

Table 1 Summary of qualitative findings (n = 185)

Themes	Concerns of health care providers and key informants	Concerns of Syrian refugees in camps	Concerns of Syrian refugees in urban areas
Health problems	<ul style="list-style-type: none"> • Syrian refugees primarily seek care for acute conditions (respiratory illness, fever, diarrhoea and injuries) • High prevalence of chronic conditions: e.g., hypertension, cardiovascular disease, diabetes, chronic respiratory disease, arthritis and cataracts. • High smoking prevalence • Lack of health literacy • Stigma around receiving mental health care • Lack of necessary documentation such as marriage and birth certificates 	<ul style="list-style-type: none"> • Poor living conditions exacerbate respiratory illness • High costs of basic foods and unregulated stores in camps • Lack of transportation to health clinics inside the camp • Insecurity in the camps • Sexual abuse • Child marriage as a response to poverty and lack of security 	<ul style="list-style-type: none"> • Limited health care access, especially secondary and tertiary care due to high costs and location • Chronic conditions perceived to be more prevalent since displacement, especially cardiovascular disease, diabetes, hypertension, cancer and kidney diseases • Mental illness, such as post-traumatic stress disorder and depression, are increasing in young adults • Lack of legal work opportunities and high costs of living and health care contribute to psychological distress and domestic violence • Poor housing conditions and poor water quality cause illness
Representative quotes	<p>We do not see many differences in the prevalence of chronic conditions between Syrian refugees and Jordanians. However, we see lower levels of health literacy, bad health behaviours, lack of trust and vulnerability for mental distress. There is a huge need for large-scale epidemiological studies.</p> <p>– Jordanian physician</p>	<p>Some grocery shop owners know that baby formula is not always available so they make sure to increase its price. I cannot afford it, and there is nobody to complain to. If you complain, they would return you to Syria.</p> <p>– 35-year-old female refugee, Zaatar Camp</p> <p>All my kids have asthma. All of them were born in Zaatar Camp which is located in the middle of the desert. When a sandstorm hits, they cannot breathe, and I see almost all kids of Zaatar in the emergency rooms of the 5 hospitals of the camp during sandstorm days.</p> <p>– 42-year-old male refugee, Zaatar Camp</p> <p>I have to marry off my daughters once they hit puberty. How can I pay for their food if I keep them in the same home with us?</p> <p>– 46-year-old female refugee, Azraq Camp</p>	<p>I do not know a single Syrian refugee in Jordan who does not have someone in the family with a chronic condition and is struggling to see doctors and buy medications. How can we afford all of this when we cannot work or do anything?</p> <p>– 42-year-old male engineer and refugee, Irbid</p> <p>We know that many Syrians have mental illness due to what they have witnessed during the war but who would marry a daughter of someone who sees a mental health doctor or takes medications to stay sane?</p> <p>– 33-year-old male, jobless ex-teacher and refugee, Kafrein</p>
Strengths and weaknesses of the Jordanian health care system	<p>Strengths:</p> <ul style="list-style-type: none"> • Providing free/subsidized care to Syrian refugees • Hospitality towards Syrian refugees • Dedication to providing quality health care to Syrian refugees and Jordanian citizens <p>Weaknesses:</p> <ul style="list-style-type: none"> • Lack of electronic health information systems, especially in primary care • Limited mental health care services • Insufficient health education programmes targeting chronic disease prevention, smoking, domestic violence and mental health stigma • Provider burn-out due to long work hours and staffing shortages • Lack of community health outreach programmes 	<p>Strengths:</p> <ul style="list-style-type: none"> • Availability of primary health care facilities and small hospitals inside the camp • Recreational activities for children, such as after-school sports and art programmes • Mental health clinics run by International Medical Corps and other international organizations; vaccination awareness campaigns • Home visits by field officers for chronic diseases <p>Weaknesses:</p> <ul style="list-style-type: none"> • Periodic lack of essential medicines for chronic diseases, such as high blood pressure and diabetes • Long waiting times due to limited staffing in camp clinics • Discrimination and inhumane attitude of health care providers 	<p>Strengths:</p> <ul style="list-style-type: none"> • Iris scan technology is a convenient way to access cash assistance <p>Weaknesses</p> <ul style="list-style-type: none"> • Cost is the primary barrier to health care access • High health care costs drive refugees to seek care in pharmacies instead of clinics • Discrimination in the health care setting and inhumane treatment from health care providers • Physicians perform insufficient physical examinations and do not spend enough time with patients • Legal status makes access to health services a challenge • Lack of birth certificates and changing UNHCR policies complicate health care access • Lack of access to dental care • Lack of female antenatal care providers • Hospitals that provide 24/7 emergency care are located far away • Current policies do not allow donation of blood among Syrians; thalassemia patients cannot access blood transfusions • Current policies do not allow Syrian health care providers to work while in Jordan
Representative quotes	<p>We do not discriminate against Syrian refugees. In fact, we treat them better since they are our guests and that is part of our traditions and culture. They are more vulnerable and sensitive, and we are overworked.</p> <p>– Jordanian physician, Zaatar Camp</p>	<p>I wish they had more Syrian doctors to look after us instead of these Jordanian health care providers that threaten to kick us out of the country. My neighbour in the caravan next door is a talented Syrian surgeon, and I have gone to him when I cut my finger. He sewed my skin with a regular needle and thread.</p> <p>– 55-year-old male refugee, Zaatar Camp</p>	<p>I have a bad type of cancer in my thyroid gland. The hospital in Irbid covered the first session of my radiotherapy then they said I had to pay for the rest. I could not afford the rest of the treatment. My brother has asked friends and philanthropists on social media to donate money for my treatment.</p> <p>– 59-year-old male refugee, Ramtha</p>
Priorities and suggestions for change	<ul style="list-style-type: none"> • Increase health education programmes to address chronic disease prevention and smoking • Increase programmes to target mental health and mitigate stigma • Increase health programmes to address domestic violence • Increase the number of female antenatal providers to encourage use by Syrian refugees 	<ul style="list-style-type: none"> • Syrian physicians should be employed in the camps • Provide transportation to hospitals and health clinics inside the camp • Regulate food and grocery stores inside the camp 	<ul style="list-style-type: none"> • Increase the quantity and quality of food coupons and ensure that they are accepted at stores accessible to refugees • Revisit cash assistance criteria • Train health care providers to care for the vulnerable refugee population • Provide adequate care and health education for chronic conditions • Increase numbers of female physicians caring for Syrian refugee women • Increase legal work opportunities, and facilitate registration of marriage and births in order to improve quality of life and health care access for Syrian refugees