

Health status (2013)

| | | |
|--|---------|------|
| Life expectancy at birth in years | total | 74.0 |
| | males | 72.0 |
| | females | 76.0 |
| Maternal mortality ratio per 100 000 live births | total | 50.0 |

Communicable diseases (2014)

| | |
|---|-----|
| Tuberculosis notification rate per 100 000 population | 5.0 |
| Incidence rate of malaria per 100 000 population | ... |
| Number of newly reported HIV cases | ... |

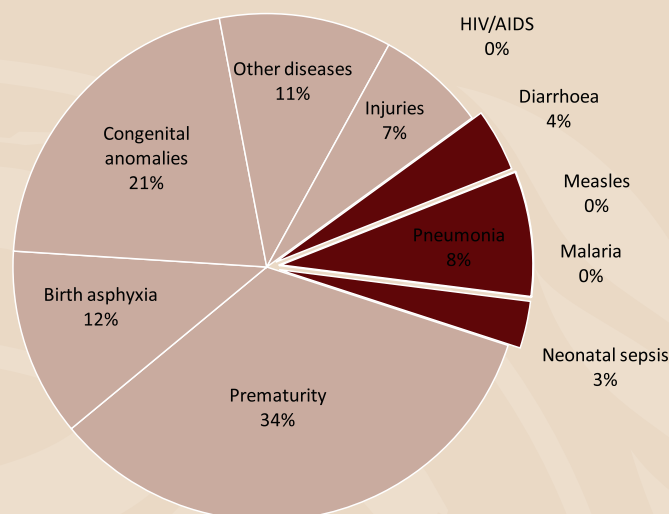
Behavioural risk factors

| Prevalence (%) | males | females | total |
|--|-------|---------|-------|
| Current tobacco smoking (2011)* | 10.2 | 65.5 | 38.4 |
| Insufficient physical activity (2008-) | ... | ... | 15.6 |

Metabolic risk factors

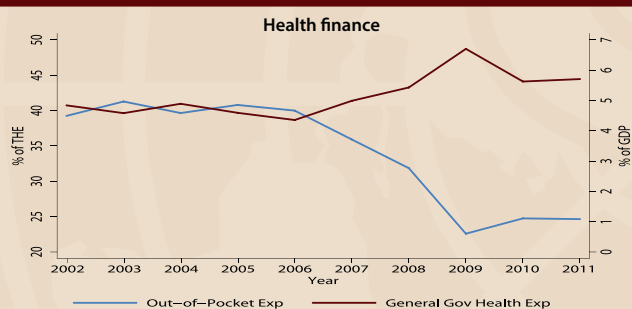
| 2014 estimated prevalence (%) | males | females | total |
|-------------------------------|-------|---------|-------|
| Raised blood pressure | ... | ... | 19.3 |
| Raised blood glucose | ... | ... | 14.9 |
| Overweight | ... | ... | 65.9 |
| Obesity | ... | ... | 30.5 |

Distribution of causes of death among children aged <5 years (%)



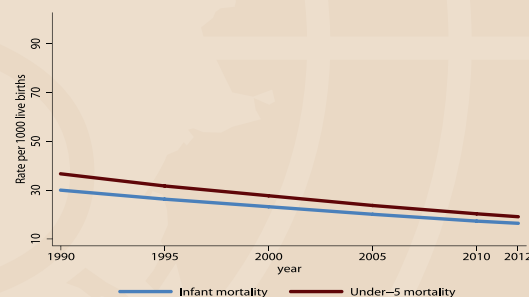
Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

Expenditure and mortality trends



*GGHE%GDP is the general government expenditure on health as % of gross domestic product
**OOP%THE is the out-of-pocket expenditure as % of total health expenditure

Infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

| | |
|--|-----|
| Antenatal care visits (4+ visits) (2013) | ... |
| Measles immunization coverage among 1-year-olds (2014) | 98 |
| Treatment success rate of new bacteriologically confirmed TB cases (2014) | 90 |
| DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014) | 98 |

Health system: finance (2013)

| | |
|---|------|
| General government expenditure on health as % of general government expenditure | 13.5 |
| Out-of-pocket expenditure as % of total health expenditure | 23.5 |
| Per capita total health expenditure at exchange rate (US\$) | 336 |

Health system: workforce (2014)

| | | |
|--|------|--|
| Health workforce per 10 000 population | | |
| Physicians | 29.4 | |
| Nurses/midwives | 31.7 | |
| Dentists | 10.3 | |
| Pharmacists | 18.3 | |

Health system: information

| | |
|--|------|
| Percentage of births registered | 0.98 |
| Percentage of causes of death recorded | 0.65 |

Health system: medicines and medical devices (2013)

| | | |
|--|---------|--------|
| Availability of selected essential medicines and medical products in health facilities (%) | public | 27.8 |
| | private | 80 |
| Number of scanners (in public facilities) per million population ^c | CT | 5.4992 |
| | MRI | 2.0622 |

Health system: service delivery (infrastructure) (2014)

| | |
|--|------|
| Primary health care facilities per 10 000 population | 2.3 |
| Hospital beds per 10 000 population | 18.9 |

... No data available

^a International Classification of Diseases

^b Gross domestic product

^c Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Jordan 2015

| Strengths | Weaknesses |
|--|---|
| <ul style="list-style-type: none"> • High population coverage with prepayment schemes, covering 87.5% of the population and reducing the share of out-of-pocket spending to 22% of total health expenditure (in 2013) • Government health expenditure represents more than 10.5% of general government expenditure in 2012 and total health expenditure as percentage of GDP was 7.6% in 2012 • 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 • Enhanced partnership between public and private sectors in the context of health reforms | <ul style="list-style-type: none"> • 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 nor 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 • Absence of a comprehensive National NCD Action Plan with vertical National Strategy and Plan of Action for Diabetes, Hypertension, Dyslipidemia and Obesity (2011) adopted by the Council of Ministers • Inefficient monitoring and performance assessment in the public health sector |
| Opportunities | Challenges |
| <ul style="list-style-type: none"> • High government commitment and potential for achieving universal health coverage • High Health Council provides the right forum to align and coordinate among all health-related parties • Conducive environment for Ministry of Health to align with bilateral and multilateral development partners • Thriving medical tourism sector that is a source of revenue of up to US\$ 1.0 billion allows for earmarking a proportion of funds to health • Mass communication network which can facilitate information sharing on health-related matters • Ministry of Higher Education has established standards for all health professional programmes that will positively affect the quality of newly graduated health professionals | <ul style="list-style-type: none"> • 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, 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 |

Priorities

- 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

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World Health Organization

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