected countries. As a result, it has received a continuous inflow of refugees for several decades; it has hosted the largest number of refugees in the WHO Eastern Mediterranean Region for many years and is one of the top refugee host countries globally (1). Over the past decade, migration trends have changed: the inflow of migrants, refugees and returnees occurred in two peaks – one in 2013 and the other in 2016 – followed by a slow, steady rhythm from 2018 (2).

According to United Nations data, the total number of international migrants in Jordan is estimated to be 3 346 703, which constitutes 33.1% of the country's total population (3), and according to the Office of the United Nations High Commissioner for Refugees (UNHCR), the country hosts 757 805 refugees and asylum seekers, of whom 12.5% are children under five years of age and almost 5% are over 60. By country of origin, the registered refugees and asylum seekers are 88.5% Syrian, 8.8% Iraqi and 1.7% Yemeni; almost 1% are from Somalia and Sudan, and 0.2% are from other countries (2).

Furthermore, Jordan has been hosting more than 2 million Palestinian refugees registered with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)– the largest number of Palestinian refugees across all UNRWA fields (4). In addition to being a host for refugees and migrants from neighbouring countries, Jordan is also facing migration of its skilled labourers to other countries: an estimated 10% of Jordan's nationals are expatriated (5).

Jordan is not a State party to the 1951 Convention relating to the Status of Refugees or its 1967 Protocol, nor is it a party to the 1954 Convention relating to the Status of Stateless Persons or the 1961 Convention on the Reduction of Statelessness. However, in 1998 a memorandum of understanding (MOU) was drafted that set the parameters for cooperation between UNHCR and the Government of Jordan on the issue of refugees and asylum seekers. The MOU outlines the major principles of international protection, including the definition of a refugee and the principle of non-refoulement. The MOU was partially amended in 2014 (6–8).







# Facts and figures





**Country name**

Jordan

**Country capital**

Amman

**Country flag**



**Total population**

10.9 million <sup>(9)</sup>

**Official language**

Arabic

**Income status**

Upper middle-income <sup>(10)</sup>

**Human development index ranking**

102 <sup>(11)</sup>

**Net migration rate per 1000**

1.1 <sup>(12)</sup>

**International migrant stock**

3 346 703 <sup>(3)</sup>

**Refugees and asylum seekers**

757 805 <sup>(2)</sup>

**Palestinian refugees registered with UNRWA**

2 307 011 <sup>(4)</sup>

**Internally displaced persons**

0 <sup>(13)</sup>








# Migration and health










Jordan faces the challenge of meeting the health demands of a vast number of migrants and refugees. Health care becomes more accessible when individuals from both the host community and refugees are covered by health insurance. In Jordan, health insurance providers include the Ministry of Health (MoH), the Royal Military, University, UNRWA, UNHCR, nongovernmental insurance and private insurance (14).

Maternal and child preventive health care services, family planning, infant and child feeding programmes, and routine vaccination services are available free of charge for all refugees with a valid Asylum Seeker Certificate (for all nationalities), and the service card issued by the Ministry of Interior (for registered Syrian refugees only) at MoH facilities. However, data on access to essential health care services for migrants who do not have these documents are limited (15).

The influx of Syrian refugees has placed pressure on the national health system. Government policy on Syrian refugees' access to health care services has changed over the last 10 years. At the beginning of the crisis, the Government of Jordan granted access to public health services free of charge, and in 2014 it granted access at the same rate as for Jordanians. In February 2018 the policy was reversed, with Syrian refugees required to pay 80% of the rates paid by foreign persons at MoH facilities. However, the Government decided to exempt Syrian refugees from the fees for maternity and childhood services provided in maternity and childhood centres affiliated with the MoH.

Although Jordan has a well-established system for the surveillance of communicable diseases, migrants and refugees are still imperilled by emerging and re-emerging diseases, vaccine-preventable disease outbreaks, tuberculosis and parasitic infections like cutaneous leishmaniasis in some camp settings (16,17). Nonetheless, camps have established surveillance systems with reporting mechanisms related to health service provision, and rapid response teams are being used for active surveillance, including COVID-19 response, within camps.

The COVID-19 pandemic has exacerbated the vulnerability of refugees and other marginalized populations in urban, rural and camp contexts, while negatively impacting humanitarian assistance. The






Government of Jordan has adopted a whole-of-society approach, including the entire population in its National Preparedness and Response Plan for COVID-19 as well as its National Deployment and Vaccination Plan for COVID-19. The entire population, including refugees and migrants (registered and nonregistered) and informal tented settlements, are entitled to receive COVID-19 treatment and COVID-19 vaccines free of charge (18,19).

Noncommunicable diseases (NCDs) are the leading cause of morbidity and mortality in Jordan, responsible for 78% of all deaths. According to the Jordan National STEPwise Survey of Noncommunicable Diseases and Risk Factors in 2019, the most prevalent NCD risk factor in the country is smoking and vaping: 41% of Jordanians and Syrians are tobacco smokers, and 9.2% are users of electronic cigarettes. The survey results also showed the prevalence of depression at 18%, with 6.5% of those with depression having received therapy of some kind over the 12 months prior to the survey (20).

Since 2011, several surveys have been conducted to assess mental health conditions and needs in refugees and vulnerable host populations in Jordan. The 2013 WHO and International Medical Corps assessment indicated high rates of mental health symptoms (present “most of the time” or “all of the time” in the two weeks prior to the survey), with 53.9% and 49.4% of camp and non-camp respondents expressing feelings of anger and loss of control. Subsequently, a systematic review published in 2018 by UNHCR reported a lack of access to services by some groups of refugees due to financial and structural obstacles. An absence of awareness of available mental health services coupled with widespread stigma in the community were demonstrated to be the major barriers to effective access to mental health services. The psychological effects of quarantine and social distancing, isolation, loss of income and fear due to the COVID-19 pandemic have exacerbated existing mental health conditions, especially among women, children and those exposed to violence and forcible displacement (21).

Gender-based violence remains a pertinent protection issue; women and girls remain disproportionately affected, and the threat of gender-based violence has been further heightened by the COVID-19 pandemic (22). The delivery of culturally appropriate





services, including health care and social services, is widely recognized as a method of promoting cultural competence among refugee service providers. This was particularly evident in the area of reproductive health and maternal health care, as described by a United Nations Population Fund report that looked at a United Nations-supported reproductive health clinic with a female gynaecologist in the Za'atari camp for Syrian refugees in Jordan, which was very well received by women in the camp (23,24).

Climate change is also imposing serious health threats on all populations. However, refugees are more vulnerable than other populations to environmental emergencies and crises. They are on the frontline of climate emergencies, and many are living in climate hotspots and typically lack the resources to adapt to an increasingly hostile environment (25). And although Jordan has a national climate change policy for 2013–2020 supported by the United Nations Development Programme and the Global Environment Facility, the plan seldom touches the issue of refugees and climate emergencies (26).






# Programmes and initiatives\*

*\*These programmes and initiatives are in alignment with the strategy to promote the health and well-being of refugees, migrants, internally displaced persons and other displaced groups in the Eastern Mediterranean Region.*






Over the past two decades, Jordan has shown exceptional solidarity with the unprecedented influx of refugees following the Iraqi, Syrian and Yemeni crises, notwithstanding the social, economic and environmental impacts of hosting them, along with other migrants and refugees of other nationalities. Ongoing and sustainable partnerships with global and regional partners are indispensable to sustain refugee and migrant communities and maintain the country's support and enduring solidarity.

### ***Mainstream refugees and migrants into national health policies, strategies and plans***

In principle, health policies in Jordan cover the entire population, including refugees and migrants. The MoH strategy (2018–2022) has focused on increasing the construction and expansion of health facilities, especially in governorates that host large populations of refugees (27). Since 2013, the Government of Jordan has taken a proactive role in responding to the impact of the Syrian crisis within a resilience framework through the National Resilience Plan 2014, and as of September 2014, the Jordan Response Platform for the Syria Crisis was established to coordinate, guide and provide oversight for the preparation, implementation and monitoring of the Jordan Response Plan (JRP) 2015 and the JRP 2016, which represented a paradigm shift by bridging the divide between short-term refugee and longer-term developmental response within a resilience-based comprehensive framework. Moreover, the JRP 2017–19 and its 2021 update integrate the most recent policy decisions taken by the Government of Jordan on livelihood and education issues, making them the only comprehensive plan for the Syrian crisis in Jordan (28,29).

The United Nations Sustainable Development Framework (UNSDF) marked an important step in the evolution of the United Nations system in Jordan. For the first time since the advent of the Syrian crisis, it brought together United Nations humanitarian and development programming within a common strategic framework. The period since 2018 has been challenging for Jordan. Economic growth has been weak, and unemployment and vulnerability have been rising. COVID-19 has exacerbated the country's challenges, acting as a multiplier of existing vulnerabilities. In this context, the



United Nations has achieved strong results in a number of areas, delivering well on the international pledge to support Syrian refugees in Jordan, put into action through the JRP. The bulk of its spending has been to support Syrian refugees, which it has done very effectively. The United Nations has helped integrate refugees into national health and education systems and negotiated some improvements in access to the labour market. A committed advocate of the “leave no one behind” principle, the United Nations has a strong focus on reaching the most marginalized and vulnerable groups across its programming, and its support has been particularly effective in targeting the most vulnerable households. The value of this investment was demonstrated during the COVID-19 pandemic, as the United Nations played an important normative role, helping to strengthen a range of national laws and policies. The agencies moved quickly to analyse emerging needs and vulnerabilities, preparing a socioeconomic framework especially for COVID-19 that largely replaced the UNSDF as the United Nations’ guiding strategy in Jordan. The new framework will focus on leaving no one behind, including refugees and migrants, as one of the overarching priorities for 2021 and beyond.

The country’s recent National Education Sector Plan 2016–2022 is another example of refugees and migrants being mainstreamed into national policies. The plan sets out clear objectives to increase the enrolment of Syrian refugee students in public schools in formal and nonformal sectors, with the assistance of donors, civil society and the UNHCR (30).

Respond promptly and effectively to the needs of refugees and migrants in emergencies

Jordan has national mechanisms for response to emergencies in general. It is a signatory party to the Sendai Framework for Disaster Risk Reduction 2015–2030 (31) and to the International Health Regulations (2005) (32), reflecting the country’s attentiveness to multihazard emergencies for all populations. Yet despite the existence of several national plans for preparedness and response to health and multihazard emergencies, there is no specific plan for response to migration-related and refugee emergencies, with the exception of the National Preparedness and Response Plan for COVID-19, through which Jordan was one of first countries to issue a policy to provide COVID-19




vaccinations to all citizens and foreign nationals residing in the country, including refugees.

Jordan started its inclusive, equitable and efficient COVID-19 vaccination programme in January 2021 and has been vaccinating its priority population groups in line with the National Deployment and Vaccination Plan (33). On top of that, humanitarian assistance continues to be a crucial element in improving the welfare of many refugee households in Jordan. A significant component of this assistance is humanitarian cash-based programming; in 2015, UNHCR distributed US\$53 million in cash-based interventions to Syrian refugees living in Jordan. In 2018, Jordan represented UNHCR's second largest cash operation worldwide, with cash assistance being provided to over 435 000 refugees (34).

### ***Improve social determinants that affect the health and well-being of refugees and migrants***

If they are not in camps, most Syrian refugees live in Jordan's disadvantaged communities, where rents are affordable, or in tented settlements rent-free in return for labouring on local farms. With limited work opportunities and depleted savings, the refugees' coping strategies may negatively affect their children, who as a result often drop out of education and are then all too often compelled to work or forced to marry. To address these risks, the Government of Jordan has implemented the Cash-Plus programme, a comprehensive package of social protection interventions for vulnerable families. Families receive an unconditional cash transfer per child per month to contribute towards the child's expenses. Additionally, support for the coordination and provision of basic health services was provided at the "Berm" spontaneous settlement through the United Nations clinic for asylum seekers located at the north-eastern border of Jordan. Three vaccination campaigns have been conducted since December 2017 (35). Under the United Nations Children's Fund (UNICEF) Humanitarian Action for Children appeal, UNICEF will respond to the Syrian refugee crisis by reaching refugee children living in camps, informal tented settlements and urban settings, as well as vulnerable children from host communities, with education; water, sanitation and hygiene (WASH) services; child protection, health, nutrition and social protection services; and adolescent and youth programmes. In 2021, UNICEF required






US\$1 billion to respond to the most immediate needs of Syrian refugees, including education and WASH facilities, the latter of which have increased substantially due to the COVID-19 pandemic (36).

### ***Strengthen partnerships to promote the health and well-being of refugees and migrants***

An Interagency Coordination Unit exists in Jordan, headed by the United Nations Humanitarian Coordinator. The Health Sector Working Group, which is co-led by WHO, has members from more than 65 international and national organizations who work on humanitarian response, including for vulnerable Jordanians. The Interagency Coordination Unit works with the Government of Jordan to ensure that policies support vulnerable groups in accessing their rights, such as education and health care. A recent policy change allows non-Syrian refugees to access MoH-provided health care services at the same rate as would be paid by a noninsured Jordanian. This coordination platform enabled effective resource mobilization during COVID-19 response activities.

The Health Development Partner Forum, with members from donors and United Nations agencies, functions as a coordination platform to discuss the needs of the MoH in terms of funds and normative support. Although not much coordination exists for migration specifically, the National Migration Network in Jordan – comprising multisectoral agencies – tackles migration issues, including health. Civil society actors play a major role by identifying the community focal points (gate keepers) who can help get support to hard-to-reach populations; community health volunteers are trained by these civil society actors to facilitate getting the support provided by United Nations agencies and other international donors to the beneficiaries. Family planning, immunization and primary health care are the most common areas supported by the community health volunteers. United Nations agencies like UNHCR are supporting the recruitment of skilled refugees, who are deployed in field hospitals. Service providers in Syrian refugee camps engage and train skilled refugees in their programmes. Makkani centres, youth empowerment programmes and health volunteer programmes are some of the activities employed in camps to empower the refugee population. The





coordinated efforts of humanitarian partners have enabled periodic assessment and analysis of refugee status in terms of health.

A multidonor trust fund for the health sector was established in 2018 to assist the MoH to cover the costs of providing services to Syrian refugees; it has so far received contributions from Canada, Denmark, Qatar and the United States of America. This support allowed the Government of Jordan to announce in April 2019 that Syrian refugees would receive a rollback to the noninsured Jordanian rate to access health services at MoH public hospitals and primary health care centres (37). Another example of multidonor partnerships in Jordan is the Prospects Partnership, comprising the Netherlands, the Ministry of Planning and International Cooperation of Jordan, the International Finance Corporation, the International Labour Organization, UNHCR, UNICEF and the World Bank. This partnership aims to provide conditions for refugees and host communities to access quality primary education and vocational training; secure and retain decent employment; and benefit from a strengthened protection framework (38).

In 2020, the United Nations continued to lead the Humanitarian-Development Partners Group, the main development partners' coordination forum in the country, chaired by the Resident and Humanitarian Coordinator for Jordan and the United States Agency for International Development. The Humanitarian-Development Partners Group is the key platform for the international community to discuss strategic issues of importance to Jordan, including the response to COVID-19 and the related recovery. Similarly, the United Nations continued to lead the Humanitarian Partners Forum, the primary strategic coordination forum for humanitarian partners, co-chaired by UNHCR and the Humanitarian Coordinator and supported by a secretariat led by UNHCR and the Office for the Coordination of Humanitarian Affairs. As part of the Joint Sustainable Development Goals (SDG) Fund, in 2020 joint programme proposals were developed and submitted for two components under the Fund. Component I, "Strengthen and enhance strategic partnerships for the UN system", led by the United Nations Development Programme in partnership with UNICEF and UN Women, aims to establish key building blocks for an integrated, gender-responsive financing



framework to better leverage and more effectively use financing in the country to accelerate progress towards the 2030 Agenda and the Sustainable Development Goals. The Joint Programme started its implementation phase over a two-year workplan, with total financing of US\$1 million (39).




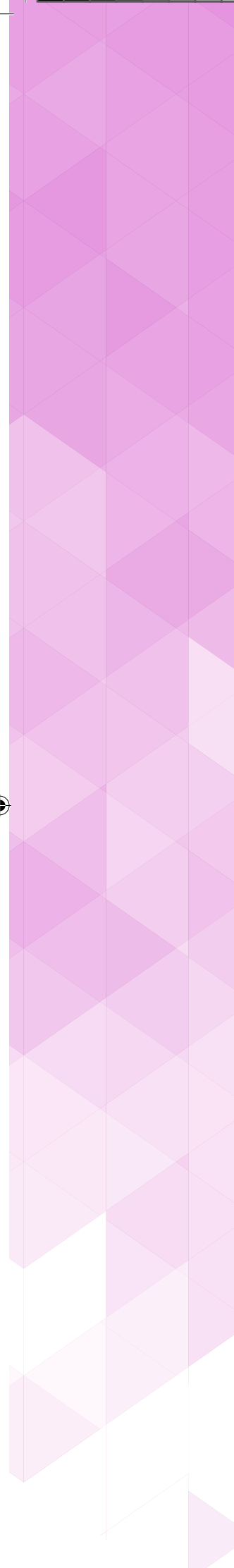


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