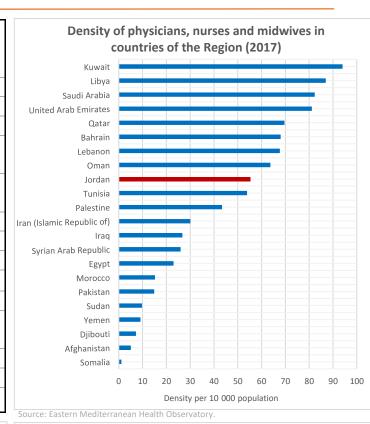


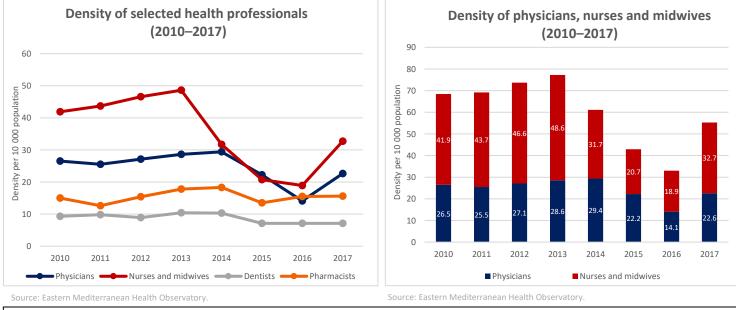
Health workforce snapshot



JORDAN

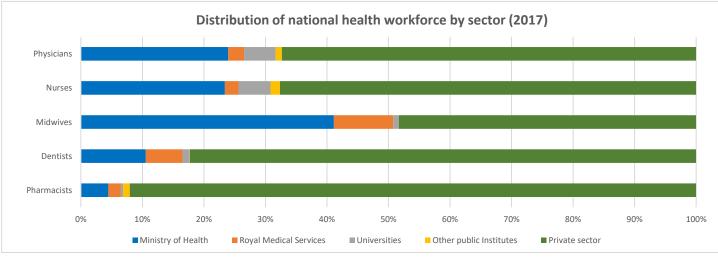
JORDAN AT A GLANCE ¹	
Total population (2017)	10 053 000
Gross national income per capita (US\$ 2018) ²	4 089
Unemployment (% of total labour force) (2018) ²	18.6
Per capita current health expenditure (US\$ 2017) ³	361
Government health expenditure as % of general government expenditure (2017) ³	11.8
Out-of-pocket expenditure as % of current health expenditure (2017) ³	30.4
Universal health coverage index (2015) ⁴	70
Number of refugees (2016)	2 860 669
Number of internally displaced persons (2016)	0
Maternal mortality per 100 000 live births (2015) ⁵	29.7
Under-5 mortality per 1000 live births (2017) ⁶	19
Births attended by skilled health personnel (%) (2017)	99.6
Raised blood glucose (%, 18+ years) (2017)	16.8
Raised blood pressure (%, 18+ years) (2017)	21
Hepatitis B incidence rate per 100 000 (2017)	1000



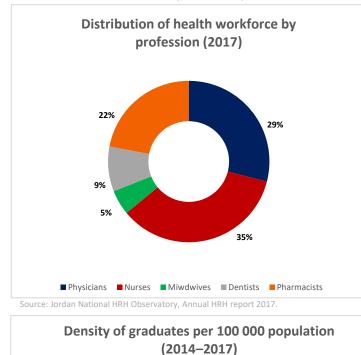


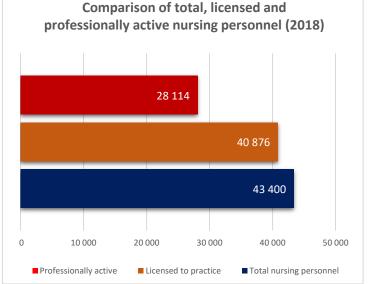
KEY FACTS

- The 2015 population census showed a 30% increase in the total population, resulting in a significant decline in the density of health workers and graduates.⁷
- In the last decade, an influx of over 2 million refugees has put undue burden on the health system, and thus on health workers.
- A National Human Resources for Health (HRH) Observatory is in place and a National HRH Strategy (2018–2022) was launched in 2018.
- The main employers of health workforce are the Ministry of Health, the Royal Medical Services, universities and the private sector
- Geographic maldistribution of health workforce causes shortages in rural areas and in the southern and eastern parts of the country.
- Lack of competent personnel in the family practice approach negatively impacts utilization of primary health care.
- Additionally, there is a shortage of physicians in multiple specialties.
- Dual practice is illegal in Jordan.

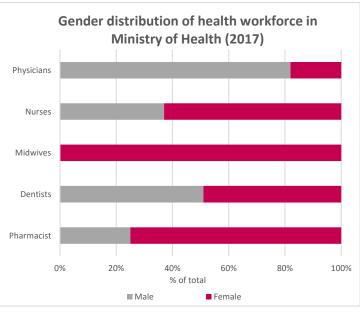












Source: Eastern Mediterranean Health Observatory

Source: Jordan National HRH Observatory, Annual HRH report 2017.

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