

ERF Policy Brief

Achieving Health Insurance Coverage for Persons with Disabilities in Jordan: A Focus on Youth

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About the author

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In a nutshell

- 11.8% of Jordanian men and 10.6% of Jordanian women had some form of disability as of the 2015 Census, and 11.0% of non-Jordanian men and 10.6% of non-Jordanian women.
- The disability rate increased substantially with age, reaching over 30% of the population by age 60-64.
- The Survey of Young People in Jordan 2020/21 found higher rates of disability among the youth population than the Census, at 19.9% of youth aged 16-30. Disability rates were particularly high among Syrian youth.
- Among Jordanians, persons with disabilities were slightly less likely to have health insurance than the general population (67.2% vs. 68.7%).
- Among non-Jordanians, persons with disabilities were slightly more likely to have health insurance (27.7% vs. 25.1%), but coverage rates among non-Jordanians were very low overall.
- Youth have lower rates of health insurance coverage compared to other age groups.
- Disability status was not associated with health insurance coverage among Jordanian youth, but Syrian youth with disabilities were less likely to have health insurance than those without disabilities.
- Having a disabled member in the household was not associated with greater health expenditure.
- Overall, each additional household member with health insurance coverage was associated with a 6.8% decrease in monthly household health expenditure.
- Among households with a disabled member, there was indicative evidence that health expenditure is lower when the disabled member is health insured.

Health insurance is a critical social protection mechanism that protects households from healthcare expenses that can keep them in – or push them into – poverty (Rashad and Sharaf 2015). Inability to pay may also lead individuals or households to forgo needed healthcare. Health insurance is well-recognized as a key component of Universal Health Coverage (UHC), which means that all people can access appropriate health care services without suffering financial hardship (World Health Organization 2021). Many countries around the world, including Jordan (The Higher Health Council and WHO 2015), have committed to achieving UHC for their populations and achieving UHC is recognized as one of the Sustainable Development Goals (United Nations n.d.).

Persons with disabilities (PWD) are in particular need of health insurance both because they tend to suffer from higher rates of poverty than the general population and because they often incur disability-specific health costs (Cote 2021). Health insurance is therefore an important component of an empowerment-based approach to social protection for PWD that aims to enable full participation in society (Cote 2021; UN-ESCWA 2017). Twenty-one of the 22 Arab States, including Jordan, are party to the Convention on the Rights of Persons with Disabilities, which affirms the right of PWD to equal access to affordable healthcare as well as to health services that are needed specifically because of their disability (United Nations 2006). However, in part due to limited data, there have been very few assessments of the degree to which countries in the Arab region have actually achieved health insurance coverage of the disabled population (UN-ESCWA 2017).

This policy brief analyzes Jordan's progress towards achieving health insurance coverage of persons with disabilities, in part by comparing with coverage rates for the population overall. Given evidence that youth with disabilities are a highly marginalized group (Odeh et al. 2021; Presler-Marshall, Jones, and Odeh 2020; Jones et al. 2021; Assaad, Krafft, and Sieverding 2021), particular attention is paid to this population. Appropriate health care services for disabled youth may facilitate their participation in other aspects of society, as well as prevent the development of further disability. Health insurance is thus one of the broader set of social protection mechanisms needed to support successful transitions to adulthood among youth with disabilities.

Based on the 2015 Census, 11.2% of Jordanians and 10.8% of non-Jordanians had some form of disability

Results from the 2015 Jordan Population and Housing Census show that 11.8% of Jordanian men and 10.6% of Jordanian women had some form of disability using the broadest definition based on the Washington Group on Disability Statistics Short Set (WGSS) measure. Among non-Jordanians living in Jordan, 11.0% of men and 10.6% of women had some form of disability (Figure 1). Visual disabilities were the most common, at 6.0% of the Jordanian and 5.4% of the non-Jordanian population, followed by mobility disabilities. Over 30% of those with a disability experienced disabilities in multiple of the six domains captured by the WGSS.

As expected, the disability rate increased substantially with age, reaching over 30% of the population by age 60-64. At ages younger than 55-59, men had slightly higher disability rates than women, whereas above this age women had slightly higher disability rates.

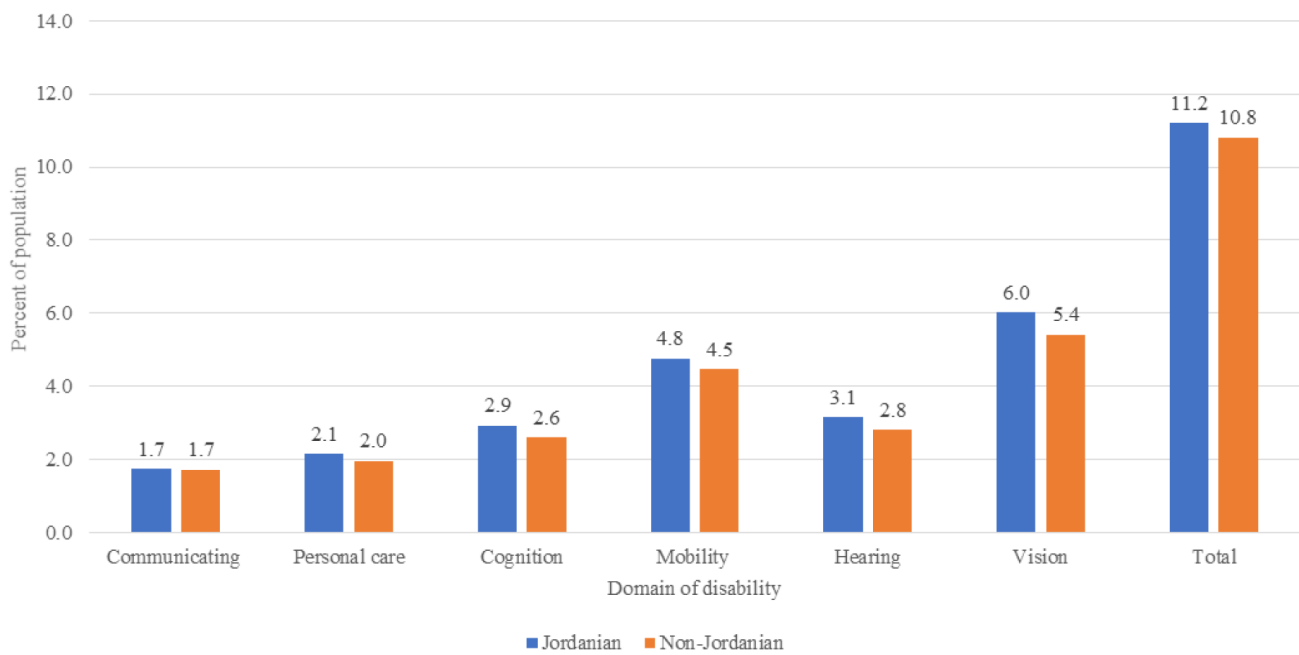
Disability rates among youth aged 16-30 in the Survey of Young People in Jordan were higher than rates found in the Census

While the Census found a disability rate of less than 10% among all age groups up to and including age 35-39, the dedicated youth survey the Survey of Young People in Jordan (SYPJ) 2020/21 found considerably higher rates among the youth population aged 16-30. Using the same broad definition as the Census, SYPJ found a disability rate of 19.9% among youth aged 16-30 (Figure 3). Using more restrictive definitions under the WGSS, which are based on a higher level of functional limitation, the “medium” and “narrow” definitions of disability produced youth disability rates of 2.9% and 0.05%, respectively.

Two main factors may contribute to the higher youth disability rate in the SYPJ as compared to the Census. First, the Census included all non-Jordanians whereas the SYPJ only included Syrians. As seen in Figure 3, Syrian youth, and particularly male Syrian youth, reported high levels of low- to moderate- disability. Unfortunately, there are no data on the cause of these disabilities, so it is impossible to know when and how they emerged, and whether they are related to factors such as conflict exposure or working conditions.



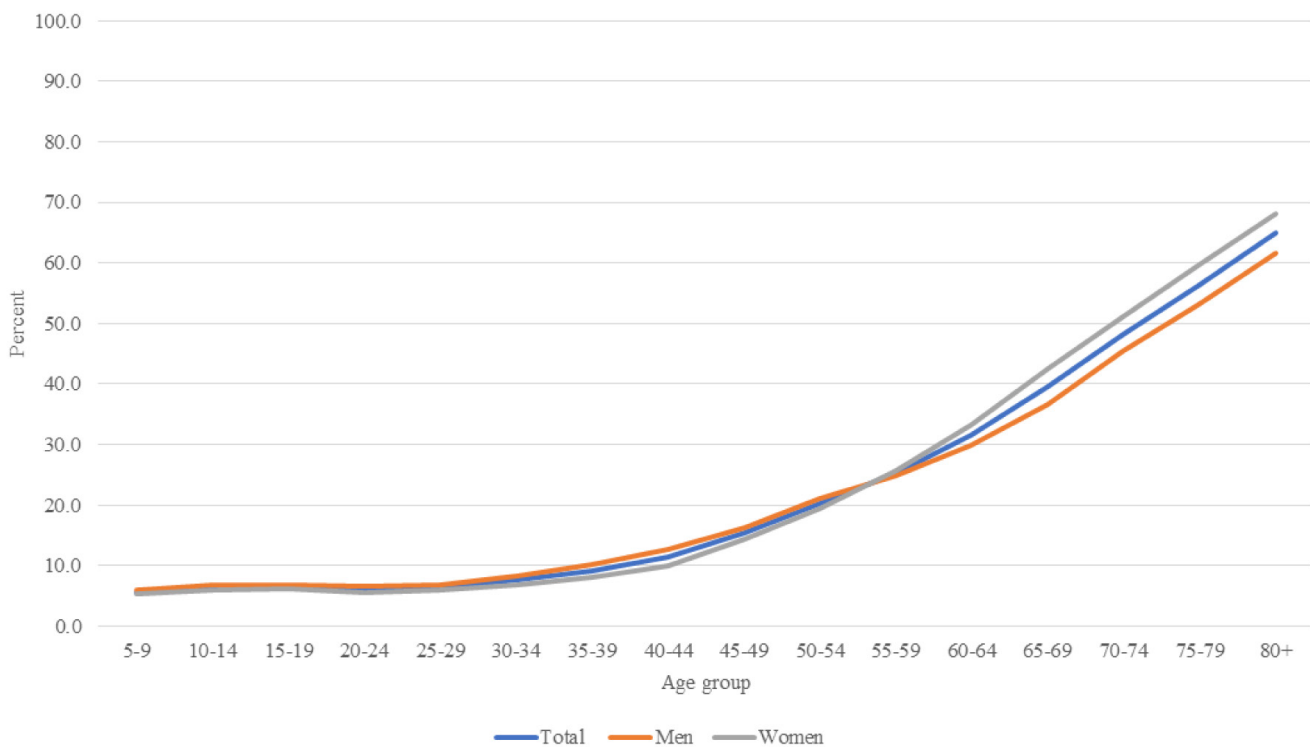
Figure 1. Disability rate among the Jordanian and non-Jordanian populations, Jordan Census 2015



Source: Author's calculations based on Jordan Census 2015 Tables 10.1 and 10.4

Notes: The domains do not sum to the total disability rate because some individuals reported disabilities in more than one domain.

Figure 2. Total disability rate by age group, all Jordan, Jordan Census 2015

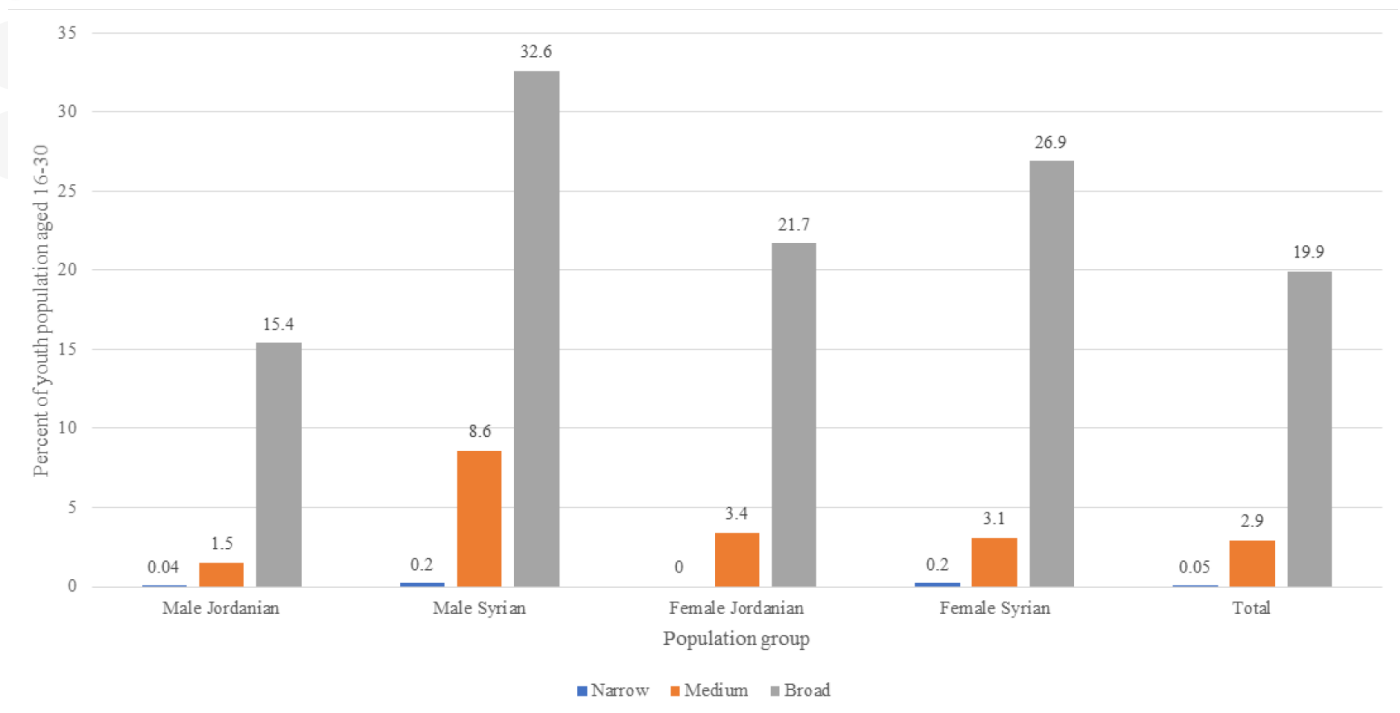


Source: Author's calculations from Jordan Census 2015 Tables 10.6 and 3.5.

Notes: Data on disability by age are not provided by nationality in the publicly available Census tables.



Figure 3. Disability rate among the youth population aged 16-30, by sex, nationality, and different definitions based on the WGSS, SYPJ 2020/21



Source: Author's calculations from the SYPJ 2020/21.

Second, youth who answered the SYPJ questionnaire themselves were significantly more likely to report experiencing difficulties in the domains of cognition and hearing than when another member of the household answered for them (known as proxy reporting). Proxy reporting is quite common in the Census, which is typically answered by one member of the household. Cognition in particular is a domain in which it may be hard for others to observe less severe difficulties, and where experiencing difficulties is often stigmatized. Youth may be reluctant to tell others about such difficulties or may not recognize them as a form of disability themselves. In short, it is possible that some forms of youth disability are being underreported when others answer the survey questionnaire for them. The high rates of disability found in the SYPJ deserve further exploration to understand the types of functional difficulties that youth are experiencing, and when and how these difficulties emerged, in order to plan appropriate interventions to prevent exclusion of these youth from socioeconomic participation and/or the worsening of the disability.

There are substantial gaps in health insurance coverage of persons with disabilities, particularly among non-Jordanians

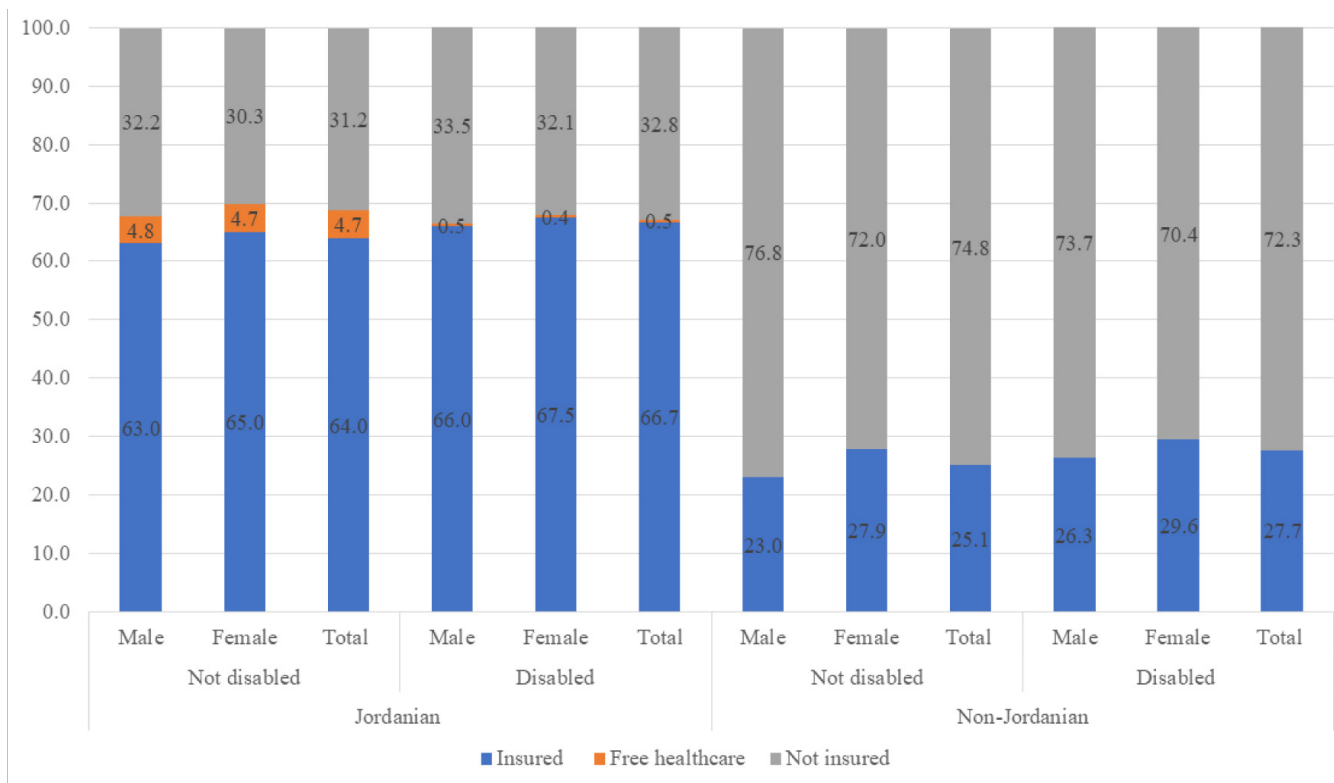
Among Jordanians, PWD were slightly more likely to be health insured than the general population but slightly less likely to be entitled to free healthcare services, leading to a lower level of overall coverage (67.2% vs. 68.7%; Figure 4). Among non-Jordanians, PWD were slightly more likely to have health insurance than the general population (27.7% vs. 25.1%). However, insurance rates among non-Jordanians were very low overall.

Youth are the age group that is least likely to be health insured

The Census and SYPJ results concur in finding that youth have lower health insurance coverage rates than the overall population. The Census shows that non-insured rates were highest among those aged 15-34, at around 40%, compared to other age groups (Department of Statistics (Jordan) n.d.). The SYPJ further found that rates of health insurance coverage among youth with disabilities



Figure 4. Health insurance coverage rates among Jordanians and non-Jordanians, by sex and disability status, Jordan Census 2015



Source: Author's calculations from Jordan Census 2015 Tables 10.5 and 3.10.

Notes: The "free healthcare" category does not apply to non-Jordanians.

is even lower. In the SYPJ, 43% of Jordanian youth with a disability had no health insurance compared to 41% of youth without a disability, but this difference was not significant. Significant predictors of health insurance coverage among Jordanian youth included being female, higher wealth, rural residence and residing outside the Middle region. Youth who were employed and younger youth (aged 16-19) who are still eligible for coverage as dependents were more likely to have health insurance. This suggests that the lower rates of health insurance coverage among Jordanian youth are related to the challenges young people face in obtaining formal, and particularly public sector, employment (Assaad, Krafft, and Sieverding 2021).

Among Syrian youth, 93% of those with a disability had no health insurance compared to 88% of those without a disability and the difference was significant. One of the only other predictors of having health insurance coverage among Syrian youth was living in a refugee camp, which is likely related to the direct provision of free healthcare services in camps.

Each additional household member with health insurance coverage was associated with a 6.8% decrease in health expenditure

Based on analysis of the 2013 Jordan Household Expenditure and Income Survey (HEIS), having a disabled member in the household was not associated with the household's total monthly expenditures on health. This result may be in part because the sample size of disabled persons in the HEIS was very small and a larger percentage of these persons (about 80%) had health insurance than in the Census. Overall, each additional member in the household who had health insurance was associated with a 6.8% decrease in monthly health expenditure.

Among the small sample of households with a disabled member, monthly expenditures on pharmaceuticals was lower when that member was health insured. Expenditures on medical services and overall health costs were also lower, but the results were not significant. Although this analysis was limited by small sample size, it suggests that health insurance coverage of PWD may help mitigate health costs.



Policy implications

The Census results based on the WGSS disability measure demonstrate that the population of Jordan experiences diverse forms of disability that require different accommodations and health care services. This is particularly true for the older population. While the elderly currently comprise a relatively small proportion of Jordan's population, the country is projected to experience population aging over the next several decades. The disability burden among older adults will therefore have significant consequences for care burdens as well as the health care system (Economic Research Forum and UN Women 2020). Jordan has recently opened voluntary enrollment in the Ministry of Health Civil Insurance Program (CIP), which was formerly only for government employees and their dependents, to all uninsured Jordanians. Older persons may enroll with a subsidized fee (The Higher Health Council and WHO 2015; Department of Statistics (Jordan) n.d.). This is a highly positive step in addressing the burden of disability among the older population and should be carefully evaluated in terms of reach and effectiveness.

Jordan also implemented a free health insurance card for the CIP for persons with disabilities under the national disability Law 20 of 2017 (The Hashemite Kingdom of Jordan 2017). More recent data are needed to assess progress towards achieving health insurance coverage of PWD under this policy initiative. However, the substantial gaps in coverage of PWD evidenced in the Census, as well as the SYPJ, suggest that coverage is likely still incomplete. Part of the remaining coverage gap for PWD may be related to the process for issuing an official disability ID card, which is required to obtain the health insurance card. The ID card is based on a medical certification of disability, which likely has more restrictive criteria than the broad definition of disability that is used in the Census results. It is important to consider these criteria and the degree to which they align with current understandings of disability as an interaction between a person's functional capacities and the environment (UN-ESCWA 2017). Jordan's Higher Council on Disabilities National Inclusion Strategy (n.d.) also calls for improvement and unification of the process for issuing disability IDs.

Several groups of PWD suffer from particularly low rates of health insurance coverage. These include youth and non-Jordanians. The lower rates of health insurance coverage among Jordanian youth are likely related to the challenges young people face in obtaining formal employment. The expansion of the CIP is a positive step towards providing a health insurance option to youth without formal employment, but the cost may prevent

youth from enrolling. In addition to labor market-based strategies for expanding CIP coverage among youth, another policy option to be explored is raising the age until which young people can be covered as dependents under their parents' health insurance. This strategy proved effective under the United States of America's Affordable Care Act in increasing health insurance coverage rates among young people (Sommers and Kronick 2012).

Non-Jordanians are another population that suffer from low rates of health insurance coverage. This population is diverse, covering labor migrants in many sectors as well as several different refugee populations whose healthcare needs are addressed by different United Nations agencies. More disaggregated data on the type and determinants of health insurance coverage, as well as access to free health services, among non-Jordanians of different nationalities is needed in order to develop mechanisms to better protect this population from unaffordable health expenditures. Non-Jordanian PWD should be a population of specific interest in this regard.

In terms of health expenditure, analysis of the HEIS further emphasizes the importance of health insurance in reducing out of pocket health expenditures among the population in general. The results also suggest that health insurance of PWD reduces health expenditure of their households. Further research on disability-related health expenditure and the role of health insurance in mitigating these costs is needed, particularly as the CIP is expanded. Implementation of the WGSS measure in future HEIS and other surveys in Jordan could greatly improve data availability to conduct such research and to inform the expansion of social protection programs for PWD more broadly.

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