



# Health Policy Situation: Jordan

**RESCAP-MED Capacity Development Workshop  
Health Policy Evaluation  
Amman, Jordan  
3-6 June 2013**

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# Socioeconomic Indicators for Jordan 2011

- ▶ Jordan is a middle income country.
- ▶ Annual per capita income: US\$4,628 .
- ▶ unemployment rate :12.5%(10.8% for males , 19.9% for females).
- ▶ Poverty incidence is 14.4% ( rural 37% urban 29% ).

# Jordan demographic indicators, 2011

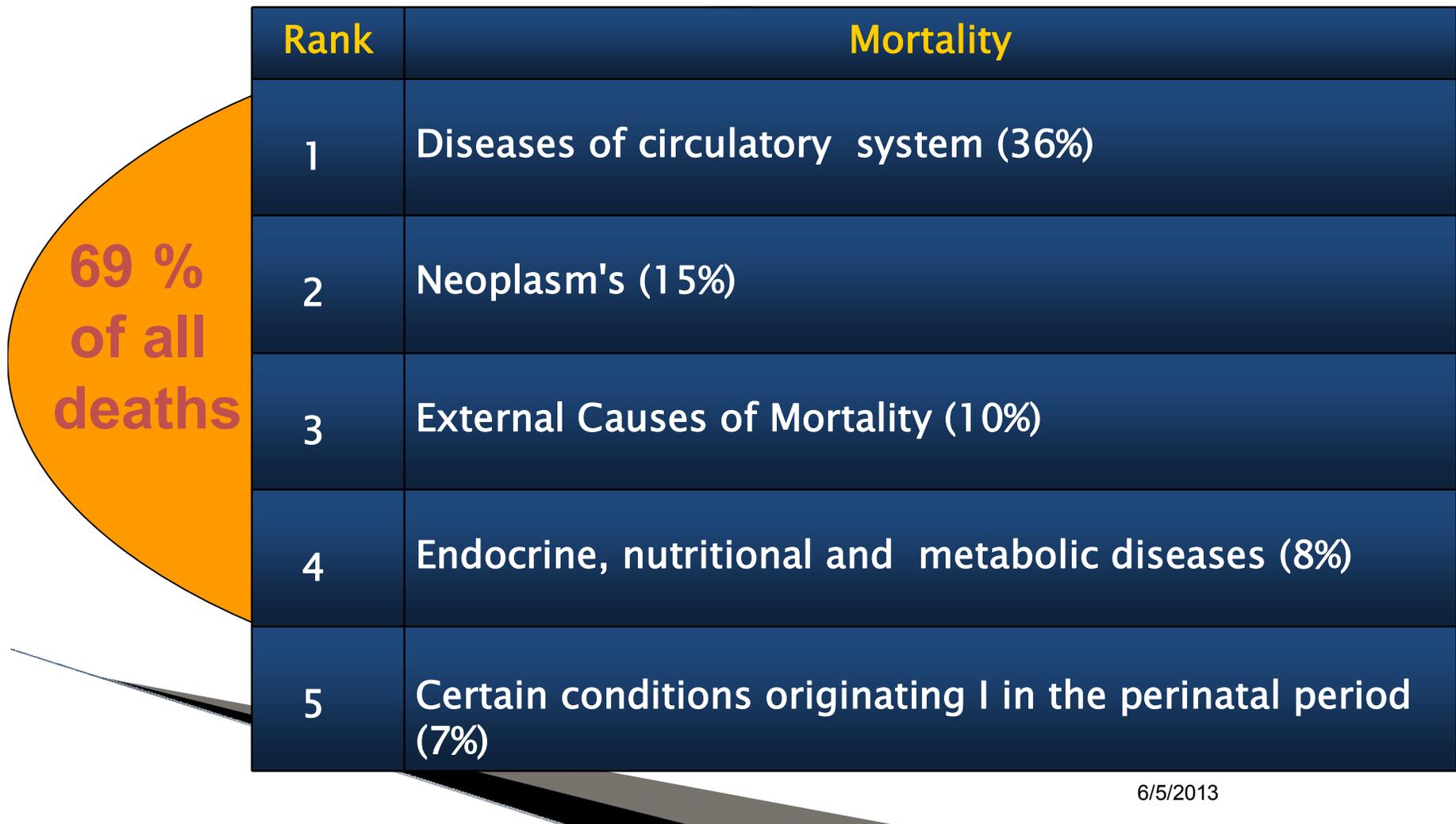
Indicators	
Total population	6249000
Population Growth Rate	2.2
Dependency Ratio	68.2
% population <15 years	37.3
Total Fertility Rate	3.8

# Jordan Health Indicators, 2011

- ▶ Life expectancy: 73 years.
- ▶ Crude death rate: 7 per 1000: the leading cause of death is cardiovascular followed by cancer.
- ▶ Infant mortality: 23 per 1000 Live Births
- ▶ Maternal mortality: 19.1 per 100,000 Live Births

# Non-communicable Diseases in Jordan: Trends and Challenges

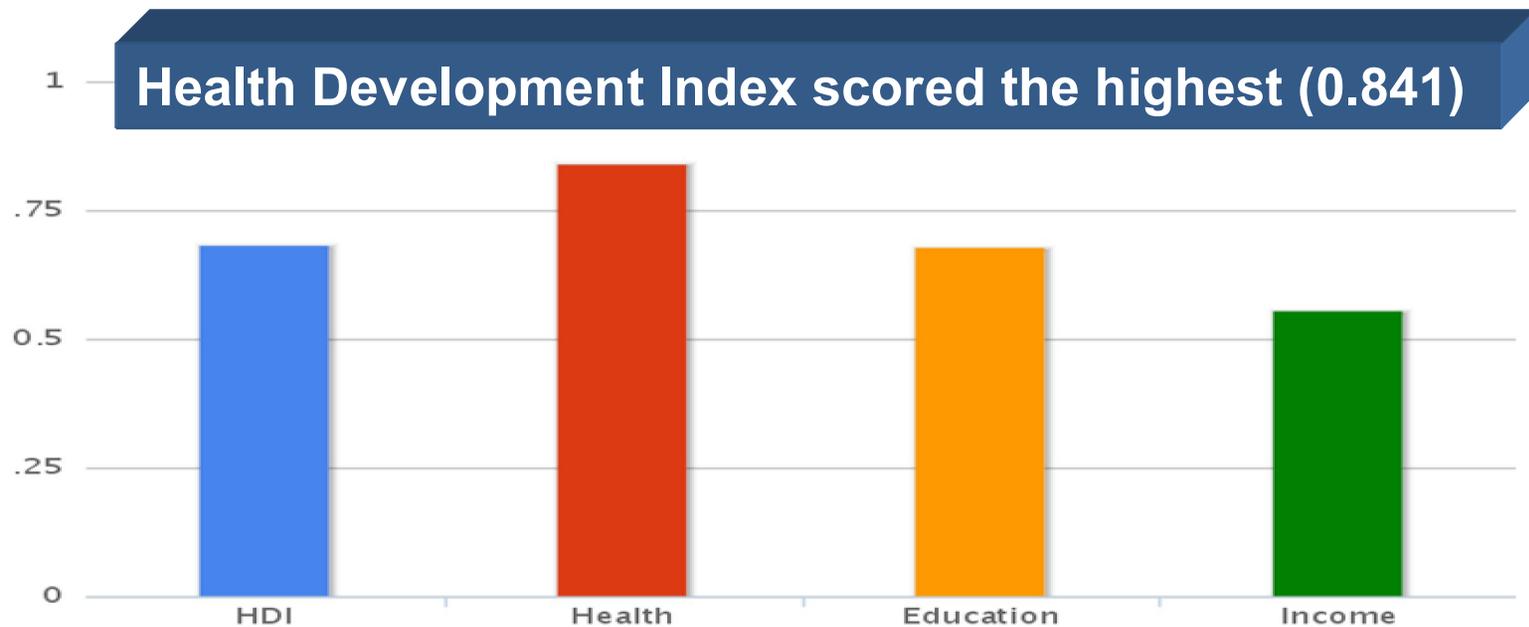
- ▶ Top 5 causes of Mortality, 2009



Rank	Mortality
1	Diseases of circulatory system (36%)
2	Neoplasm's (15%)
3	External Causes of Mortality (10%)
4	Endocrine, nutritional and metabolic diseases (8%)
5	Certain conditions originating in the perinatal period (7%)

69 % of all deaths

# Human Development Index: Health, Education and Income, Jordan 2011



Source: UNDP: <http://hdrstats.undp.org/en/countries/profiles/JOR.htm>

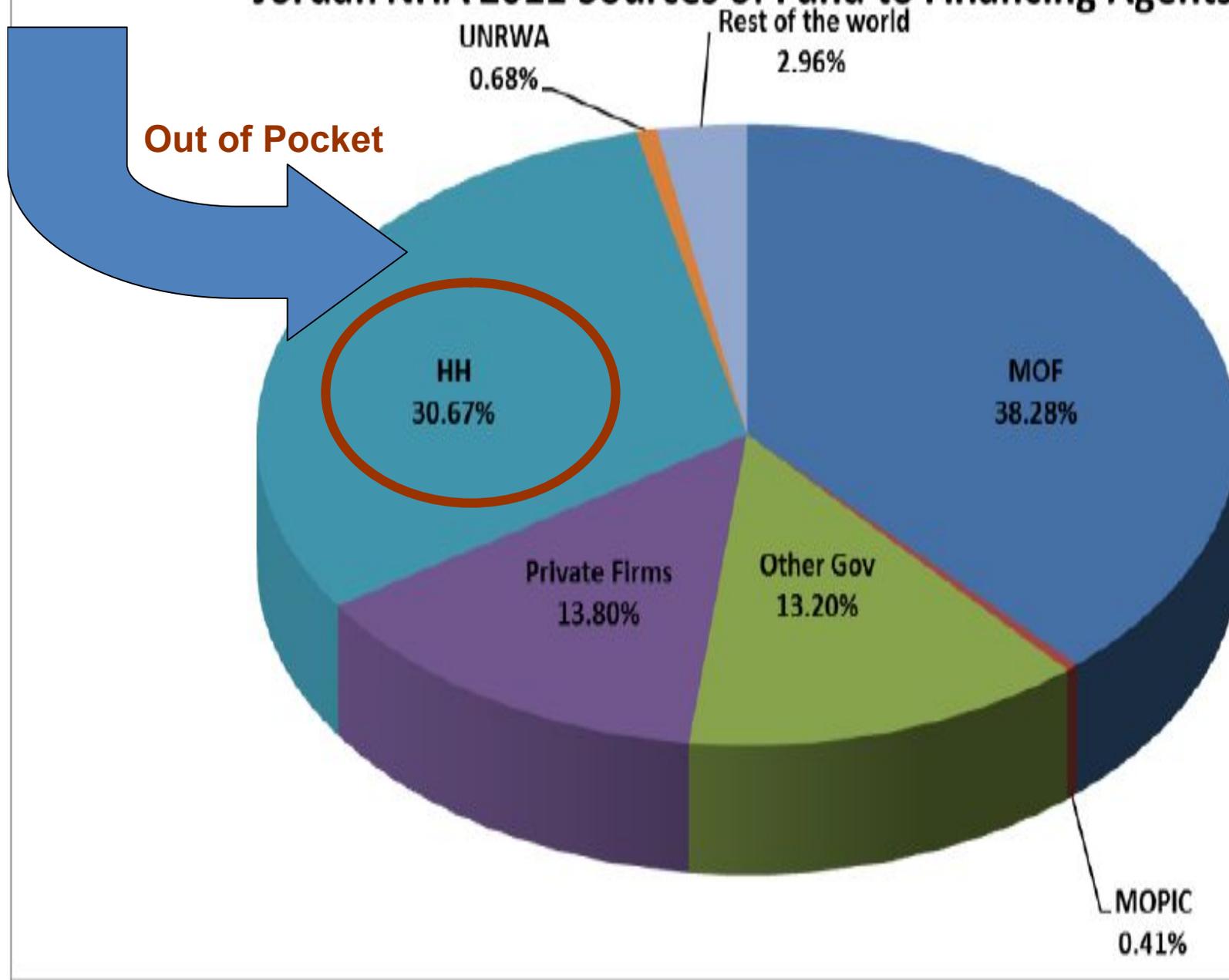
# Expenditures on health(2011)

<b>Total health expenditure (JD)</b>	<b>1.581 billion</b>
<b>Total health expenditure/capita (JD)</b>	<b>252.9</b>
<b>Total health expenditure as % of GDP</b>	<b>7.72</b>
<b>Public sector expenditure as % of total health expenditure</b>	<b>66.85</b>
<b>Expenditure on pharmaceuticals(427.9 million JD)</b>	<b>27.56 % of total HE</b>
<b>% of government budget allocated to health sector</b>	<b>9.14</b>

# Distribution of Public Expenditure by Function 2011 JD

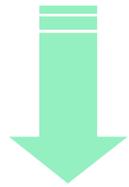
<b>Curative</b>	<b>75.3 %</b>
<b>Primary</b>	<b>15.9 %</b>
<b>Administration</b>	<b>7.3 %</b>
<b>Training</b>	<b>1.5 %</b>

# Jordan NHA 2011 Sources of Fund to Financing Agents

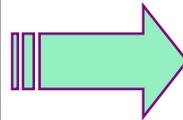


# out-of-pocket expenditure

**Out-of-pocket  
health expenditure**

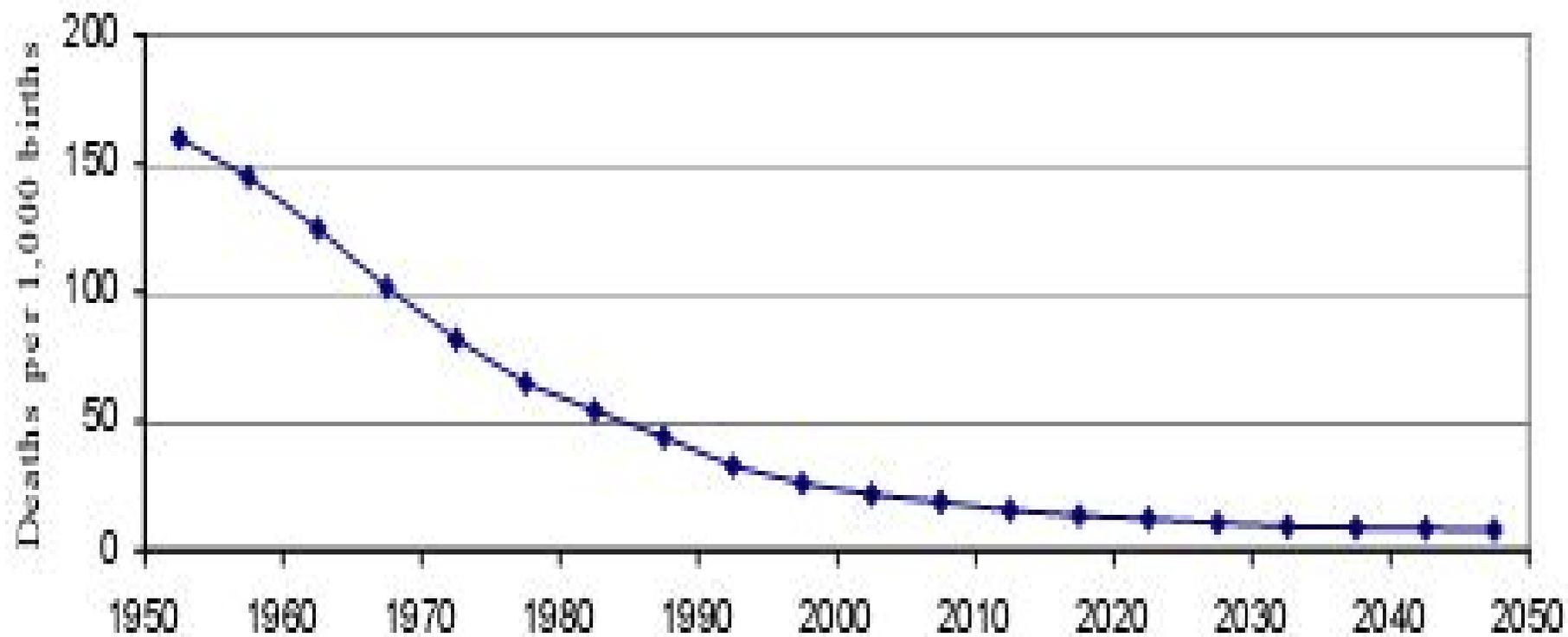


**Risk of financial  
catastrophe**



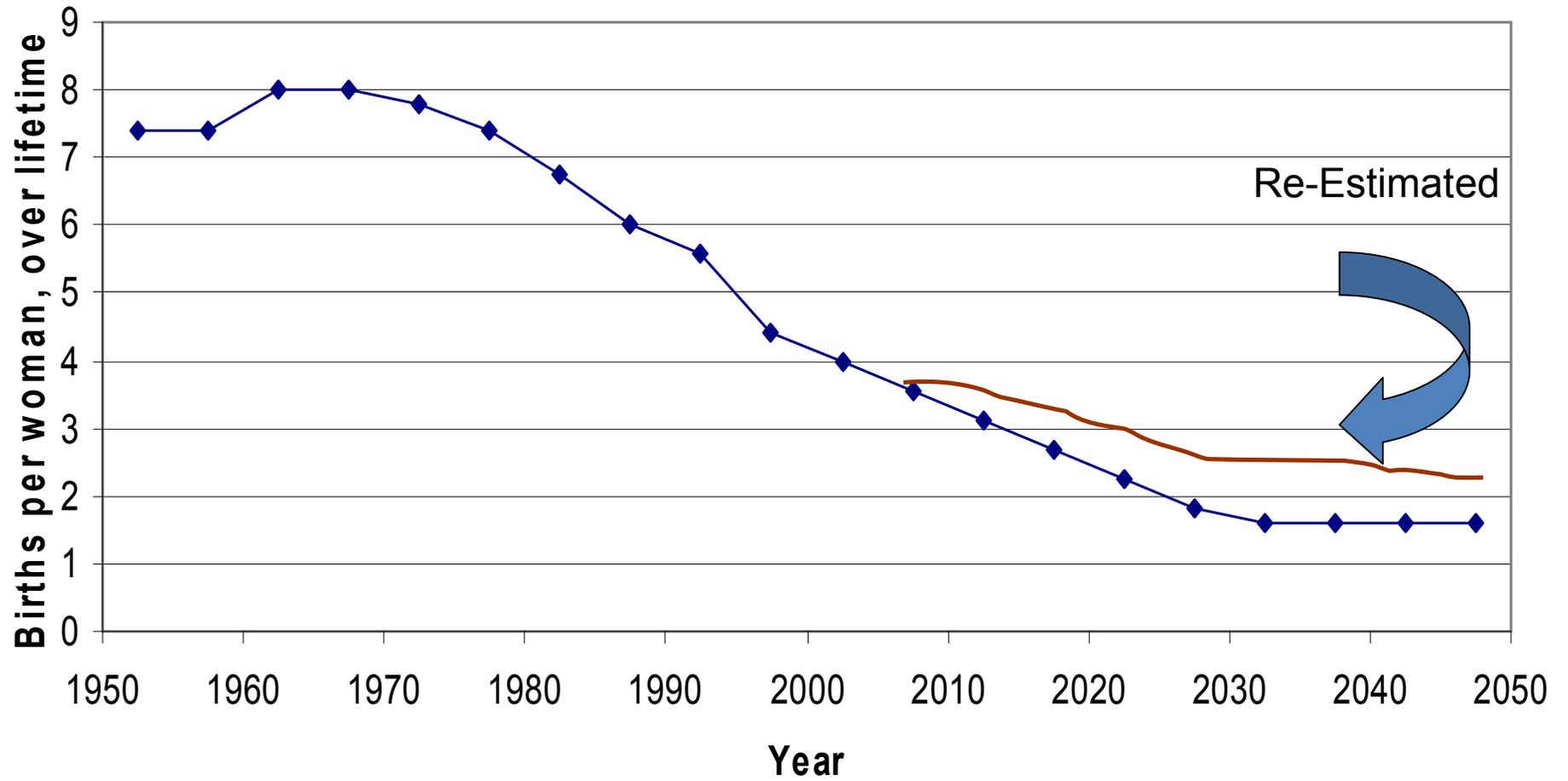
- ▶ Push some households into poverty
- ▶ Reduce expenditures on other basic needs
- ▶ May cause households to forgo seeking health care and suffer illness

Figure 2.6: Infant Mortality Rate, Jordan



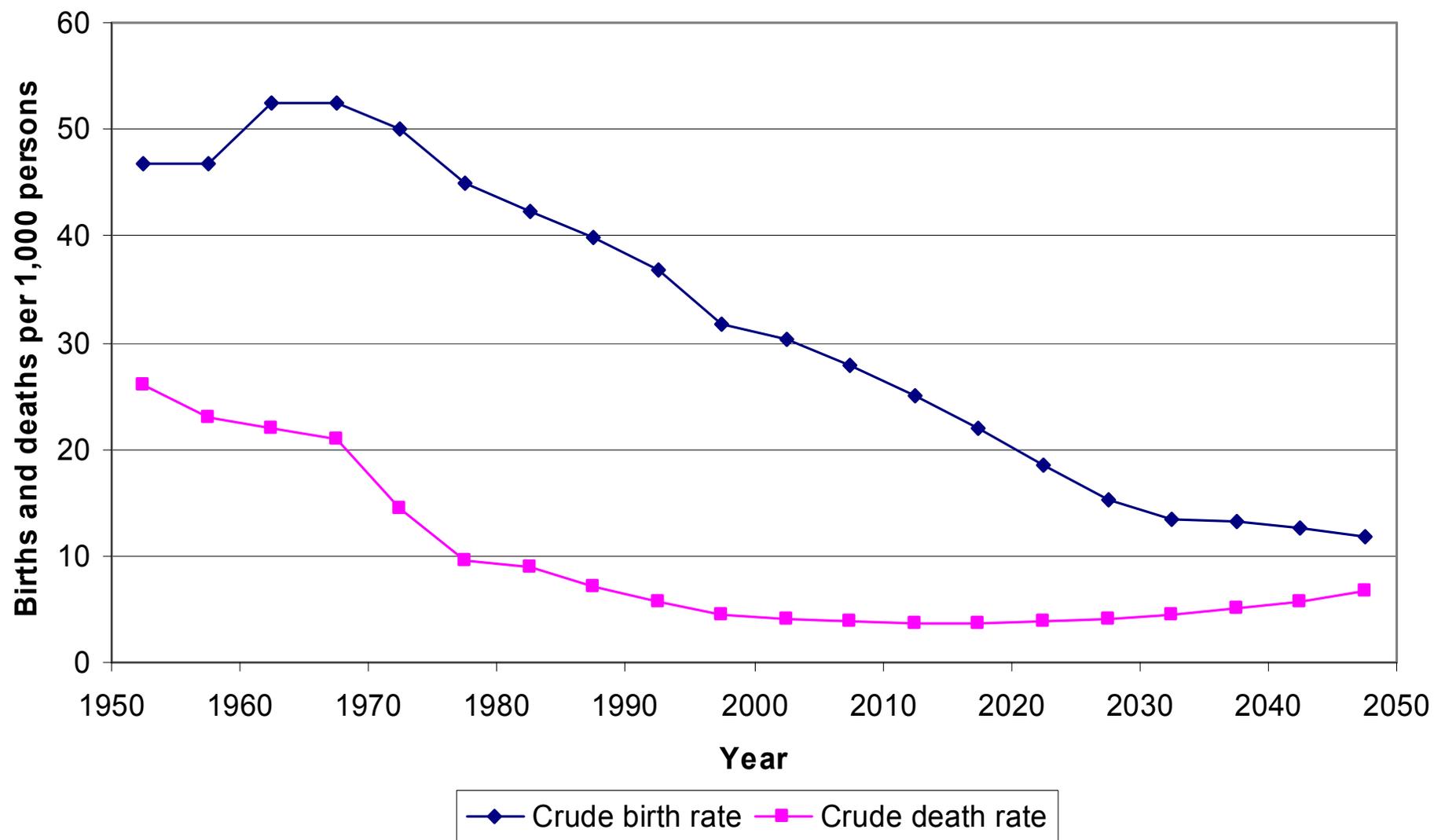
Source: United Nations Population Division, 1998 World Population Prospects

Figure 2.4: Total Fertility Rate, Jordan



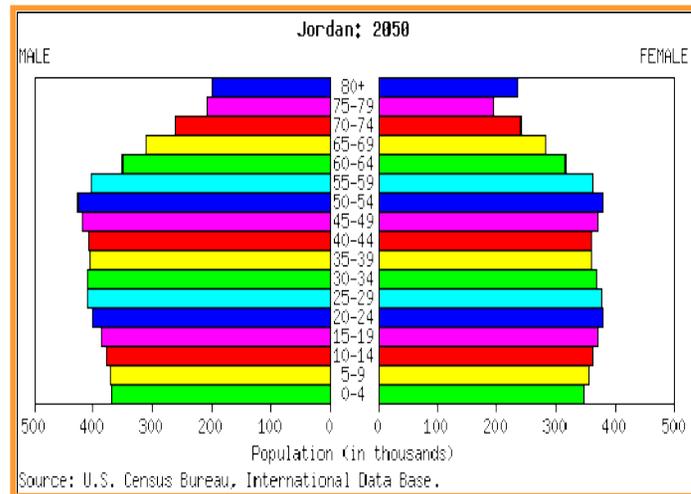
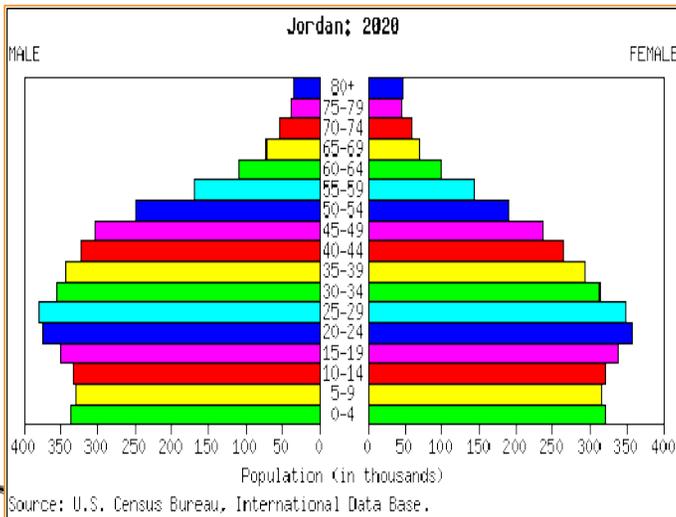
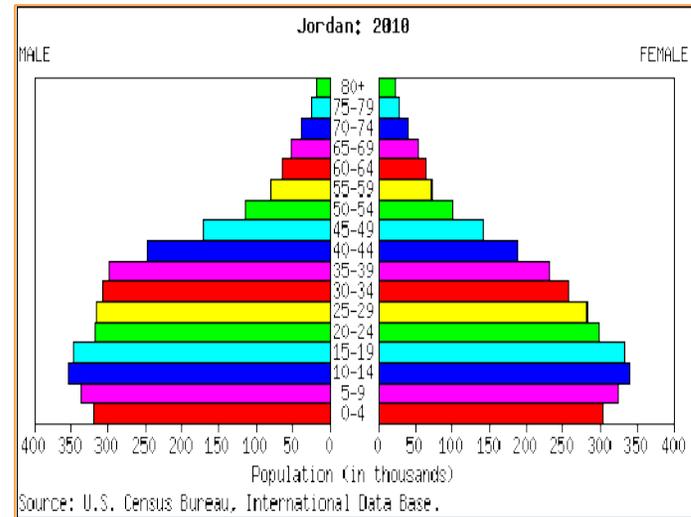
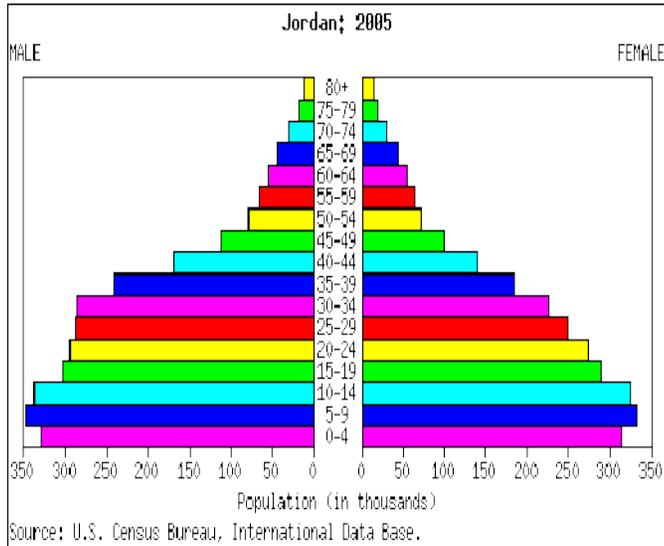
Source: United Nations Population Division, 1998 World Population Prospects

Figure 2.5: Crude Birth and Death Rates, Jordan

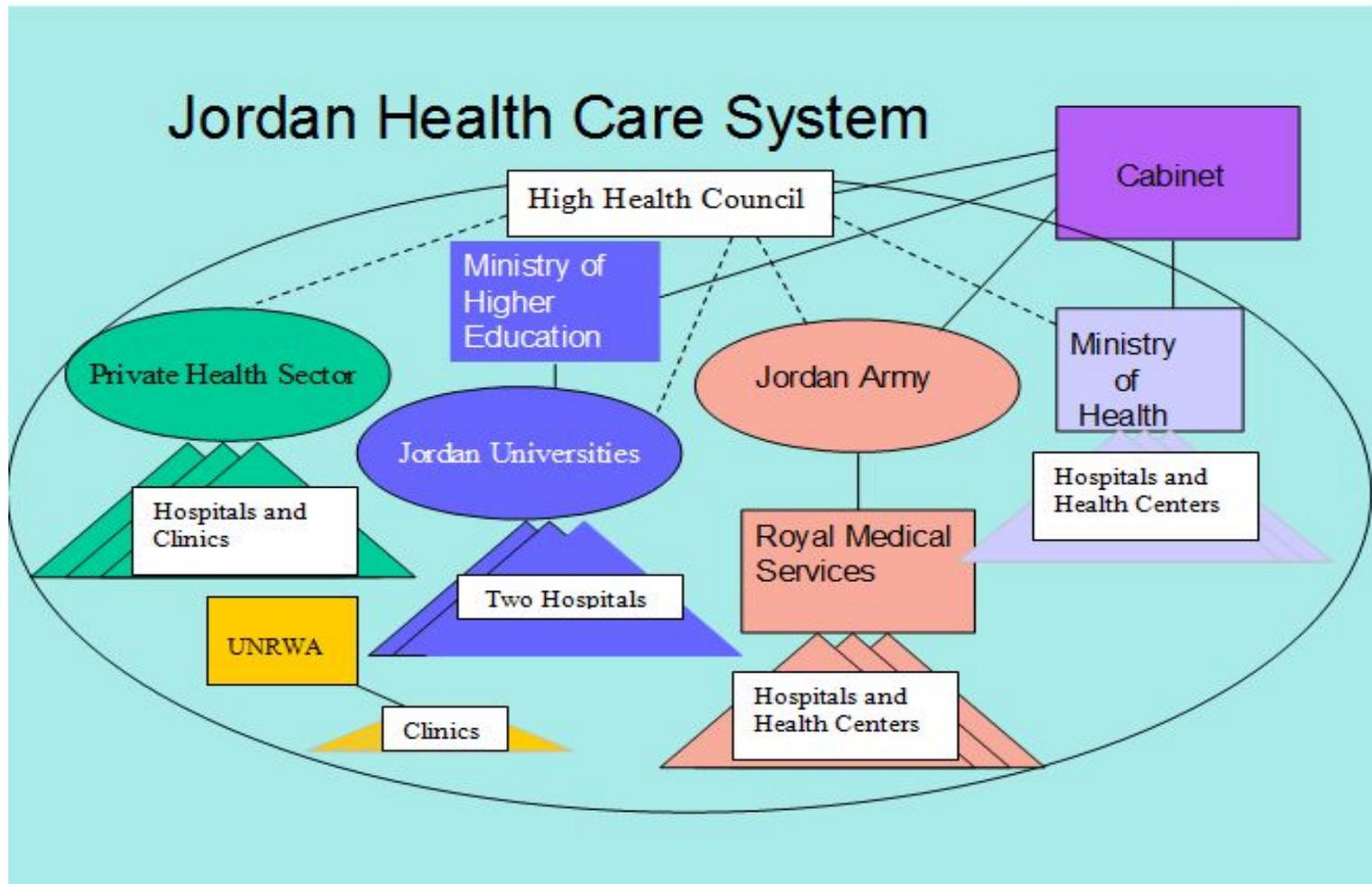


Source: United Nations Population Division, 1998 World Population Prospects

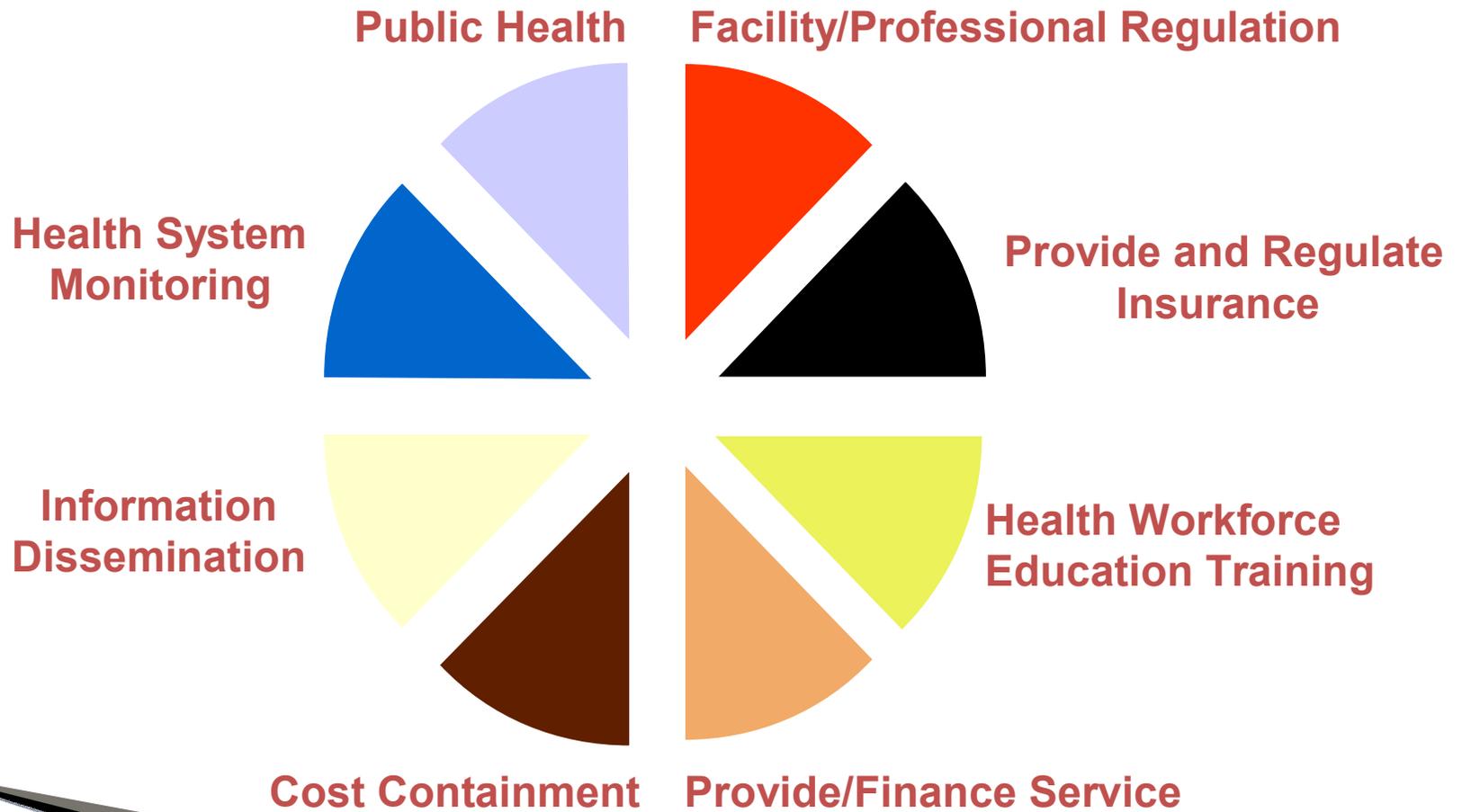
# Population Structure: Impacts on HP



# Jordan health Care Sub – Systems



# Key MOH Roles in Health Care (as mandated by PH Law 47 for 2008)



# Jordan Ranks 83 / 190 According to WHO Ranking of the World's Health Systems

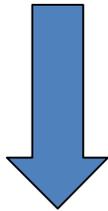
1 France	11 Norway
2 Italy	12 Portugal
3 San Marino	13 Monaco
4 Andorra	14 Greece
5 Malta	15 Iceland
6 Singapore	16 Luxembourg
7 Spain	17 Netherlands
8 Oman	18 UK
9 Austria	19 Ireland
10 Japan	20 Switzerland



# Health Care System Achievements

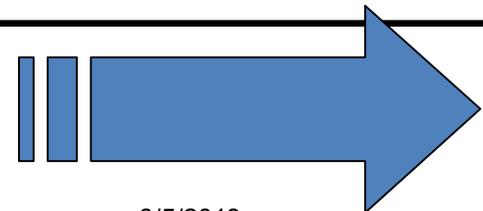
- ▶ Extensive network of PHC facilities
- ▶ Physician to population ratio is higher than most of MENA
- ▶ Strong higher education system
- ▶ 76 % of the population in Jordan is covered by formal health insurance
- ▶ Government commitment
- ▶ Improvement in health indicators
- ▶ Modern health care infrastructures
- ▶ Accreditation Program
- ▶ Medical Tourism

**Health System  
Challenges**

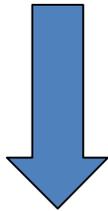


**Morbidity**

- ▶ Increase of NCD and injuries
- ▶ Double Burden of Disease
- ▶ Unhealthy behaviors and life style

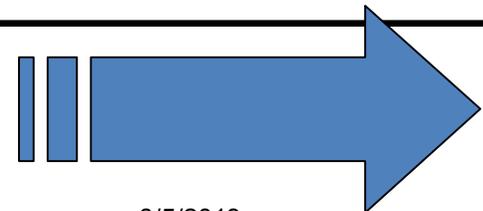


## Health System Challenges



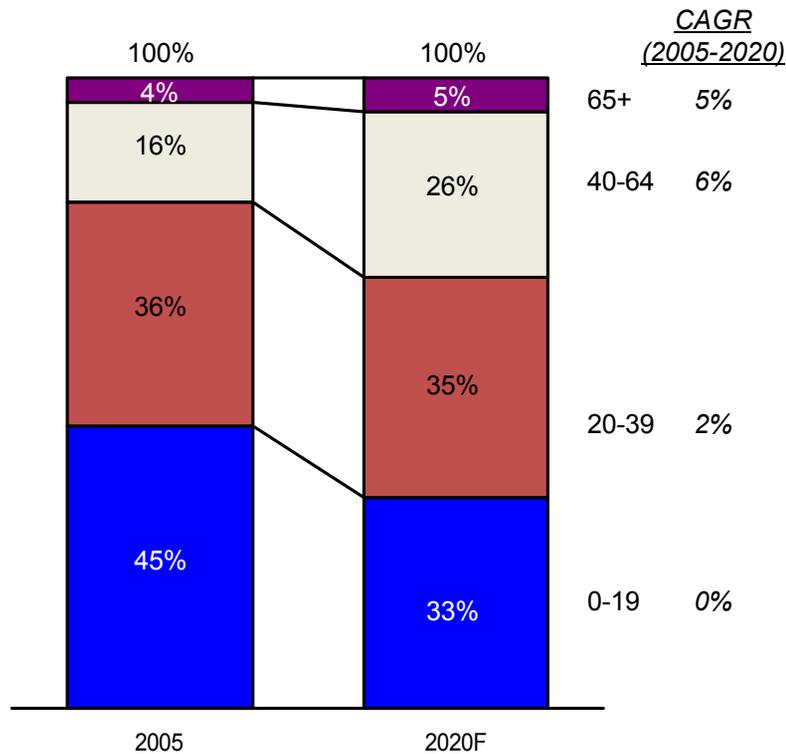
## Demography

- ▶ High growth rate due to high fertility rates and forced migration waves.
- ▶ High dependency ratios.
- ▶ Increasing proportion of the population that is aging.
- ▶ Unplanned urbanization (about 50% of population lives in Greater Amman Area).
- ▶ Scarcity of water resources and Limited natural resources and arable land.

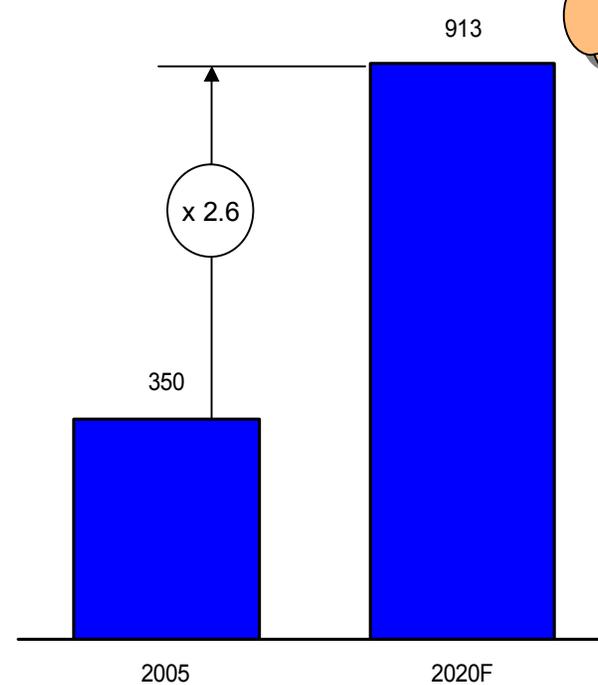


# Going forward, the increasingly aging Jordan population is expected to further strain government budget over the next decade

**Population Breakdown by Age  
(In Million)  
(2005 / 2020)**



**Government Health Care Expenditure  
(In JD Million)  
(2004 / 2020)**



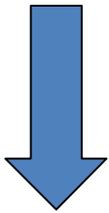
**920  
Millions  
in 2011**

Elderly Dependency Ratio*	2005	2020F
	6%	8%

Note: (\*) Elderly dependency ratio is the population over 65 divided by those between ages 15 and 64

Source: US Census Bureau; GPD Team analysis

## Health System Challenges

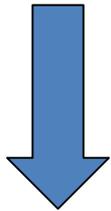


## Inequalities

- ▶ Access to health services is uneven across Governorates
- ▶ Low income population is not getting all the benefits of the MoH coverage scheme
- ▶ High Out-of- Pocket Spending
- ▶ Public funds are subsidizing some wealthy households
- ▶ Around 25% of the population does not have any sort of insurance coverage

# Findings from the Jordan Healthcare Utilization and Expenditures Survey, 2006

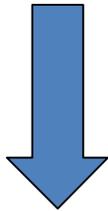
Health System Challenges



Inequalities

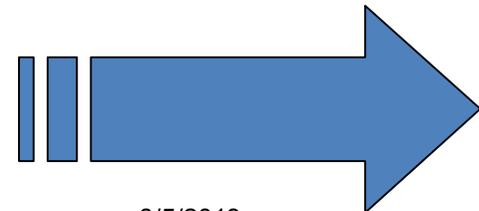
- ▶ 75 % of out of pocket expenditures on outpatient care are for pharmaceuticals. This represents a burden to the population as a whole and to at-risk groups in particular.
- ▶ The elderly ,females and the poor spend more out of pocket on outpatient care than others do.
- ▶ Some demographic groups (the elderly and the illiterate) have average expenditures on outpatient care that exceed 10 percent of household income.
- ▶ Females pay out of pocket expenditures three times as much as males on Inpatient Care.

## Health System Challenges

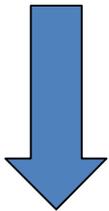


## Inefficiencies

- ▶ High spending on health and medicines
- ▶ Duplication of HI Coverage
- ▶ Low Utilization of PHCs
- ▶ Low Productivity



## Health System Challenges

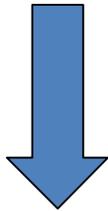


## Funding

- ▶ Expenditure on health care is as high as some developed countries.
- ▶ Public health expenditure is likely to further increase over the next decades in light of an aging population

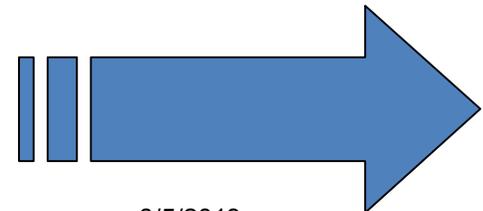


## Health System Challenges

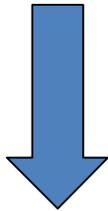


## Governance

- ▶ Poor monitoring and Coordination
- ▶ Uncontrolled Private Sector
- ▶ Limited public-private partnerships
- ▶ Management issues
- ▶ Poor HIS
- ▶ Overlapping and duplication of governance functions

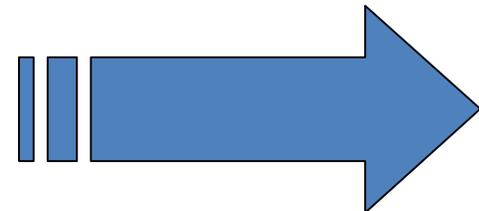


## Health System Challenges

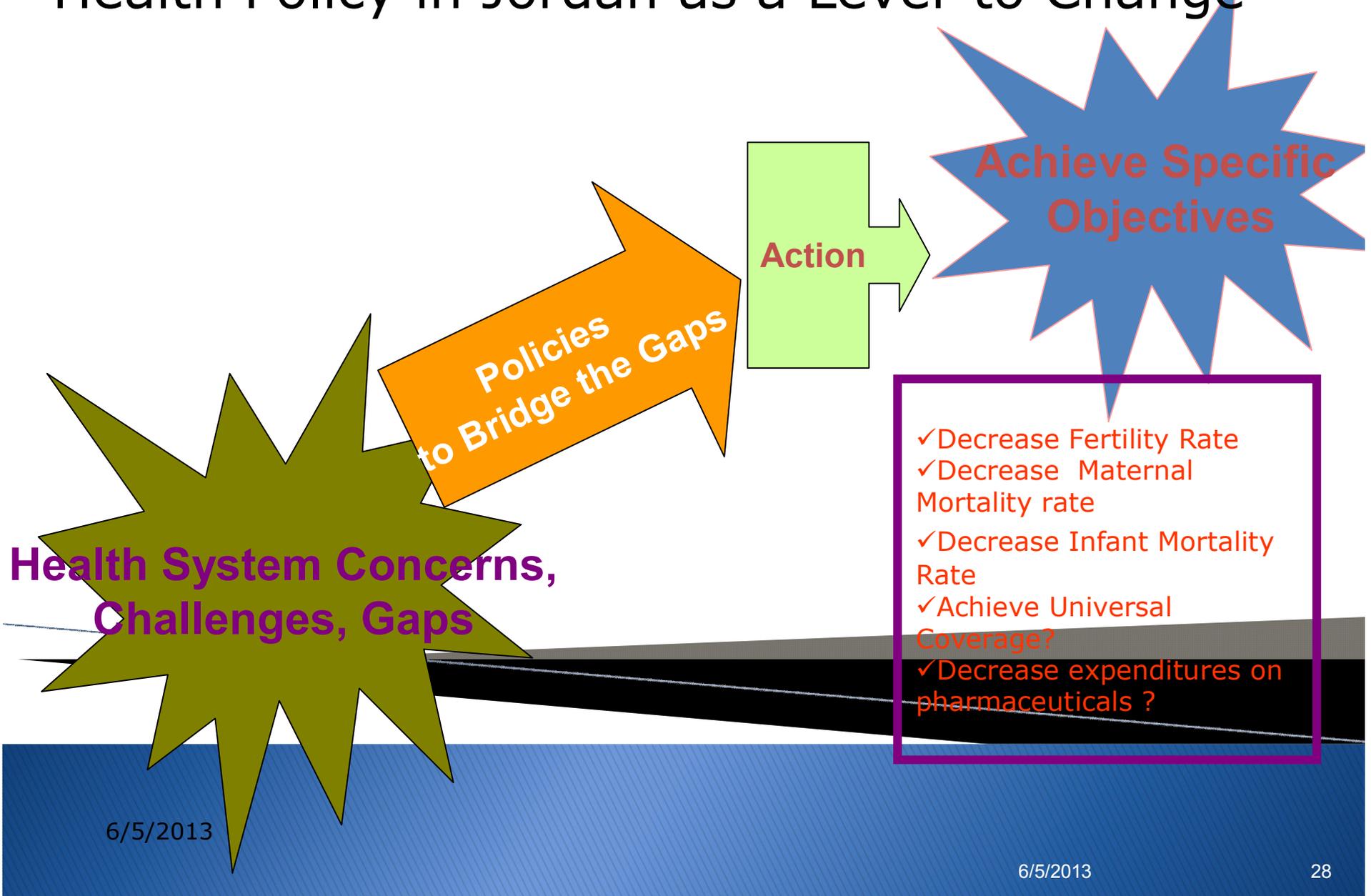


## Human Resources

- ▶ Imbalances between output and market need for many professions.
- ▶ Re-licensing of health professionals has not been introduced.
- ▶ High drop out rate of qualified health professionals : internal and external
- ▶ Gender imbalances in training intake for many health professions.
- ▶ Regional, geographical ,level of care imbalances).
- ▶ Weak performance management
- ▶ Centralization of decisions regarding HRH recruitment, placement, termination and compensation.



# Health Policy in Jordan as a Lever to Change



# Four Health Policy Eras

## **Era I: Pre MOH 1921-1946**

### **Pre/Emerging System Period**

- ▶ **Minimal licensure and professional standards**
- ▶ **No health insurance**
- ▶ **Minimal public investments**
- ▶ **No MOH( Health Directorate only)**
- ▶ **Infectious disease leading cause of death**
- ▶ **Life expectancy ~45 years**

# Four Health Policy Eras

## **Era II: Institutionalization, Health Education, Professionalization \1950s to 1970s**

### **( Public Sector Growth)**

- ▶ **MOH established in 1950**
- ▶ **First Nursing College(1953)**
- ▶ **First Medical Faculty 1970**
- ▶ **Widespread licensure, public sector regulation**
- ▶ **Development of health insurance. First Health Insurance (Armed Forces)1963,Civil Health Insurance 1965**

# Four Health Policy Eras

## **Era II: ( Public Sector Growth) /Cont..**

- ▶ **Development of PHC and**
- ▶ **Tertiary Healthcare( KHMC and Amman Large Hospital 1973)**
- ▶ **HHC 1977**
- ▶ **Medical Associations**

# Four Health Policy Eras

## **Era III: Private Sector Booming and Medical Tourism\_1980s - 2000**

### **( Private Sector Growth)**

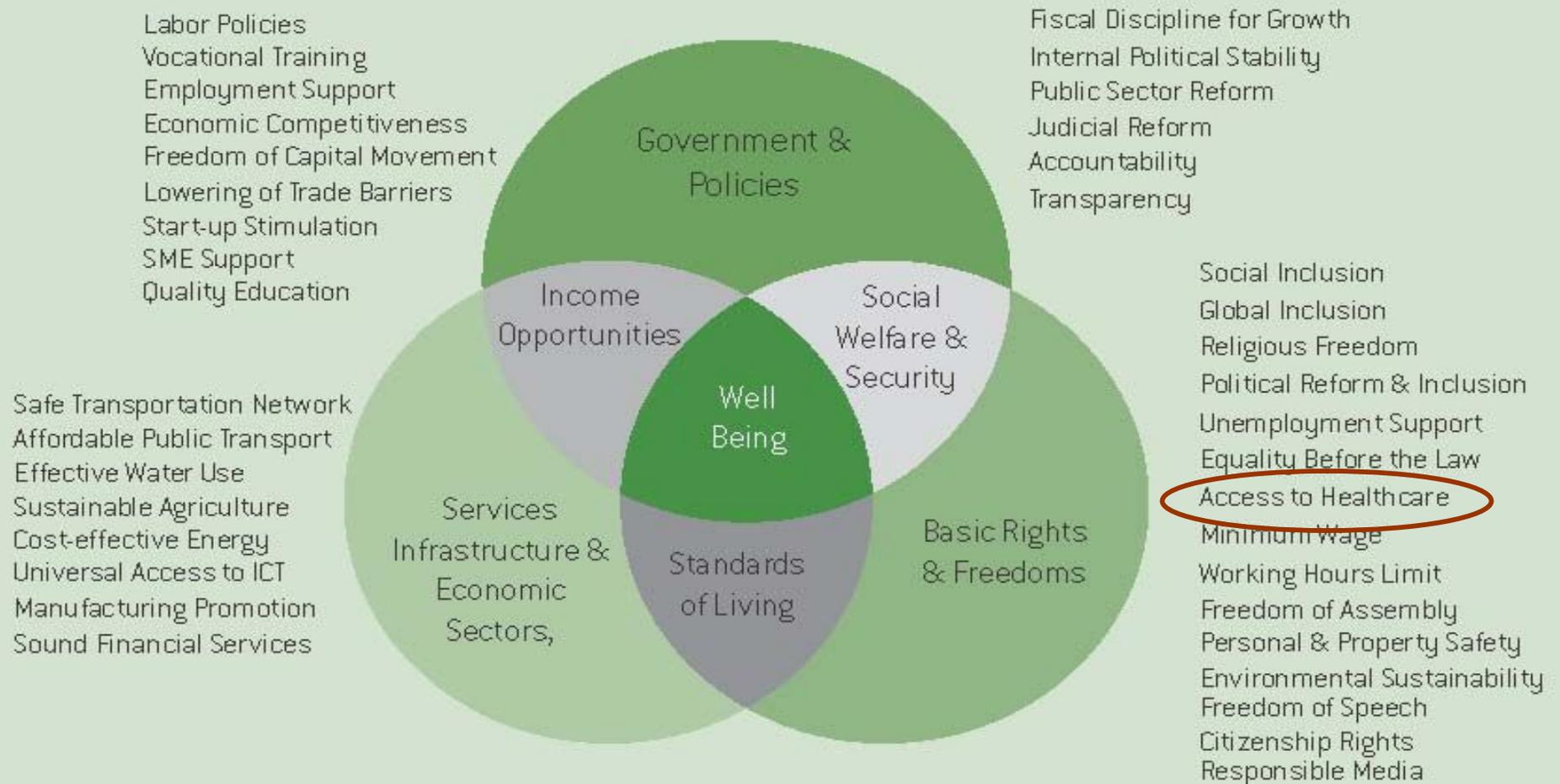
- ▶ **(life expectancy ~70s)**
- ▶ **Sophisticated Medical Technology**
- ▶ **Emergence of Chronic Disease as Leading Cause of Death**
- ▶ **Increased Expenditure on Health**
- ▶ **Health System Planning**

# Four Health Policy Eras

## **Era IV: Integrating Health Policy with National Policy 2000- through today (Health Policy Integration)**

- ▶ Evidence Based HP
- ▶ NHA
- ▶ Cancer , Death Registries, Community-based Studies
- ▶ Activation of the Role of HHC(HHC Law 2009)
- ▶ FDA (2003)
- ▶ Expanding Health Insurance
- ▶ Quaternary care
- ▶ Quality and Accreditation Programs
- ▶ Cost Containment
- ▶ Jordan National Agenda(2005-2017),(2017-2022)

# National Agenda Development Dimensions

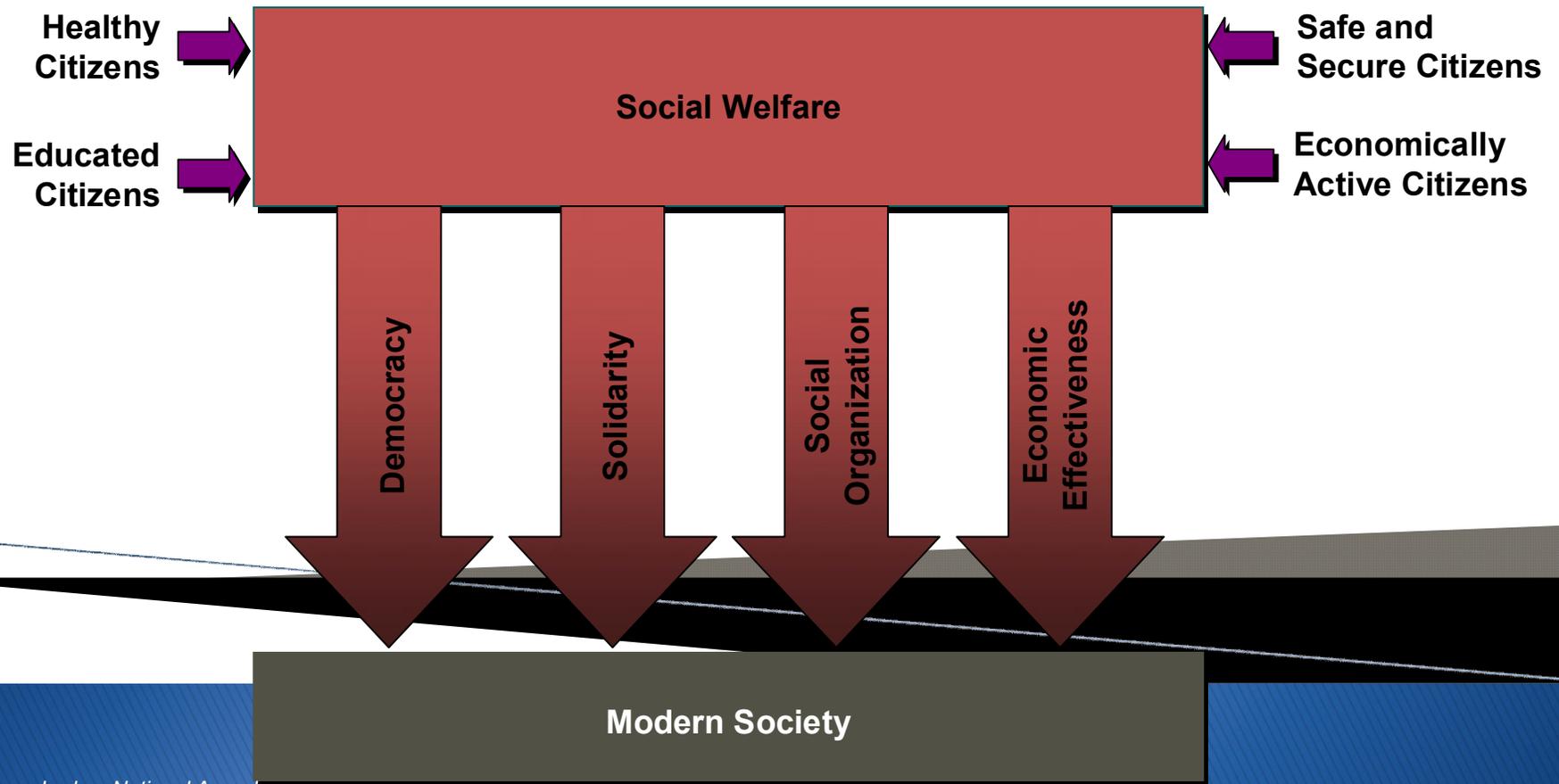


# The Jordanian National Agenda: A Strategy for Social Welfare

- ▶ developed by a 27-member committee through dialogues with hundreds of Jordanian citizens,
- ▶ is a 10-year plan covering eight themes across the fields of political, institutional, economic, educational, and social reform.
- ▶ The Agenda includes measurable indicators for success and clear milestones linked to a clear timetable.
- ▶ Budgetary requirements to implement the Agenda are also integrated into the document, so that resources can be allocated to ensure the Agenda's enactment.

Social Welfare contributes to the achievement of key constituents of every modern society, namely: democracy, solidarity, social organization and economic effectiveness

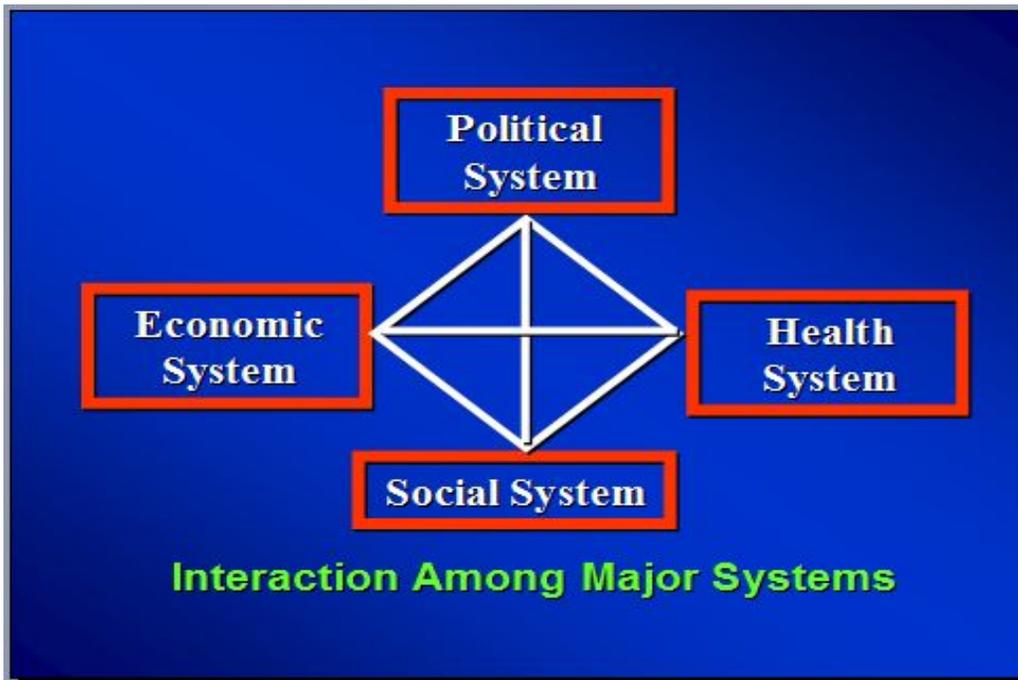
**Social Welfare Contribution to a Modern Society**



Source: Jordan National Agenda

# (Health Policy Integration)

## ▶ Jordan National Agenda (2005-2017),(2017-2022)



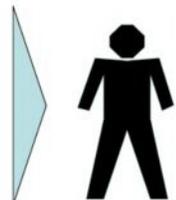
A stable economy requires



Good education

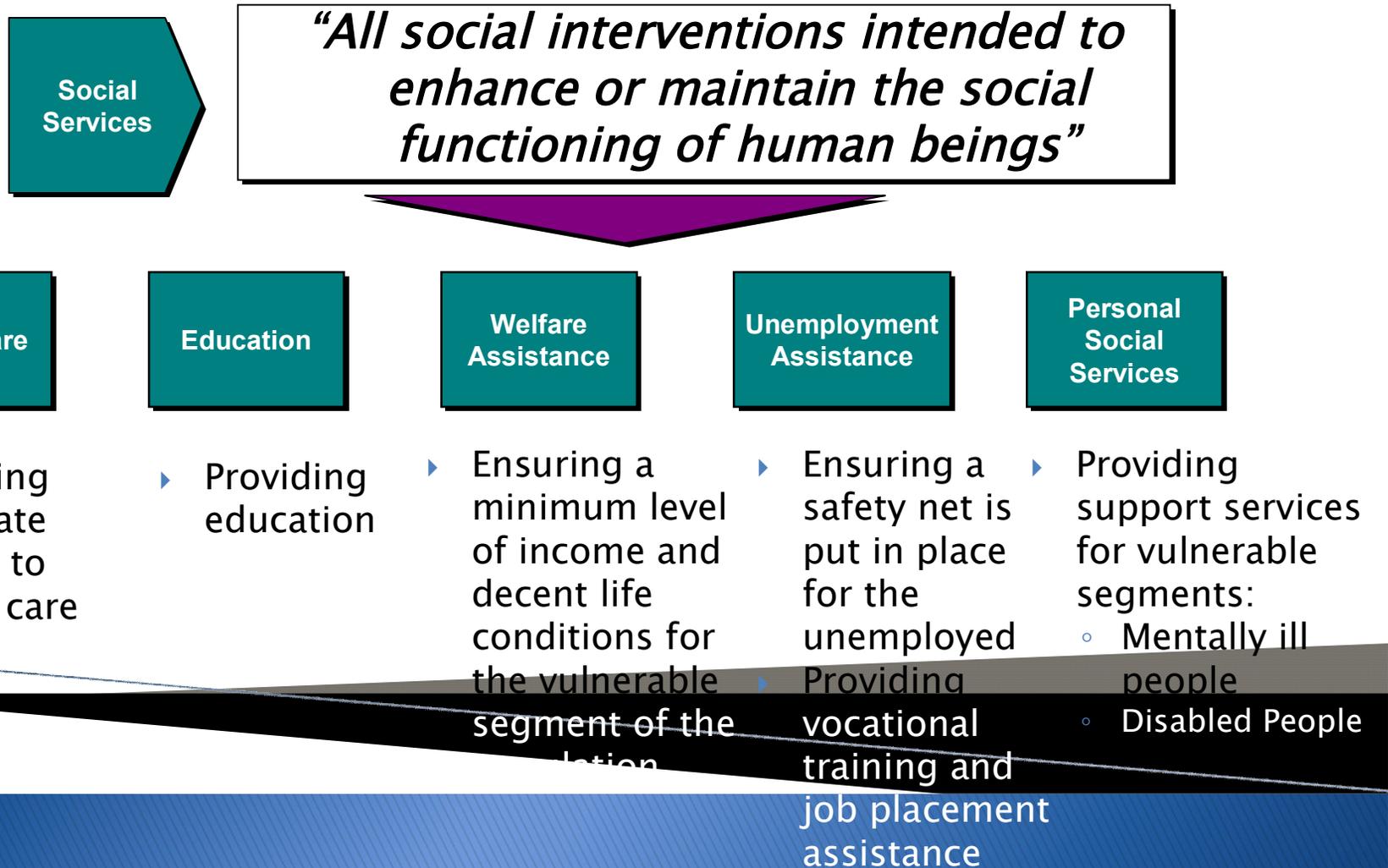


Healthy Citizens



Productive  
Workforce

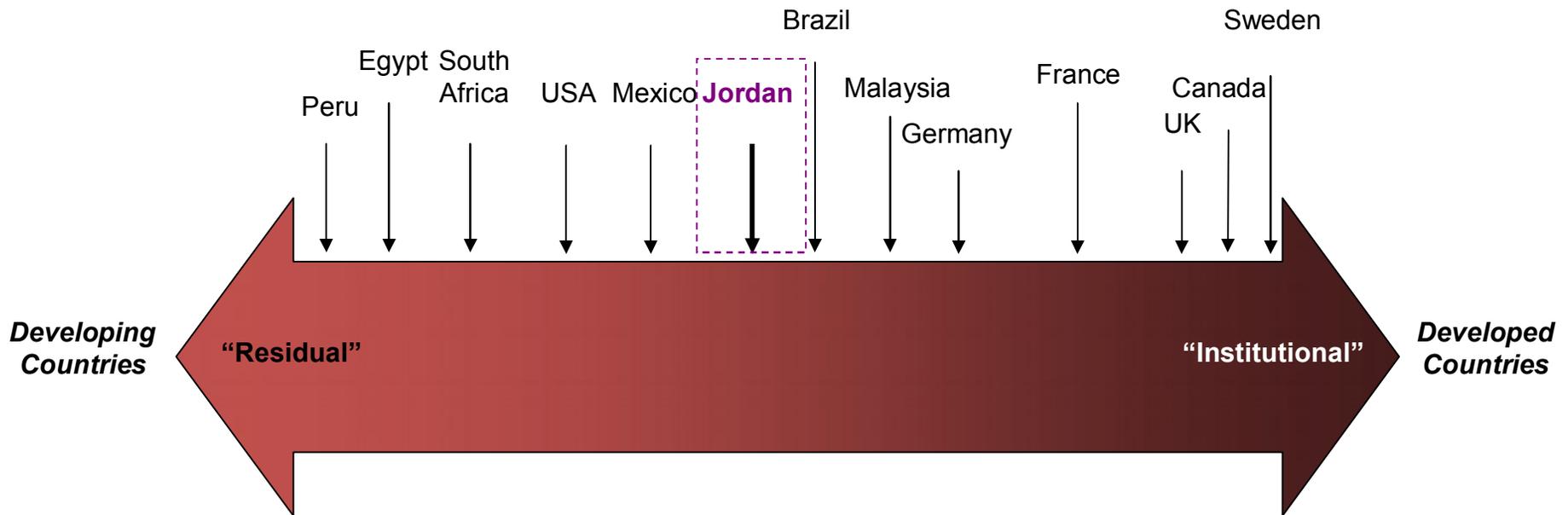
# Health as part of National Social Welfare Package



Source: Jordan National Agenda

Most developed countries adopt an “Institutional” stance while developing countries adopt a “Residual” stance towards social welfare, with Jordan adopting a fairly balanced stance

### Governments Attitude Towards Social Welfare



Welfare provision is often positioned as targeted to the poor

Welfare is provided for the population as a whole, in the same way as public services like roads or water might be

# Coverage of social services varies by country, with developing countries being generally mostly selective in their provision of social services

“Selective”

## Social Welfare Programs by Type

“Universal”

Selective benefits and services are made available on the basis of individual need, usually determined by a test of income

Coverage

Universal benefits and services are made available to everyone as a “right”, or at least to whole categories of people (like 'old people' or 'children')



# Selected Social Development Targets for the National Agenda

## Poverty

	Current	2012	2017
Poverty Rate	14.2%	12%	10%
Poverty Gap	3%	2%	1%
% of Poor People Attaining Secondary Education	11.4%	18%	25%

## Education, Higher Education, and R&D

	Current	2012	2017
Gross Enrolment in Pre-School Education	35%	50%	60%
Gross Enrolment in Tertiary Education	35%	44%	50%
Expenditure on R&D as a % of GDP	0.4%	1.0%	1.5%

## Health Care

	Current	2012	2017
% of Population Covered by any kind of Medical Insurance	70%	100%	100%
Total Health Expenditure per Capita (JD)	132	248	319
Life Expectancy	71.4	74	75

## Inclusion

	Current	2012	2017
% of Female Employed out of Total Employed	12.5%	15%	20%
% of People Rating the Judicial System as Fair	67%	80%	90%
% of Disabled Employed out of Total Employed	~0%	1%	1.5%

# High Health Council: HP Formulation

- ▶ Proposing and initiating national health policy and strategic health plans.
- ▶ Coordinating the major activities of health sub-sectors (MOH, RMS, university hospitals, private health sector, etc.).
- ▶ Proposing solutions to the major problems of the health care system (HCS).
- ▶ Adopting of health system research agenda and facilitating the implementation of this agenda.

# High Health Council: The House of all Health Stakeholders

**Head of council**

**Prime minister**

**Vice president**

**Minister of health**

## **Members**

- 1- Minister of finance.
- 2- Minister of planning.
- 3- Minister of social development.
- 4- Minister of labor.
- 5- The director of Royal Medical Services.
- 6- The president of Jordan Medical Association.
- 7- Dean of one of the medical faculties replaced every two years.
- 8- The head of a health related association appointed by the president.
- 9- The owners of the Private Hospitals Association.
- 10- Two experts from the health sector appointed by the president every two years.

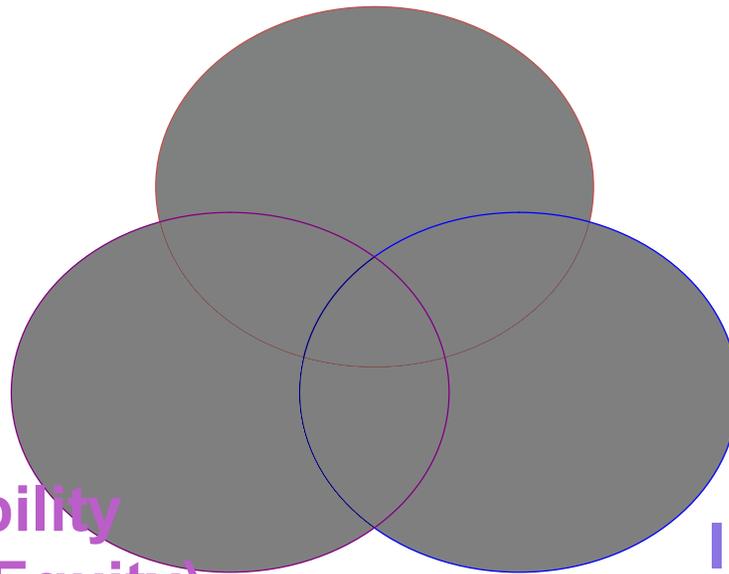
# National Health Strategy (2008–2012)

## ▶ Milestones of Health Policy in Jordan

- ✓ Strategic partnership among all sectors .
- ✓ Investment in enhancing Jordan pioneer position in the region.
- ✓ Ensuring financial protection for all citizens.
- ✓ Liberating the systems and directing the investment towards the health sectors.
- ✓ Human resources development.
- ✓ Controlling expenditure and efficiently.
- ✓ Directing output of medical and health sciences to meet market needs.
- ✓ Strengthening collaboration with international organizations.
- ✓ Relying on studies and research to determine priorities and direct projects.
- ✓ Strengthening and directing support for health care services.

# National Health Strategy and Plan of Action 2008–2012: **Three Main Pillars**

Reduce Costs (Efficiency)



Improve Accessibility  
(Effectiveness and Equity)

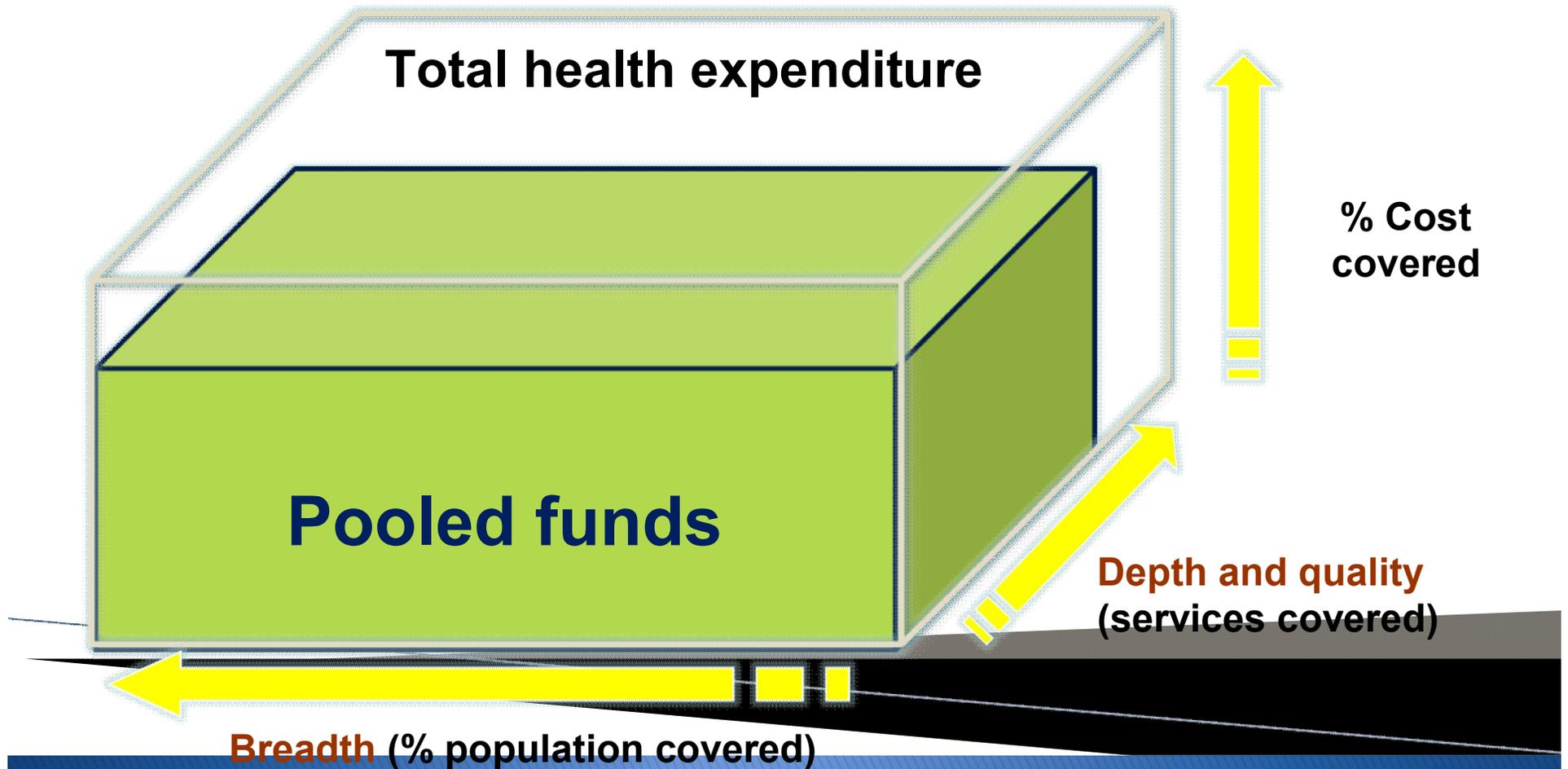
Increase Quality

# National Health Strategy (2008–2012)

## ▶ **Strategic Goals:**

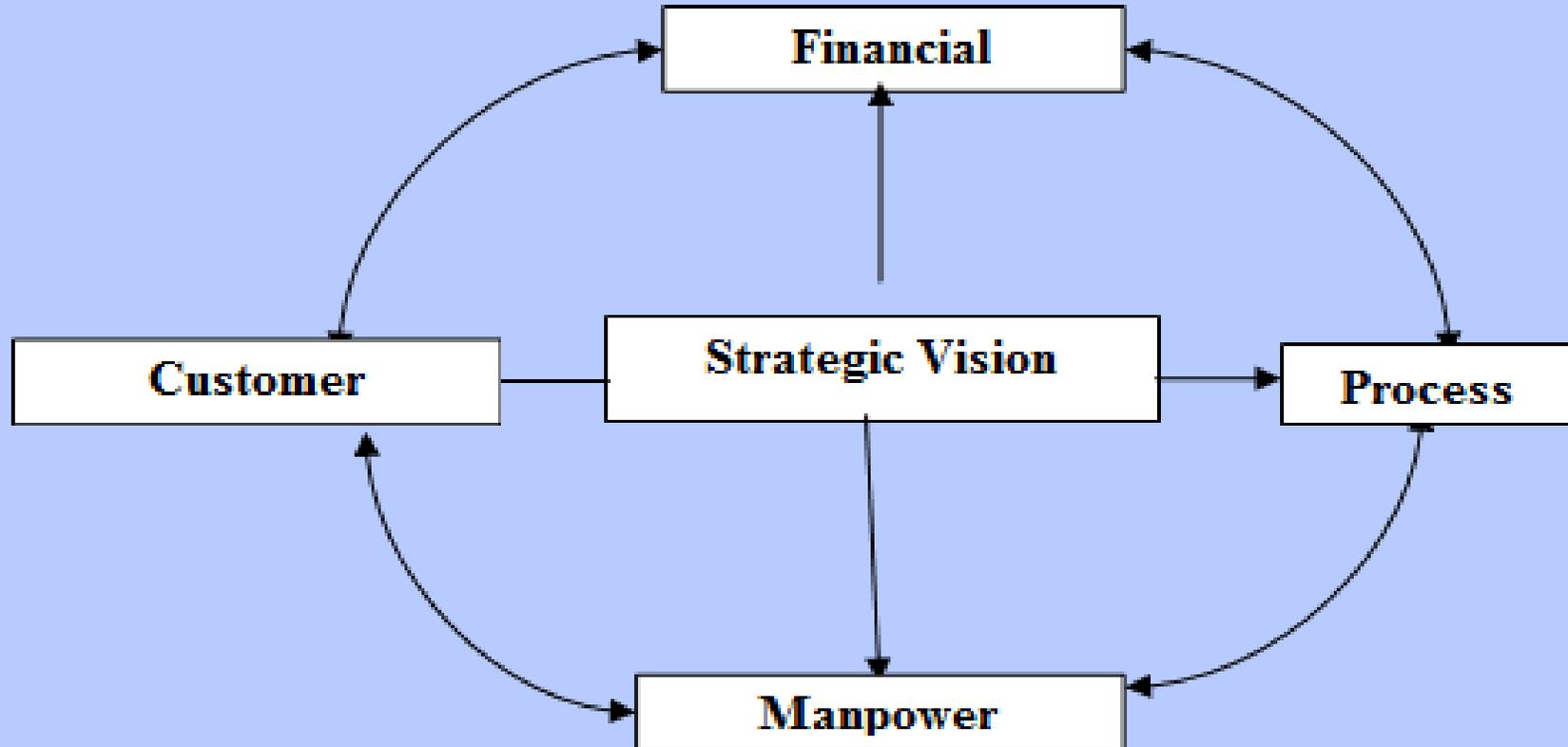
- Expanding health insurance to all citizens.
- Ensuring equality in access to health services regardless of the ability to pay.
- Providing efficient, high-quality health care services in accordance with international standards.
- Increasing financial support allocated to primary health care services.
- Unifying, standardizing, and computerizing administrative, financial and information systems at all levels of service providers.
- Strengthening intersectional partnership.
- Developing and updating first-aid and emergency system within the Kingdom.
- Activating reproductive health programs.
- Supporting the most vulnerable groups, particularly the poor and the elderly.
- Institutionalizing NHA and public expenditure review.

# Universal coverage that can be attained : covering all, for most services, at reasonable cost



# National Health Strategy (2008–2012)

## ▶ Strategic Themes



# National Health Strategy (2008–2012)

## ▶ **Manpower Theme:**

I. Adopting an ideal policy to qualify human resources through:

- Institutionalizing education and training for all technical and management personnel.
- Endorsing continuous medical education.

II. Recruiting qualified technical personnel and retaining them through:

- Developing and implementing incentives system.
- Approving job descriptions.

# National Health Strategy (2008–2012)

## Manpower Theme:

**III. Endorsing evaluation programs for qualified technical personnel through:**

- Setting performance indicators.
- Periodic evaluation and certification.

**IV. Directing educational outputs to meet market needs for health manpower through:**

- Periodic evaluation of educational outputs to identify needs.
- Designing educational policies for studying health and medical sciences within the Kingdom, and organizing the study of these sciences abroad.

# National Health Strategy (2008–2012)

## ▶ Process Theme:

### I. Strengthening the PHC services focusing on:

- Providing preventive and curative services in health care centers through the aspect of family medicine.
- Raising health awareness.
- Encouraging community and voluntary work.
- Meeting the needs of special categories in the community, such as children, women, those who are getting married, elderly, those with special needs, and those subjected to violence.
- Encouraging the practice of healthy lifestyles.
- Confronting disease determinants and risk factors.

# National Health Strategy (2008–2012)

## ▶ **Process Theme:**

II. Enhancing the abilities of secondary/tertiary health care services through:

- Providing curative care services according to the best international standards through the implementation of accreditation programs.
- Establishing an updated first-aid and emergency system.
- Connecting primary and secondary health care services through an effective referral system.

# National Health Strategy (2008–2012)

## ▶ **Process Theme:**

III. Improving the management of health information through:

- Integrated information programs.
- Reference disease classification for all sectors.
- Medical data based on studies and research.

# National Health Strategy (2008–2012)

## ▶ **Process Theme:**

### IV. Institutional development:

- Updating work methods.
- Authenticating processes and simplifying procedures.
- Encouraging studies and research to serve as the basis for formulating health policies.
- Assuring job security and improving the work environment

# National Health Strategy (2008–2012)

## ▶ Financial Theme:

- I. Assuring the sustainability of the health system by endorsing medical finance as the basis for providing services through:
  - Periodic revision of health expenditures according to national health accounts.
  - Performance reviews that depend on budgeting and endorsement of results-oriented budgeting.
  - Integrated partnership among the sectors and endorsing the certificate of need.
  - Adopting Master planning to raise the operational efficiency of resources.

# National Health Strategy (2008–2012)

## Financial Theme:

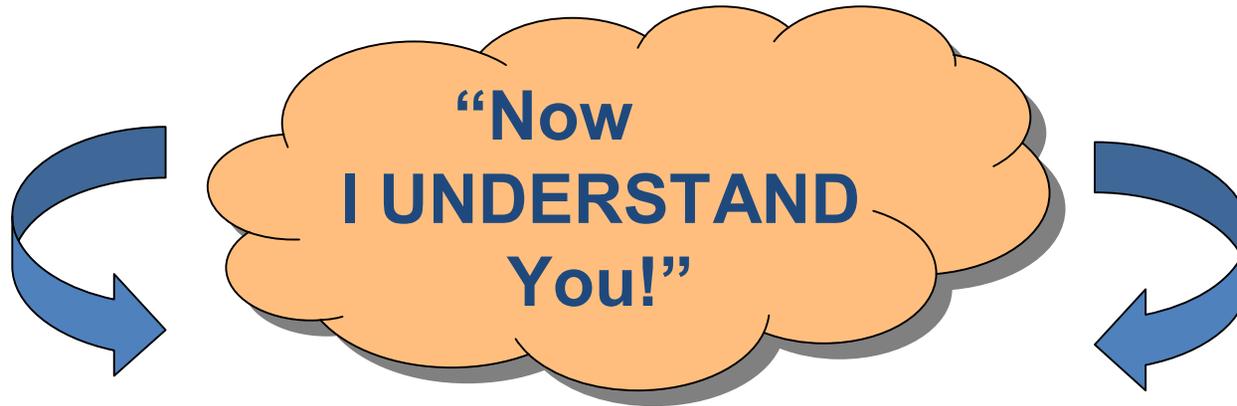
II. Focusing on financial efficiency through:

- Endorsing the certificate of need.
- Rationalizing drug consumption.
- Endorsing the joint purchasing method.
- Encouraging investment in the health sector to support medical tourism.

# Challenges related to Health Policy

- ▶ No real involvement of all stakeholders.
- ▶ Available evidence is not fully utilized .
- ▶ Turnover of governments.
- ▶ Shortage of integrated technical personnel at HHC.
- ▶ Weak or lack of operational plans.
- ▶ Weak implementation.

# Health Policy Makers in Jordan:



## Health as Defined by WHO:

**Health is not only the absence of disease but a state of physical, mental and social well-being that enables individuals to live economic and social productive life**

“Your legacy should be that you made it better than it was when you got it.”

Lee Iacocca

*The Only Constant is the  
Change , Albert Einstein*



**Thank You**