The Hashemite Kingdom of Jordan
High Health Council

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Policy Brief
Improving National Data for
Health Equity Analysis in Jordan

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Key Messages

Improved health outcomes are essential for the overall development of Jordan. To achieve this, Jordan has to ensure equitable healthcare, which lies at the heart of the vision of universal health coverage (UHC). To track its progress towards achieving UHC, Jordan should consider investing in improving data needed to analyze health equity on a routine basis[1]. Recommended measures include:

1. Collect individual-level healthcare utilization and health expenditure information through routine household surveys
2. Improve availability of data on the unit cost of outpatient and inpatient services by facility type
3. Build national capacity for health equity analysis

Why track health equity?

Improving health equity is essential for Jordan to achieve the goal of universal health coverage (UHC). Equity in healthcare refers to the basic principle that the distribution of good health outcomes and access to healthcare services should not favor the rich. It is also linked to fairness in financing or the idea that poor households should not pay a larger share of their household budget on health than rich households. And that government-financed healthcare provision should benefit the poor and the vulnerable. Finally, it implies financial risk protection, or the notion that no household should be pushed into poverty as a result of seeking healthcare services [1].

Having the data necessary to analyze health equity is essential for tracking Jordan's progress towards UHC. Health equity research encompasses methods for analyzing inequality

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in health outcomes or healthcare utilization between socio-economic groups, measuring the progressivity of public subsidies for healthcare, and tracking out-of-pocket spending and catastrophic health spending[2] [2]. Household surveys that measure health outcomes, healthcare utilization, and healthcare expenditure in the population are critical for undertaking health equity research.

What we can (and cannot) analyze related to health equity with existing household survey data

There are two surveys in Jordan that are nationally-representative household surveys, are conducted on a routine basis, and contain information about some aspect of health (e.g. health outcomes, healthcare utilization, health spending etc.). They are: (1) the Household Expenditure and Income Survey (HEIS), and (2) the Jordan Population and Family Health Survey (JPFHS). The latter follows the internationally standardized methodology of the Demographic and Health Survey (DHS). Both surveys are conducted by the Department of Statistics (DOS). The table below describes the kind of health equity analysis that can be done with each of these surveys, as well as their limitations.

Survey	Household Expenditure and Income Survey (HEIS)	The Demographic and Health Survey (DHS)/ Jordan Population and Family Health Survey (JPFHS)
Purpose	Measures household income and expenditure	Focuses on health outcomes and healthcare utilization amongst women and children.
Frequency	3-5 years	5 years
What kind of health equity analysis can be done	• Annual household out-of-pocket (OOP) health spending, disaggregated by wealth quintile, region etc. • Catastrophic health expenditure by wealth quintile, region, etc. • Health insurance coverage and how it varies between wealth quintiles, region etc.	• Inequality in health outcomes and health care utilization related to maternal and child health (MCH) services across wealth quintiles, education levels, region, etc. • OOP spending for certain MCH services, and how they vary across wealth quintiles, region, etc. • Distribution of public services across wealth quintiles
What kind of health equity analysis cannot be done	• Does not collect utilization data, hence not sufficient for Benefit Incidence Analysis (BIA)[3] • Does not collect health expenditure broken down by episode of care or household member. Hence, one cannot estimate the average cost of a visit, how it varies by type of service or provider. • Does not ask households about how much was spent on outpatient services versus inpatient care.	• Cannot be used to measure household OOP health spending • Cannot be used to measure healthcare need or utilization rates in general (i.e. not specific to MCH services) • Cannot be used for conducting benefit incidence analysis

2. Catastrophic health spending refers to OOP expenditure on health that drives a household into poverty. It is measured by estimating the share of households that experienced OOP health expenditures that exceeded a certain percentage of their total expenditure in that year
3. BIA is a method for examining who benefits from government-financed health services. Benefits or subsidies to each household are calculated by multiplying each episode of use of different types of health service (e.g. outpatient services at a public hospital, inpatient services at a public hospital, and outpatient services at a public health center) by their respective unit costs [3].

While these two surveys provide a wealth of information that can – and is - being used for analyzing the performance of the health system in Jordan, there are some basic questions related to health equity that we cannot answer with this data:

1. What percentage of the population seeks care when they feel sick (service utilization rates), and does this vary by wealth quintile?
2. What is the average number of outpatient visits per household, and how does that vary by socio-economic groups?
3. What is the general rate of hospitalization, and are the rich more likely to be hospitalized when needed than the poor?
4. Amongst those who did not seek care when they were sick, was the cost of care a leading deterrent?

While costing studies have been undertaken in the past [4], current information about the average cost of an outpatient or inpatient visit by facility type (i.e. public hospital versus health center) in Jordan is not readily available. This is essential for conducting BIA.

Ways to improve data for health equity analysis

Based on this discussion, we offer three policy recommendations to health sector stakeholders interested in tracking the Jordanian health system's performance, especially with respect to health equity:

1. Implement the health expenditure module of the DHS in the next JPFHS. The DHS had designed a module for collecting detailed information about utilization of inpatient and outpatient services by all household members and the costs associated with each visit. The module is not part of the core questionnaire and is optional for countries. Jordan should opt to add the health expenditure module in order to address the existing data gaps for analyzing health equity in Jordan.

To be suitable for benefit incidence analysis, the household survey should collect:

- For hospitalizations in the past year, out-of-pocket costs and type of provider
- For all outpatient visits by households members in a certain recall period (typically 4 weeks), out-of-pocket costs and type of provider

2. Improve costing data for inpatient and outpatient services at different types of health facilities. Unit cost information is essential for conducting benefit incidence analysis, a key component of assessing health equity. This can be derived using estimates of total government expenditure at public facilities from National Health Accounts (NHA) findings and administrative data on the volume of outpatient and inpatient visits at different types of government facilities. To make this possible, the reporting framework for NHA needs to be enhanced and routine systems for tracking service volumes strengthened.
3. Build national capacity for undertaking health equity analysis. Development partners have developed tools to simplify the process of conducting health equity analysis (i.e. EQUIST tool of UNICEF). Training Jordanian health researchers and government officers on the use of these tools will pave the way for regular health equity analysis in the future.

References:

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