Health status (2016)

Life expectancy at birth in years
- total: 74.3
- males: 72.7
- females: 76.0

Maternal mortality ratio per 100,000 live births
- total: 58

Communicable diseases (2017)

- Tuberculosis notification rate per 100,000 population: 5.0
- Incidence rate of malaria per 1,000 population: ...
- Number of newly reported HIV cases: 27

Behavioural risk factors

Estimated prevalence (%)
- Current tobacco smoking (2015)*: 65.5
- Insufficient physical activity (2016)*: ...

Metabolic risk factors

Estimated prevalence (%)
- Raised blood pressure (2015): ...
- Raised blood glucose (2014): ...
- Overweight (2016): ...
- Obesity (2016): ...

Expenditure and mortality trends

Health system: finance (2014)
- General government expenditure on health as % of general government expenditure: 13.7
- Out-of-pocket expenditure as % of total health expenditure: 20.9
- Per capita total health expenditure at exchange rate (US$): 359

Health system: selected coverage interventions
- Antenatal care visits (4+ visits) (2013): 94.5
- Measles immunization coverage among 1-year-olds (2017): 93.0
- Treatment success rate of new bacteriologically confirmed TB cases (2016): 89.0
- DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2017): 100.0

Health system: workforce (2017)
- Physicians: 22.6
- Nurses/midwives: 32.7
- Dentists: 7.1
- Pharmacists: 15.6

Health system: medicines and medical devices (2013)
- Availability of selected essential medicines and medical products in health facilities (%): public 27.8, private 80.0
- Number of scanners (in public facilities) per million population: CT 5.5, MRI 2.1

Health system: service delivery (infrastructure) (2017)
- Primary health care facilities per 10,000 population (2016): 6.9
- Hospital beds per 10,000 population: 14.7

... No data available

* GGHE % GGE is the general government health expenditure as % of general government expenditure
** OOP % THE is the out-of-pocket expenditure as % of total health expenditure

NCDs are estimated to account for 76% of total deaths.
### Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Jordan 2018

#### Strengths
- High population coverage with prepayment schemes, covering 55% of the population and reducing the share of out-of-pocket spending to 26.8% of total health expenditure (in 2015)
- Government health expenditure represents more than 11.4% of general government expenditure in 2015 and total health expenditure as percentage of GDP was 8.44% in 2015
- National Health Strategy developed under the auspices of the High Health Council endorsed by the government
- Well trained health workforce, with particular emphasis on good quality training for nurses
- National Hospital Accreditation Programme functions since 2004 and Jordanian Health Care Accreditation Council (HCAC) since 2008
- Quality Control Directorate in the Ministry of Health implements, supervises and monitors quality assurance programs
- Comprehensive National Drug Policy, Essential Drug List and standardized treatment protocols supported by a well performing regulatory body (not sure)
- Enhanced partnership between public and private sectors in the context of health reforms

#### Weaknesses
- Centralized management practices, weak performance management and lack of human resources for health planning
- Disparity in distribution of health care personnel between public and private sectors and urban and rural areas
- Inadequate in-service training despite good quality pre-service training
- Lack of effective systems for monitoring and auditing of clinical practices
- Essential Drug List has not been widely promoted or properly implemented at the level of health facilities
- Health information relies on population studies and not on a routine health management information system
- Lack of disaggregated data and weak data analysis, reporting and use in decision-making processes
- Inefficient monitoring and performance assessment in the public health sector

#### Opportunities
- Influx of over a million Syrian refugees has put an undue burden on the health system
- Health system development approach continues to be disease-oriented and not health promotion-oriented
- High burden of noncommunicable diseases and their risk factors (e.g. 50% of those 20 years old and above are smokers and more than 70% are overweight), accidents and health of the elderly
- Standardized treatment protocols are not based on cost-effective approaches leading to high cost of drugs and hospital care
- Low nurse-to-doctor ratio; shortage of specialists such as: cardiovascular surgeons, neuro surgeons, neurologists, anaesthetists, intensive care and trauma specialists
- Surplus of sophisticated and advanced diagnostic facilities (number of CT scanners and MRI units per population is higher than some industrialized countries), which increases the cost of health care
- Insufficient cooperation and coordination among health sector components
- Overlapping in health legislation and regulations
- Inability to contain the escalating health care expenditures
- Under regulated private sector with weak monitoring and supervision

#### Challenges
- Develop a vision, strategy and roadmap to achieve universal health coverage by 2025
- Consolidate and scale up the family practice programme, including a functioning referral system across the country which is universally accessible
- Earmark a proportion of the revenues generated through medical tourism for preventive and promotive health interventions
- Develop a certificate of needs programme to ensure rational distribution of health care and diagnostic facilities and introduce health technology assessment tools to promote cost-effective use of technologies in the public and private sectors
- Apply policies and incentives to attract health care providers to work in the public sector and rural areas
- Establish a system of continuing professional development and recertification of health professionals
- Reinforce health information systems, including: civil registration, risk factor and morbidity monitoring and health systems performance; and promote informed decision-making
- Institutionalize health system research and promote evidence-based health policy development
- Use knowledge management systems efficiently and effectively
- Manage risks, crises and disasters effectively
- Improve quality of provided health services
- Strengthen existing primary healthcare services
- Adopting computerization of health system in Jordan
- Improving and institutionalizing medical tourism as a promising socio-economic pillar to be reflected positively on health status
- Health manpower development
- Implementing cost – containment strategies to reduce the financial burden of health care provision