

Of several barriers that hamper use of available healthcare services, Syrian refugees report that the financial barrier remains the major obstacle to receiving optimal cancer care. Increasing the international fund remains the mainstay to reduce the suffering of Syrian refugees with cancer and their families. Nurses can have crucial roles in reducing the burden of cancer in refugees, including screening and early detection efforts, direct patient care and management, and palliative care.

AT A GLANCE

- The massive influx of Syrian refugees has placed a tremendous burden on Jordan, a country with limited resources.
- The likelihood of Syrian refugees obtaining free or low-cost cancer care is extremely low, and most are unable to afford the cost of their treatments, which makes them unable to initiate or complete their treatments.
- The international community should act to protect this vulnerable group of patients within this high-risk community by increasing the international fund and instituting early detection and cancer prevention campaigns.

KEYWORDS

Syrian refugees; Jordan; barriers; cancer care; early detection; cancer prevention

DIGITAL OBJECT

IDENTIFIER

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Syrian Refugees in Jordan

Barriers to receiving optimal cancer care

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Since the beginning of the Syrian civil war in 2011, the Hashemite Kingdom of Jordan has received almost two million Syrian refugees (Rogin, 2015) who fled across the northern border. The massive influx of Syrian refugees has placed a tremendous burden on Jordan, a country with limited resources and an average gross national income of \$4,200 (World Bank, 2020). About 650,000 Syrian refugees in Jordan are currently registered with the United Nations High Commissioner for Refugees (UNHCR, 2020b). However, the actual number is estimated to be 1.2 million; many refugees do not register because of a lack of necessary legal documents and a fear of being tracked by the Syrian regime (El Arab & Sagbakken, 2018; Mansour et al., 2018). About 20% of registered refugees reside in the UNHCR camps (UNHCR, 2020b); the rest live in the major cities and rural areas of Jordan (El Arab & Sagbakken, 2018).

The Healthcare System in Jordan

Jordan has a relatively developed healthcare system in comparison to other countries in the Middle East and North Africa region. Jordan's healthcare system comprises public (government) and private sectors facilities. The public sector includes the Ministry of Health (MOH) hospitals and health centers, Royal Medical Services (RMS) hospitals and health centers (military and veterans), and university-affiliated hospitals. The private

sector has medical centers, hospitals, and clinics, which are certified by the MOH. According to the 2015 census, about 60% of Jordanians have health insurance—25% of Jordanians are covered by the MOH, 25% by the RMS, and 1.5% by university hospitals (Department of Statistics, 2016). The private sector covers about 8% of the population (Department of Statistics, 2016).

Health Care for Syrian Refugees in Jordan

For Syrian refugees to be eligible for health insurance, they must be registered with the UNHCR and the Jordanian Ministry of Interior (Al-Rousan et al., 2018; Al Qadire et al., 2019; El Arab & Sagbakken, 2018). From 2012 to 2014, medical services were provided to registered Syrian refugees for free by governmental healthcare institutions (Mansour et al., 2018). However, following the large influx of refugees and its impact on Jordan's healthcare system, costs became prohibitive and this policy changed (Al-Rousan et al., 2018). From late 2014 to early 2018, registered Syrian refugees paid the subsidized cost of medical care, which was the same cost paid by uninsured Jordanians (Mansour et al., 2018). Beginning in February 2018, registered refugees were no longer eligible to access the uninsured Jordanian rate; they now pay 80% of non-refugee foreigner rates at governmental healthcare facilities (UNHCR, 2020a). Unregistered Syrian refugees must pay the foreigner rate for any medical care they receive at government or private healthcare facilities (UNHCR, 2020a).