

Determinants of Health Insurance Coverage and Out-of-pocket Payments for Health Care in Jordan: Secondary Analysis of the 2017-18 JPFHS (FA138)

An Analysis Brief from The DHS Program

Why study health insurance coverage and out-of-pocket payments?

As part of the Sustainable Development Goals, United Nations Member States are trying to achieve universal health coverage by 2030, which would allow everyone to have access to quality care without financial hardship. Health insurance provides financial risk protection against illness or injury through risk pooling and is found to lead to better access to care and less economic burden. The Government of Jordan aims to expand high-quality and affordable health care to the entire population. A detailed understanding of the current levels of insurance and out-of-pocket health expenditures is necessary.

What methods were used to conduct this analysis?

Half of households surveyed in the 2017-18 JPFHS were eligible for the health expenditures module. This module includes questions about health insurance and out-of-pocket health spending that were not analyzed in the 2017-18 JPFHS Final Report. This analysis uses descriptive statistics and logistic regressions to provide insight into the differences between the insured and uninsured in Jordan and detailed expenditure data on accessing care through the public and private sectors.

What are the key results?

Nearly three in five ever-married women age 15-49 in Jordan have some type of insurance. Recently, the Civil Insurance Program (CIP) was expanded to continue making progress toward universal health coverage. Previously only civil servants and their dependents were covered under the CIP. Now children under six, individuals classified as poor, who are living in “less fortunate” areas, and others are exempt from user fees for health services. Additionally, insurance with exemption is available to people who are over the age of 60, disabled, suffering from cancer, or can prove that they are below the poverty line.

This brief summarizes The DHS Program’s Further Analysis Report 138, by Kristin Bietsch, Rebecca Rosenberg, John Stover, and William Winfrey with funding from The United States Agency for International Development through The DHS Program implemented by ICF. For the full report or more information about The DHS Program, please visit www.dhsprogram.com. The full report is available at: <https://www.dhsprogram.com/publications/publication-fa138-further-analysis.cfm>



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The uninsured in Jordan are disproportionately urban, live in Amman, and are non-Jordanian. Of the 42% of ever-married women age 15-49 who are uninsured, the overwhelming majority (95%) live in urban areas. Over half of uninsured women live in Amman. Compared to Jordanians, Syrians and other non-Jordanians are much less likely to have insurance: 40% of Syrian women and 28% of other non-Jordanian women have health insurance, compared to 62% of Jordanian women. Individuals with higher education are more likely to have insurance than those with lower levels of education. There is very little difference in insurance coverage by wealth status.

Individuals without insurance are more likely to seek care in private facilities for both inpatient and outpatient treatments. Fewer than a quarter (23%) of individuals with no insurance who seek outpatient care access a public facility, compared to 58% of individuals with insurance and nearly three-quarters of those with insurance with exemption (see Figure 1).

For inpatient care, more than half of uninsured individuals still access private facilities, compared to 22% of individuals with insurance and just 10% of individuals with insurance with exemption (see Figure 1).

Having insurance is not a significant predictor of health care seeking, except for inpatient services for men. Women without insurance are as likely as women with insurance to seek outpatient and inpatient treatment: the differences in seeking treatment by insurance status are not statistically significant.

For men with insurance, 10% received outpatient care and 4% received inpatient care, compared to 8% and 2% of men without insurance. The differences are statistically significant when no control variables are included, but only significant for inpatient care when including control variables.

Individuals with no insurance spend more out-of-pocket on care than those with insurance. Most visits for care (51%) result in no out-of-pocket expenditures. Nearly two-thirds of those with insurance receive treatment with no out-of-pocket expenditures, compared to just 20% of those with no insurance.

When costs are incurred, the uninsured pay almost three times more for outpatient care than do the insured. Those with insurance have a mean out-of-pocket cost of 28.8 dinars at private facilities, and just 6.8 dinars at public facilities (see Figure 2). For those without insurance, mean out-of-pocket expenditures are 50.1 dinars at public facilities and 45.1 dinars at private facilities.

Figure 1. How does public and private careseeking differ by insurance status?

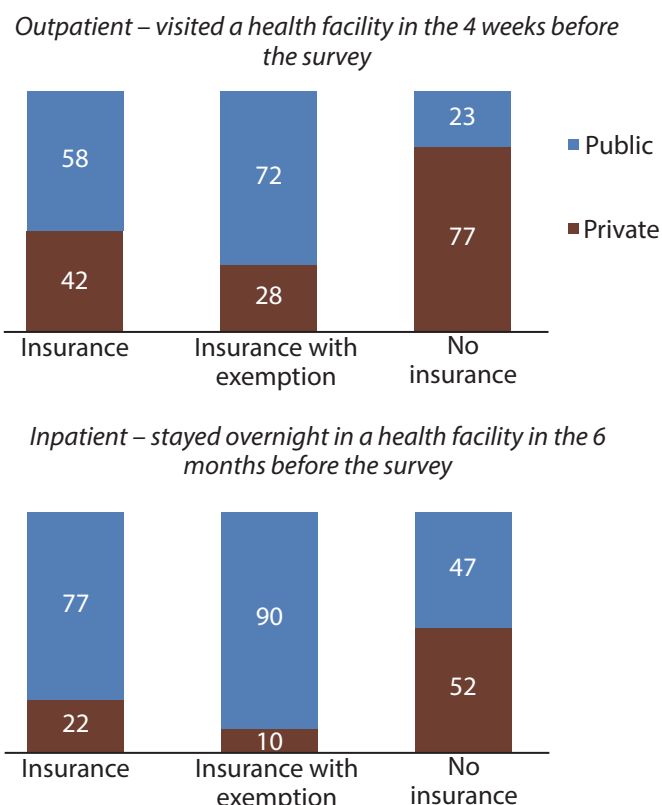
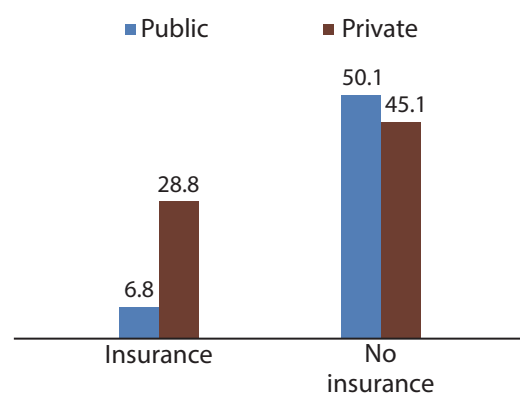


Figure 2. Mean out-of-pocket cost of outpatient care by insurance status



For inpatient care, individuals without insurance incur out-of-pocket expenditures over six times as much as those with insurance, and almost 30 times as much as individuals with insurance with exemption (919.3 dinars versus 143.7 dinars versus 31.2 dinars).

Of those who spent more than 50 dinars out-of-pocket for inpatient care, 52% do not have insurance, 45% have insurance, and 3% have insurance with exemption.

One in five people with insurance spent 50 dinars or more out-of-pocket for inpatient care (see Figure 3).

This compares to just 10% of those with insurance with exemption, and two-thirds of those with no insurance who spent 50 dinars or more out-of-pocket for outpatient care.

For outpatient care, Syrians (23%) and other non-Jordanians (24%) are more likely to pay 50 dinars or more for care than are Jordanians (12%). When comparing uninsured Syrians and Jordanians, out-of-pocket expenditures are not statistically different, suggesting that lack of insurance is the driving factor in higher out-of-pocket expenditures among Syrians. Other non-Jordanians (non-Syrians) are the national group with the lowest levels of insurance coverage and the highest out-of-pocket costs.

What does this mean?

Current levels of insurance coverage and out-of-pocket expenditures in Jordan reflect the recent expansion of the CIP, as children and the poorest households have lower out-of-pocket costs for treatment. However, the oldest Jordanians still pay high out-of-pocket costs.

The Government of Jordan is making progress towards achieving high-quality health care for the whole population. Expanding insurance, such as to groups with low levels of insurance coverage, (e.g. non-Jordanian, non-Syrians), or to cover services least likely to be paid for with insurance, such as accidents and injuries, vaccinations and fevers, would further reduce out-of-pocket health expenditures, a sizable share of many families' household expenditures.

Figure 3. Amount paid out-of-pocket for inpatient care by insurance status

