

HEALTH SYSTEM IN JORDAN



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خلل النظام الصحي في الأردن .. هل الاطباء مذنبون؟

الدولة > الهاشميون > المسيرة >

المسيرة 2021-09-15 11:29 AM



القلمة نيوز: بقلم عبدالله مسمار
ليست المشكلة الصحية في الأردن حديثة ولا هي ولادة جائحة كورونا، ولا احدى نتاجاتها، ولا كتللت بتقص الخبيرات الطبية او ضعف الكفاءات، ولم تكشفها قضية الطفلة لين او غيرها من وفيات التصير والاعطاء الطبية، ولكن هل الاطباء مذنبون؟

الاطفال وقضاياهم عادة ما يثيرون الرأي العام، وتصبح حوادث وفياتهم محط أنظار الجميع، وبذلك تصبح وفاة طفلة في الخامسة من عمرها

قطاع الصحة

الرئيسية / المسيرة / قطاع الصحة

تطور قطاع الصحة خلال مئة عام

شهد القطاع الصحي في الأردن تحت القيادة الهاشمية وعلى مدى مئة عام تطوراً ملحوظاً منذ تأسيس إمارة شرق وبعثاً إلى تسليط بعض الضوء على هذه التطورات والتي يمكن تصنيفها بثلاثة مراحل:

التأسيس والنهضة ومرحلة التعزيز والتطوير، وبما يلي استعراض لأهم سمات هذه المراحل الثلاثة

التأسيس

1. العقد الاول للدولة الأردنية (1921-1930)

قبل مئة عام كانت منطقة شرق الأردن تفتقر إلى الرعاية الصحية الكافية، حيث اقتصرت حينها على تقديم الإسعاف

الرئيسية محليات فلسطين عربي دولي اقتصاد رياضة هنا وهناك الطقس فيديو

المهاري لـ "رؤيا": النظام الصحي في الأردن غير متهاك ولكن بحاجة إلى تطوير..
شيديو

in

مطبوعات نشر: 21:26 15-09-2021 آخر تحديث: 21:26 15-09-2021



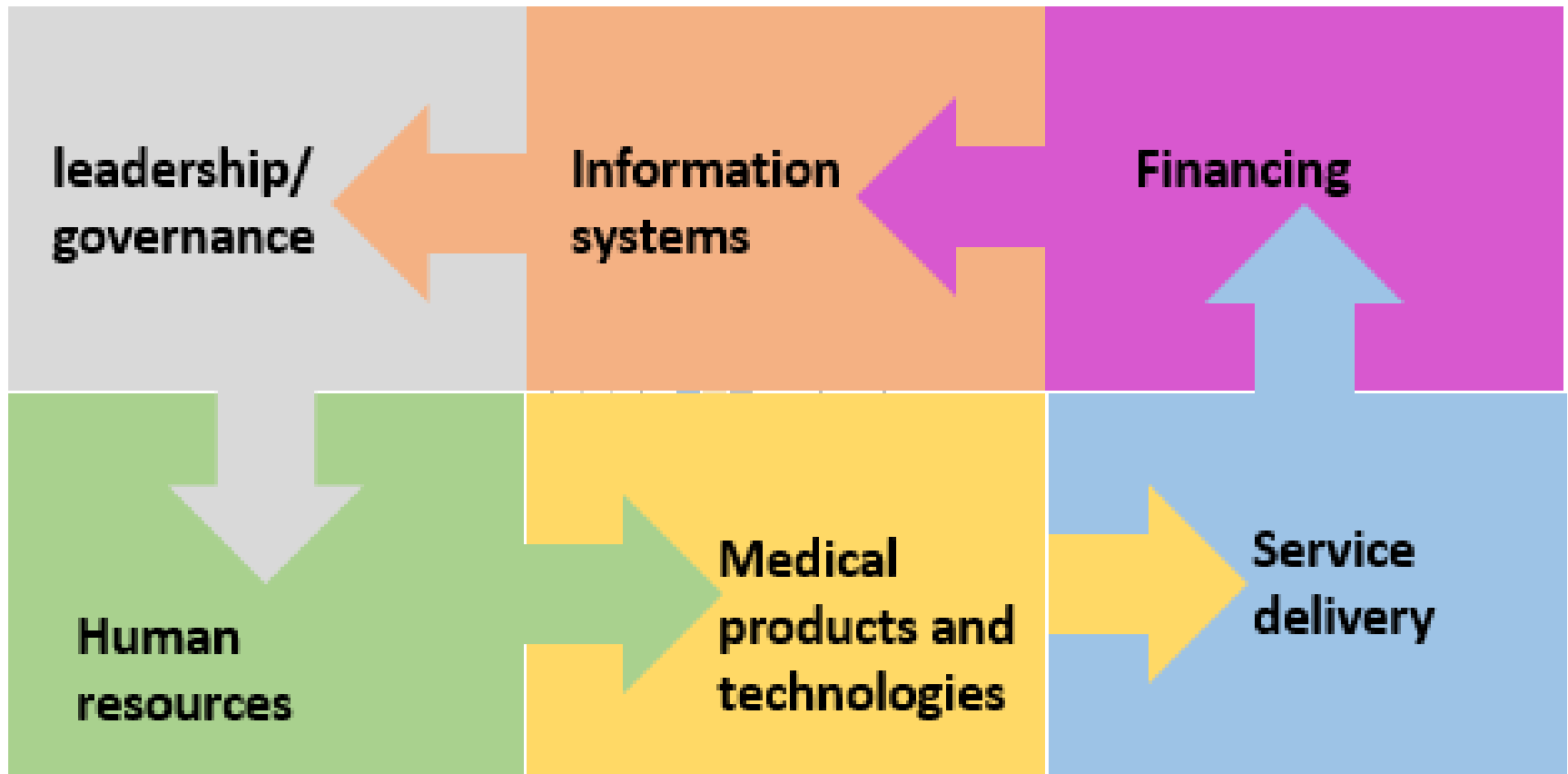
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What is a health system?

A health system is the organization of **people, institutions, and resources** that deliver health care services to meet the health needs of target populations.

The six building blocks of a health system:



The six building blocks of a health system:

1. Health service Delivery

Effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources.

2. Health Human resources

There are **sufficient numbers** and mix of staff, **fairly distributed**; they are **competent, responsive and productive**.

3. Health Information system

The production, analysis, dissemination and use of **reliable and timely information** on health determinants, health systems performance and health status

4. Medical Products, and Technologies

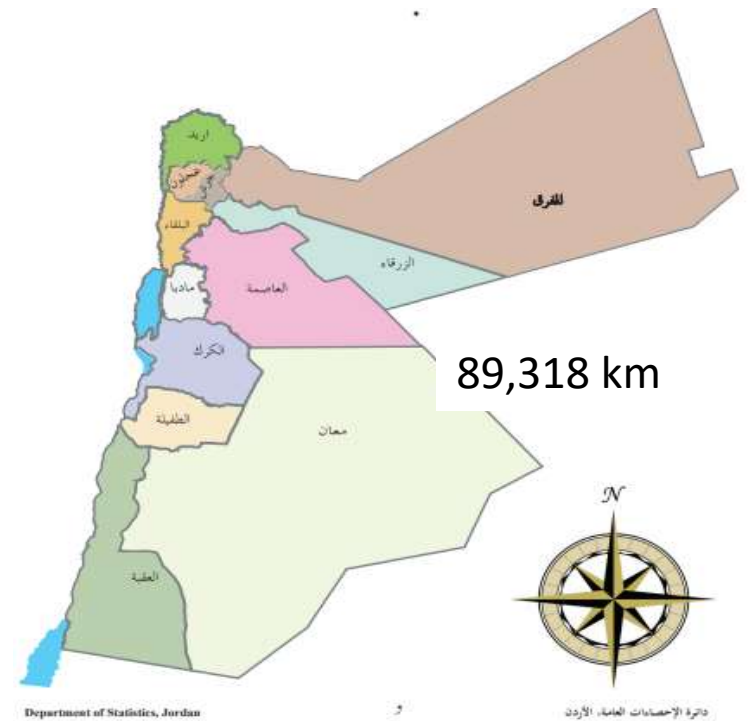
Equitable access to *essential* medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.

5. Health Financing

Adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them.

6. Leadership and Governance

Guidance of the whole system, health sector policies; coordination; and regulation



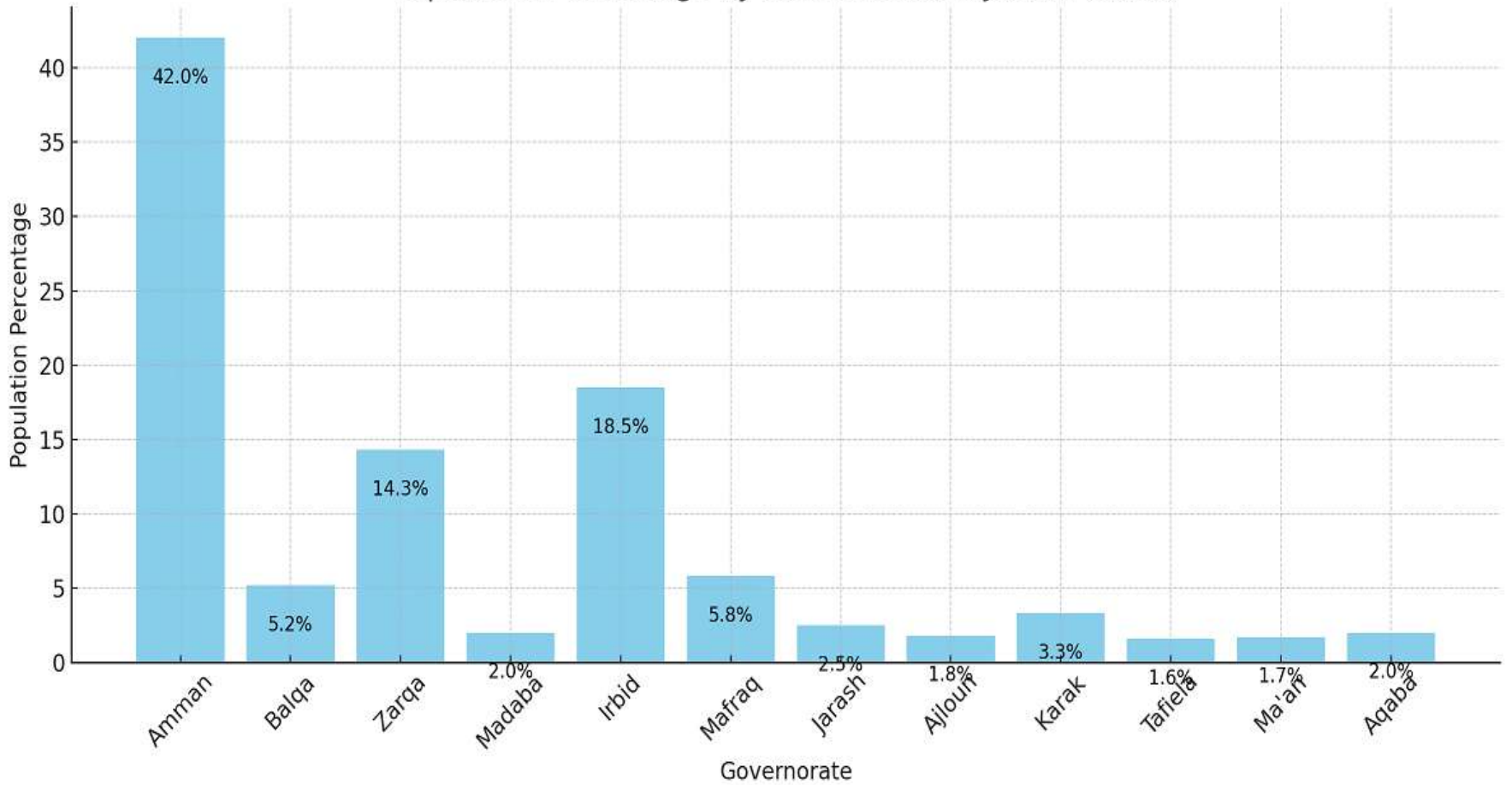
Jordan is a Lower Middle Income country (WB, 2023)

Total population of **11.3 Millions** (2022), (**47.1% Females, 52.9% Males**) **Sex ratio in 2022: 112.5 male for 100 female** (2022) . **30% are not Jordanian. 90.3 % Urban, 9.7% rural.**

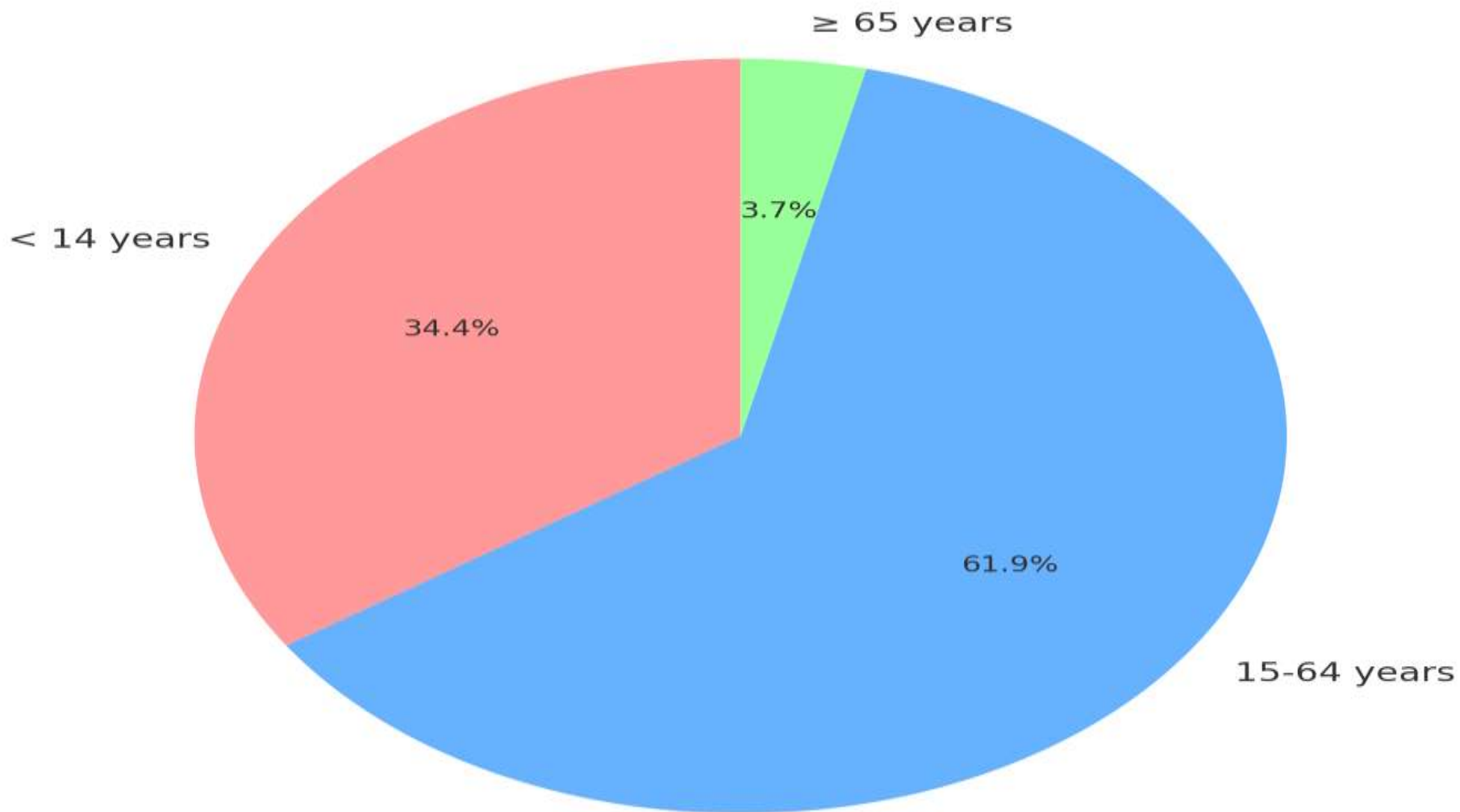
The population is distributed among 12 governorates over three regions (North, Middle, and South).

<https://dosweb.dos.gov.jo/product/jordan-statistical-yearbook-2022/>

Population Percentage by Governorate in Jordan (2022)



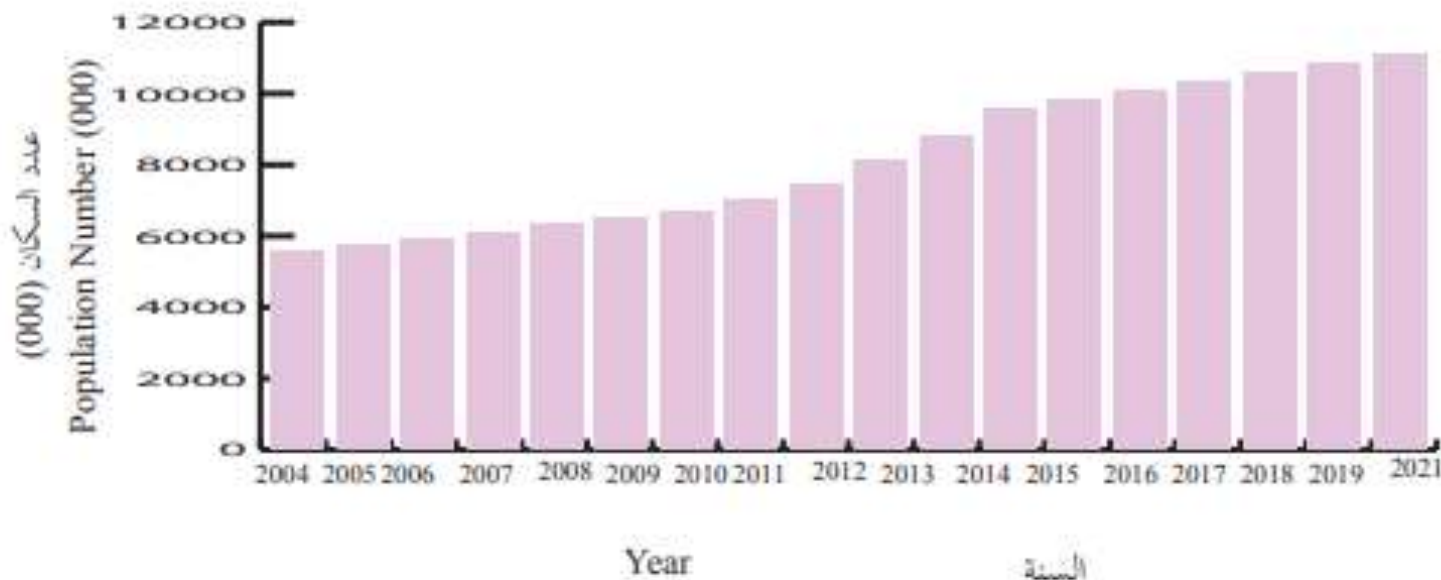
Population Age Distribution in Jordan



Population : 34.4% < 14 years 62% at the age 15-64 years and 3.7% ≥ 65 years
Average family size: 4.8

Total Population

سكان المملكة (بالألف نسمة)، 2004-2021
The Kingdom Population (000), 2004-2021



Since 1950, the Kingdom's population has increased nearly 17-fold, reaching around 11 million in 2022, with a 3.2% average annual growth rate (2022).

Jordan: Current Health Status

- Health status in Jordan is among the best in the Middle East.
- Average life expectancy is **73.3** years, (**72.3 for males and 75.1 for females**) (2022).
- Infant mortality rate **declined** from 23 in 2009 to 14 per 1000 in 2023.
- Maternal mortality **declined** from 800 per 100,000 deliveries in 1969 to 19.1 in 2021.
- The crude birth rate is 17/1000 population and the crude death rate is 6/1000 (2022).

Figure 10.2 Childhood vaccinations

Percentage of children age 12–23 months vaccinated at any time before the survey

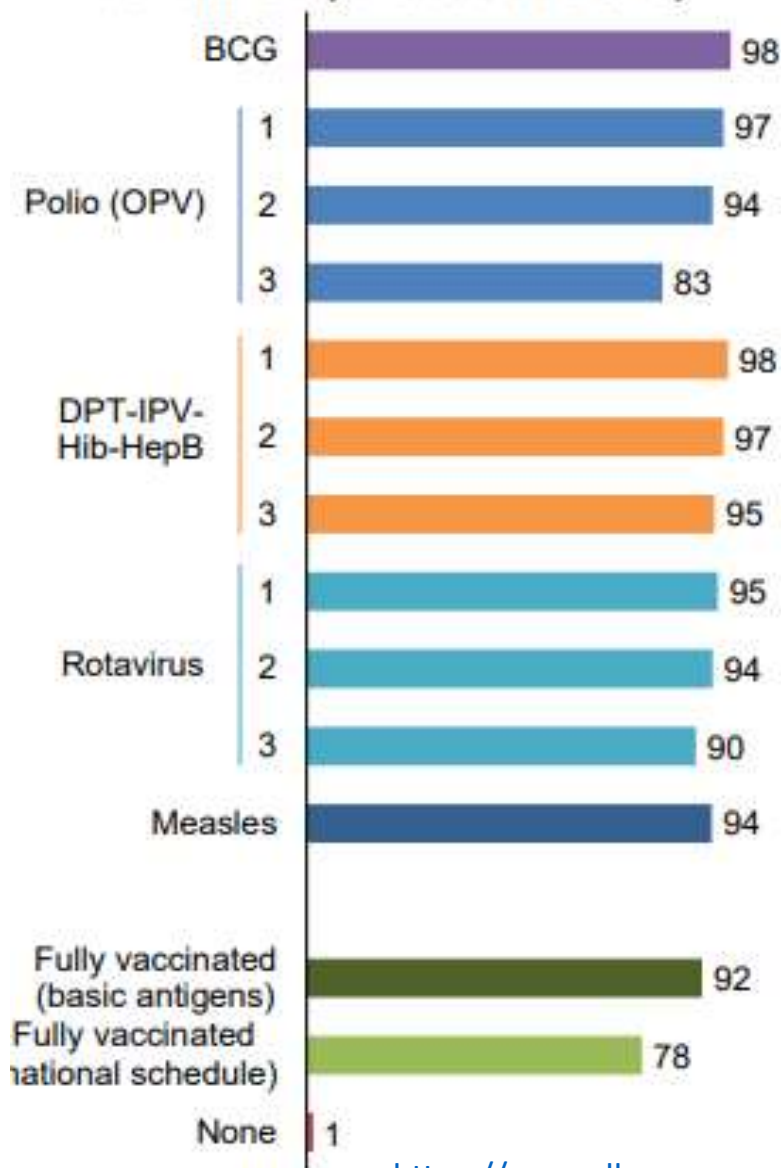
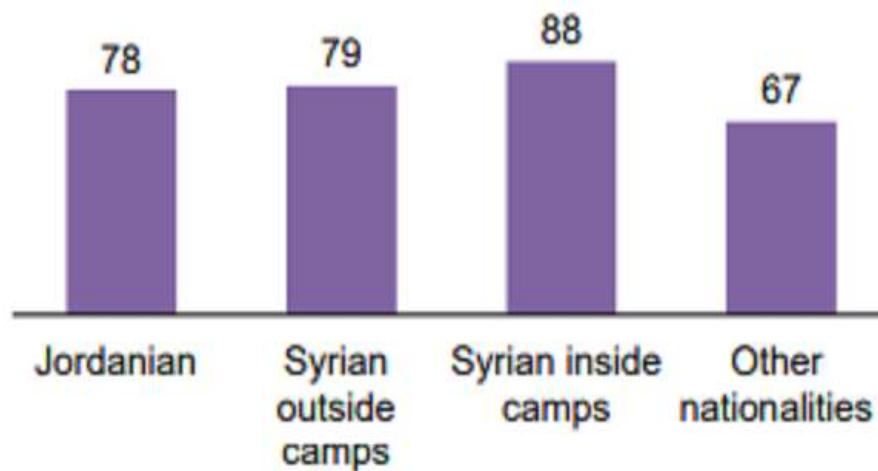


Figure 10.3 Vaccination coverage by nationality

Percentage of children age 12–23 months who were fully vaccinated (according to national schedule) at any time before the survey

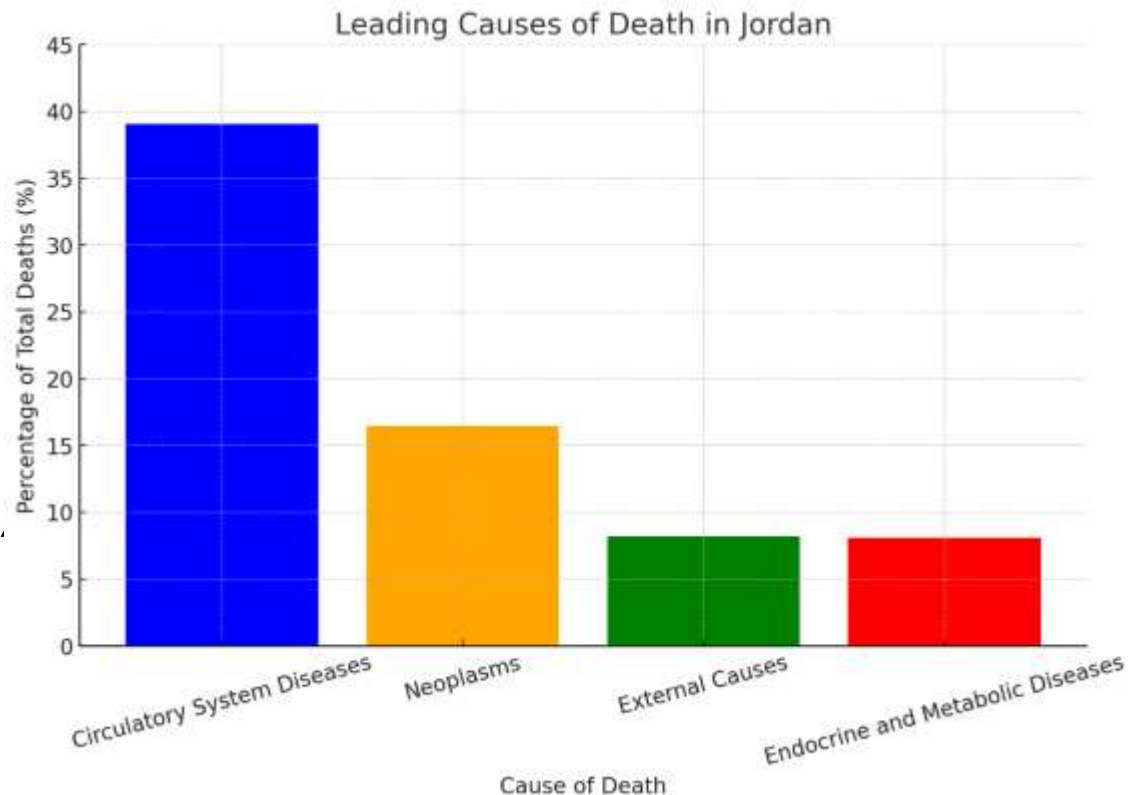


Jordan: Current health status

- Dramatic decrease in the risk of infectious disease in recent years (**Jordan** has not recorded a case of **polio** since 1992).
- However, increasing prevalence of non-communicable diseases (NCDs).

The leading causes of death in Jordan

- The top 4 leading causes of death are:
- 1- Circulatory system diseases (39.1%): ischemic heart disease, hypertensive diseases, and strokes.
- 2- Neoplasm's (16.5%): **lung cancer** leads cancer-related deaths among men, followed by **colorectal, prostate, and leukemia**. Among women, **breast cancer** is the top cause, followed by **colorectal, lung, and leukemia**
- 3- External causes of mortality (8.2%) caused mainly by **road traffic accidents**, also includes deaths from other injuries, falls, drowning, and violence..
- 4- Endocrine, nutritional and metabolic diseases (8.1%) caused mainly by diabetes mellitus.

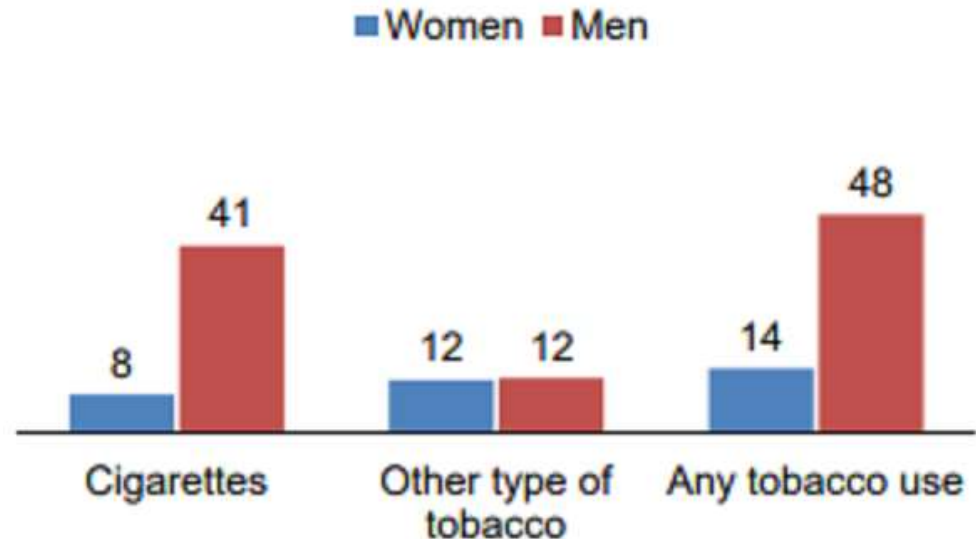


Tobacco use is higher among men across all age groups.

Tobacco use among women rises to 16% among those aged 35–39, while it peaks at 67% for men aged 30–34.

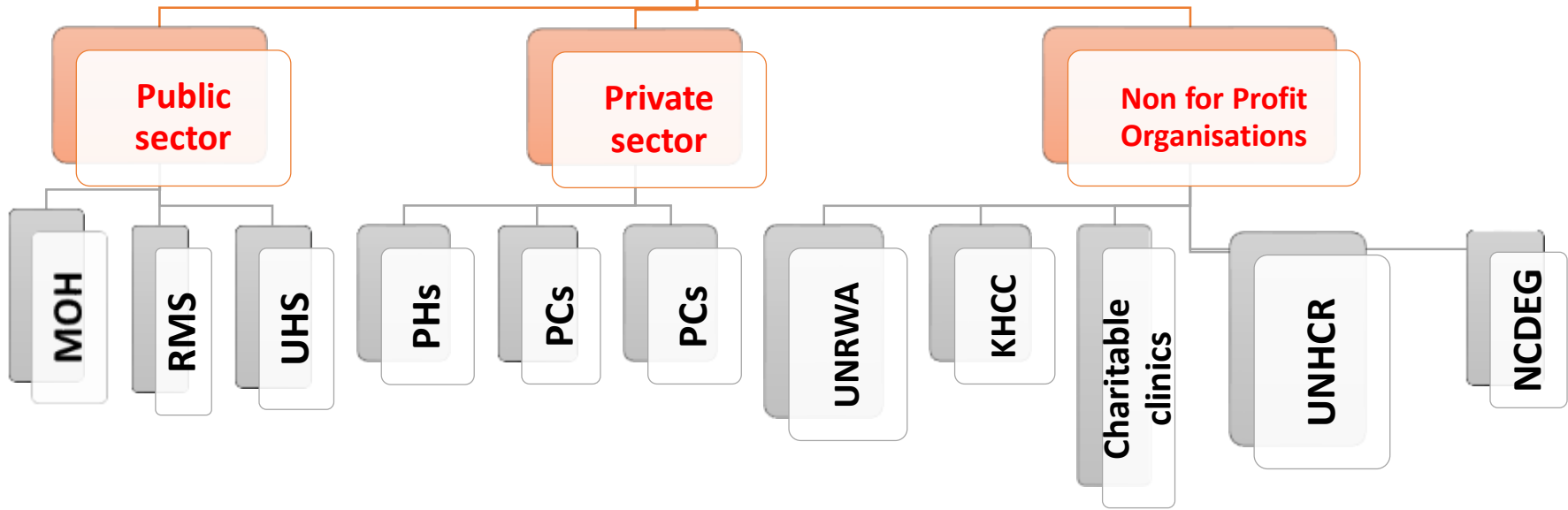
Figure 3.6 Use of tobacco among women and men

Percentage of ever-married women and all men age 15–49 who use tobacco products



Healthcare organisation in Jordan

Health services are provided through



Healthcare organisation in Jordan



- **Public sector:**

- **1. The MOH** is the largest sub-sector in term of the size, operation and utilisation as compared to other sub-sectors. Provides primary, secondary and tertiary care.
- The MOH is responsible for managing the Civil Insurance Program (CIP) which covers:
 - civil servants and their dependents, Individuals certified as poor, disabled (75% or greater), elderly people (>60) and children under 6 years (regardless of the nationality), residents of remote areas classified as the least fortunate and organ (valid for five years) and blood donors valid for six months after donation) are also formally covered under the CIP.
- The services provided by the MOH are highly subsidized by the government for Jordanians and partially for the Syrian refugees.

Public sector:

RMS:



2. The RMS mainly provides secondary and tertiary care services.
- RMS is responsible for providing health services and a comprehensive medical insurance to military and security personnel.
 - RMS also acts as a referral center through providing high-quality care, including some advanced procedures and specialty treatment to Jordanians and non-Jordanian patients.
 - It plays a major role politically through contributing in providing health services in disasters and conflict areas through medical teams and field hospitals. المستشفيات الميدانية، قوات حفظ السلام
 - There are also nine military health centers and clinics distributed all over the country , in addition to air medical evacuation services.

- 3. **The University Hospitals (UHs)** are two: the Jordan University hospital (JUH) and King Abdullah Hospital (KAH), they provide health insurance and services for university employees and their dependents, as well as serving as referral centers for other health sectors and as teaching centers for medical students.



Healthcare organisation in Jordan

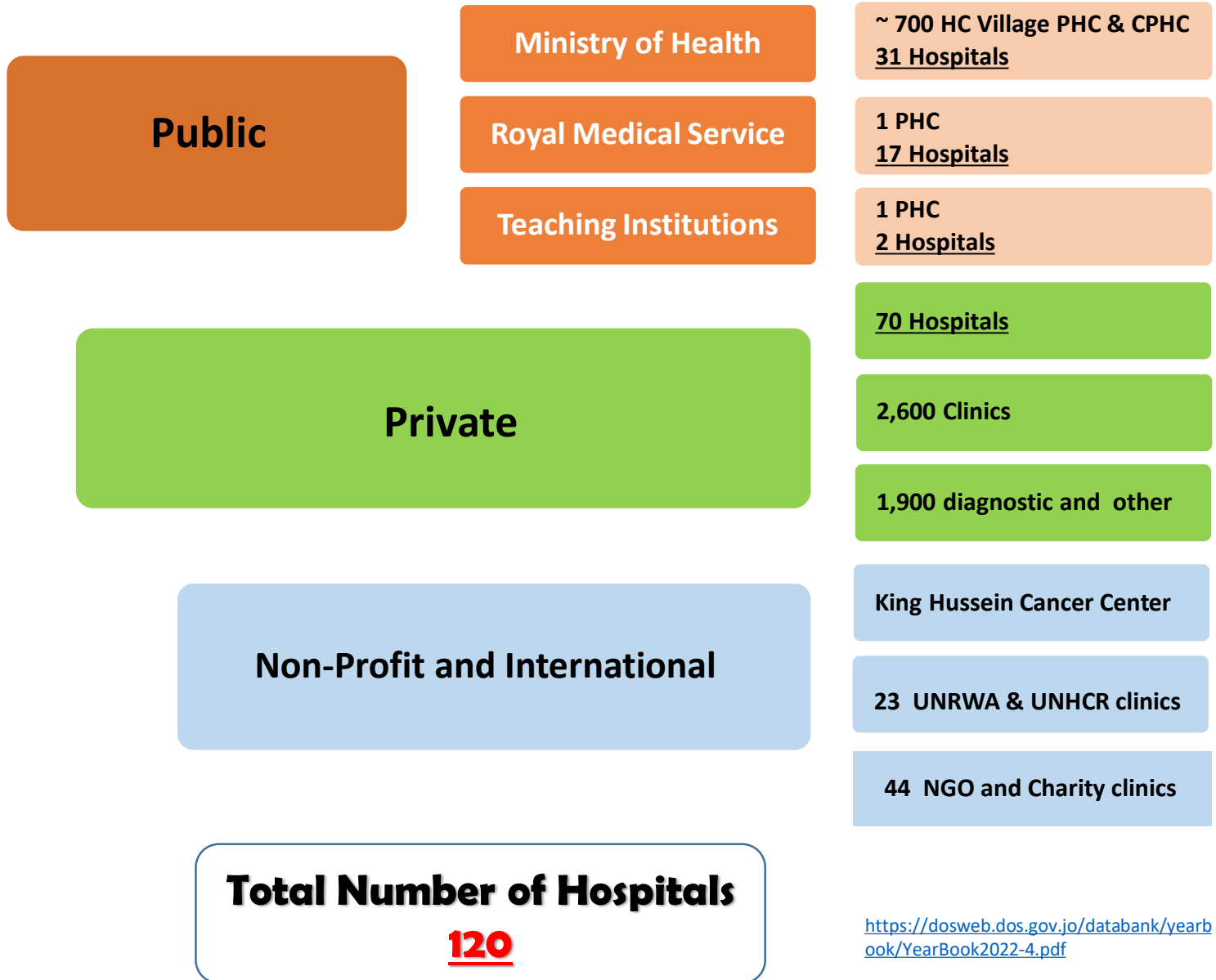
- **The private sector:**

- Provides primary, secondary, and tertiary services through a network of private clinics (PCs), private centres (PCs) and private hospitals (PHs).
- The majority of the hospitals, as well as private clinics, are in the capital of Jordan
- It attracts significant numbers of foreign patients from nearby Arab nations (Medical tourism).



Health Service Delivery In Jordan

A Snapshot of service delivery sectors in Jordan (2021)



MOH operates

- (35% of all hospital beds)

The military's RMS runs

- (23% of all beds)

University Hospitals

- (8% of total beds)

HB: all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. Provides information on healthcare capacities (indicator)

The private sector runs

- (34% of all hospital beds)

Healthcare organisation in Jordan

Non for profit organisations:

The United Nation Relief and Works Agency (UNRWA) founded for Palestinian refugees since 1950s. provides primary healthcare services to Palestine refugees in Jordan through a network of 25 health centers and 4 mobile clinics. These facilities serve over a million patients annually. UNRWA's focus is primarily on primary care, but it also provides secondary and tertiary care through referrals. Its services address a range of needs, including non-communicable diseases like diabetes and hypertension.

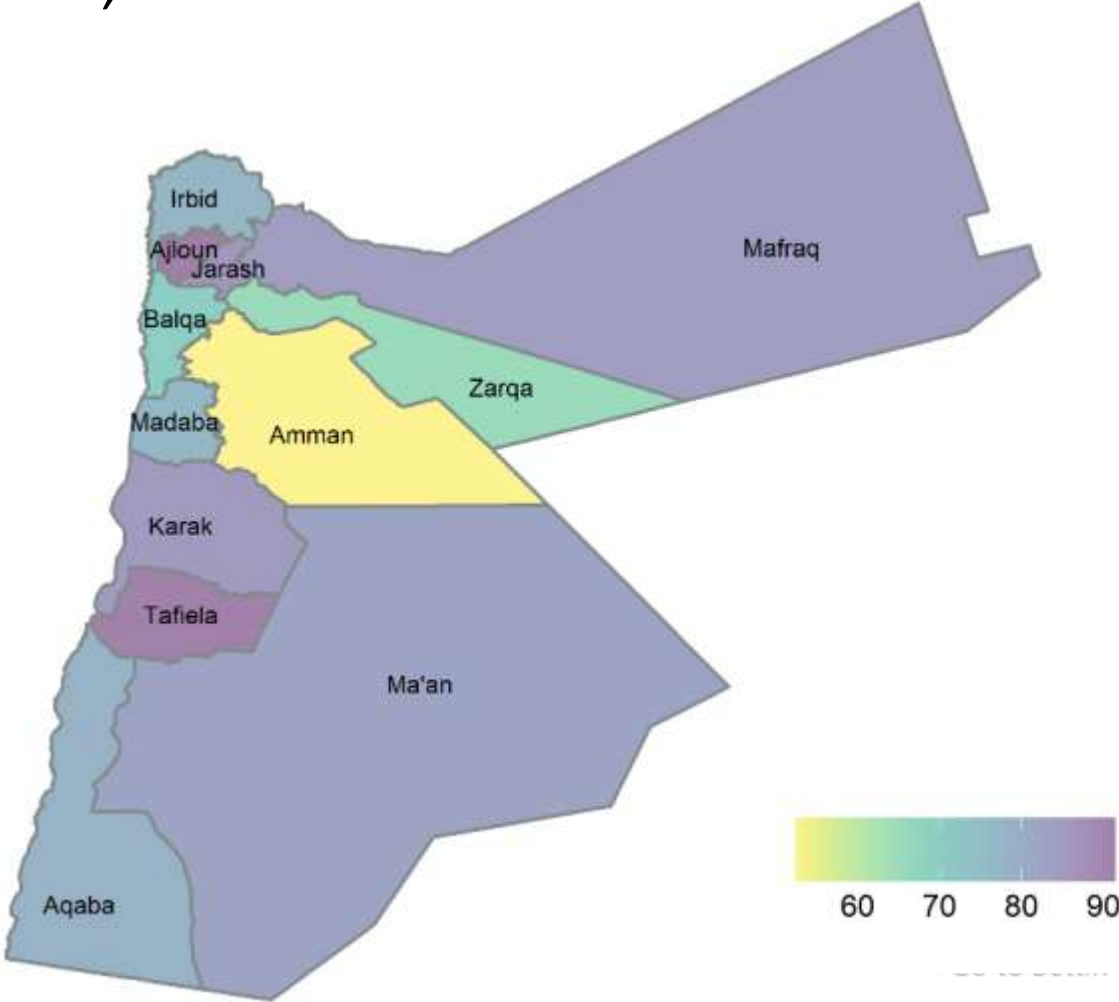
The King Hussein Cancer Centre (KHCC) is a specialized centre for cancer care in Jordan since 1997. KHCC is a free-standing, independent, non-governmental, established by a Royal Decree to combat cancer in Jordan and the Middle East region.

The National Center for Diabetes, Endocrinology and Genetics (NCDEG) is an independent non for-profit Organization established in 1996 . The main goal of NCDEG is to provide high quality care, education and training in the fields of diabetes, endocrinology and genetics.

Health Insurance coverage

- Health insurance in Jordan is offered by various providers, including the Ministry of Health (MoH), the Royal Military, University Hospitals, UNRWA, UNHCR, and NGOs.
- Private and commercial insurance are also available.
- Many individuals hold multiple types of coverage.
- **70%** of the population have health insurance, with the lowest levels of insurance coverage appearing in Amman, at 54.9%.
- **MoH is the main insurer (44%) of the population.**
 - RMS insures 27% of the population, while the university hospitals insurance covers 1.3% of the population, and the private health insurance covers 5% of the population.

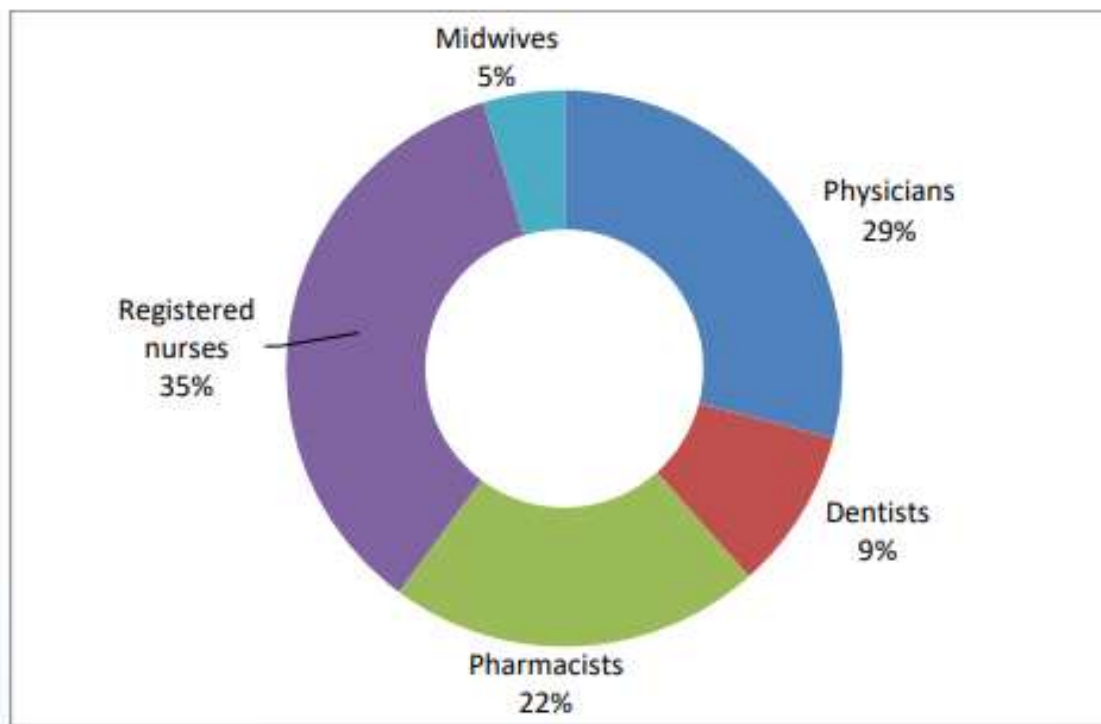
Percent of individuals who have health insurance, Jordan 2017



Health Human Resources (2017)

Graph (2) illustrates that most of the health professionals working in Jordan are registered nurses (35%) followed by physicians (29%), then pharmacists (22%), dentists (9%) while the least are midwives (5%).

Graph (2): Distribution of National Health Workforce by category in Jordan, 2017



Activate V

Workforce:

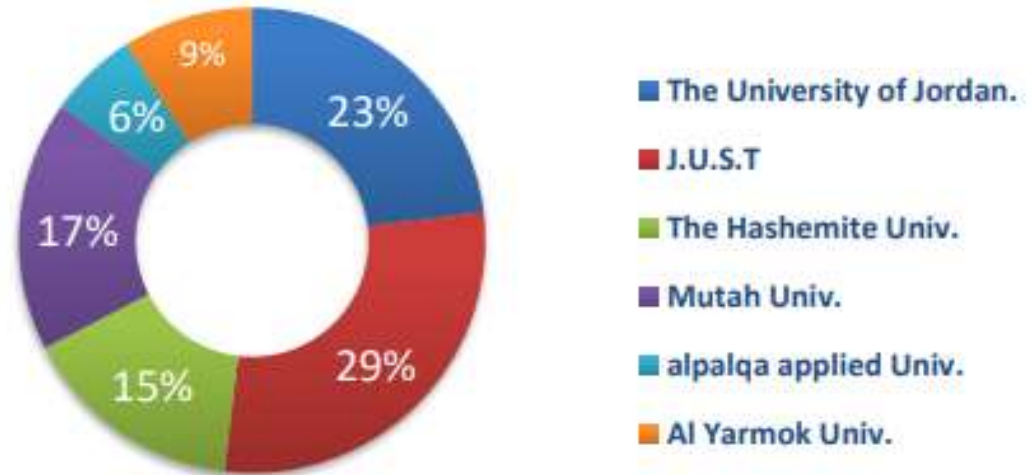


Source: Jordan National HRH Observatory, Annual HRH report 2017.

Enrolees from Medicine Faculties for the year 2016/2017

- Jordan currently has six Medical Faculties (the University of Jordan, the Jordan University of Science and Technology, the Hashemite University, Mut'ah University, in addition to Al- Yarmouk University and AL-Balqa Applied University).

Enrolees at Medical Faculties



Health Expenditure

- This total health expenditure represented **8%** of Jordan's GDP (2017).
- –US 18% of GDP, UK 9.6% of GDP, 6.4% Saudi, Egypt 4.9%..

Public Sector Expenditure By Function

JOD

Function	2017
Curative	73.7%
Primary	19.6%
Administration	5.7%
Training	0.8%
Other	0.3%
Total	100.0%

Achievements:

- Health sector in Jordan excelled in providing tertiary health care services, such as:
- **1. Organ Transplantation:** Jordan is one of the first countries in the region to conduct organ transplantation in its hospitals. **The first kidney transplantation was performed in 1972.** Jordan also was one of the leading countries that have developed legislation to regulate organ donation, transfer and transplant and that was in 1977.
- **2. Sophisticated Surgery:** e.g. Open heart operations catheterization, kidney transplantation operations, liver and bone marrow transplantation mainly at the Royal Medical Services and the private sector, and at a limited scale at MoH hospitals and university hospitals.
- **3. Dialysis:** most Jordanian hospitals provide services to patients with kidney failure by providing dialysis sessions that require constant maintenance of equipment to ensure its durability and avoid break down.
- **4. Treatment of Infertility (First born IVF baby was in 1987)**

First open heart surgery	1970
The first kidney transplant	1972
The first heart transplant	1985
The first stem cell transplant	1985
First IVF baby	1987
The first bone marrow transplant	1995
The first cochlear implant surgery	1998
The first liver transplant	2004
First transcatheter aortic valve implantation	2009
The first operation to separate Siamese twins	2021



Health Policy in Jordan

- The general health policy in Jordan is being formulated by the High Health Council (HHC).
- HHC set The National Strategy for Health Sector in Jordan(NSHS) for the years 2015-2019 in which it endorses four main strategic objectives:
 1. Good governance and policy environment that enhances the performance of health system
 2. Provision of integrated citizen- centered health services that are responsive to the growing needs
 3. Provision of health, financial and social protection for all citizens based on fair grounds
 4. Strengthen the national economy in the health sector

Challenges:

1. Demographic

1. The high population growth rate (Fertility/mortality, forced migration)
2. High proportion of young people with the increasing rise in the proportion of elderly people
3. The large and unplanned population growth in the urban areas and the imbalance in population distribution between the governorates of the Kingdom

Challenges: 2. Epidemiological

1. The epidemiologic transition

- Increased rates of chronic disease and the difficulty of controlling the causes and risk factors
- Increased risk of Pandemics & Emerging diseases

2. The emerging environmental health issues

Climate change and its impact on health

Challenges: 3. Economic

1. The rising cost of health care, **Inefficiencies** observed in the **provision and financing of health services**.
2. High debt, slow economic growth and high poverty and unemployment rates
3. Scarcity of financial resources allocated to health care, including the current expenditures in the public sector
4. Migration of health competencies
5. High direct-of-pocket health spending, particularly on drugs
6. The growing expectations of people (effective and accessible care).

Challenges: 4. Administrative

1. Inadequate coordination between the public sector and the increasingly significant private sector
2. Quick changes in senior positions leading to a change in the order of national priorities
3. The absence of the role of the Higher Health Council in the formulation of health education policy
4. Slow enactment of the legislations
5. Acceleration in technological development in general and in medical technology in particular

Thank You

الدرس خالص أي حد عنده سؤ....

