



# JORDAN

## Readiness to Meet SEXUAL AND REPRODUCTIVE HEALTH-RELATED Sustainable Development Goals

### Policy Brief

Jordan's most recent national health strategy highlights the key challenges the kingdom faces due to its hosting hundreds of thousands of refugees from neighbouring countries. This forced and unplanned migration has caused high population growth and exerted considerable pressure on the healthcare system, especially public-sector infrastructure, institutions, and services. Although Jordan has achieved impressive progress in health in recent decades, including reductions in maternal and child mortality, the country faces continuing challenges. These include improving the quality of health services, generating sufficient financial resources to cover healthcare costs, and broadening the scope of health insurance to cover all segments of Jordanian society.

This brief highlights the results of an assessment of the readiness of the healthcare system to support sexual and reproductive health (SRH) services in Jordan, and to adopt the integrated vision for SRH called for in the global Sustainable Development Goals (SDGs) for 2030. It describes key challenges and offers recommendations for making this vision a reality.

### The Assessment

In 2016, research teams in four countries gathered data using a standardized data-collection tool developed by the Middle East and North Africa Health Policy Forum. (The other three countries were Egypt, Morocco, and Kingdom of Saudi Arabia.) For each country, the team assessed the current state of sexual and reproductive health and related services; the accessibility and coverage of the health system;

the adequacy of the health workforce; equity in health service access and outcomes among population subgroups; and information gaps.

The assessment of Jordan relied on many sources of information, including the national census and national policy and strategy documents, Ministry of Health budget and annual report for 2015, Jordan Population and Family Health Survey 2012, government websites and databases, and monitoring reports of international agencies.

## The State of Reproductive Health in Jordan

According to Jordan's census, the population has almost doubled since 2004, reaching 9.5 million—around 6.6 million Jordanians and 2.9 million non-Jordanians—in 2015. Non-Jordanians represented nearly one-third of Jordan's total population due to escalating instability in neighbouring countries, especially Syria.

Jordan has achieved remarkable progress in health care generally over the past decade. Health services have increased with the expanded numbers of hospitals and health care centres in all areas of the country, and life expectancy and other major health indicators have improved. Between 1990 and 2012, both the under-five mortality rate and the maternal mortality ratio dropped by nearly one-half. While these statistics represent an improvement, they did not meet the targets of the Millennium Development Goals, which called for a two-thirds reduction in child mortality and a three-quarters reduction in maternal mortality from 1990 to 2015.

As of 2012, 61% of married women of reproductive age used contraception, and another 12% of these women wanted to avoid pregnancy but were not using a method—defined as unmet need for contraception. Unmet need is higher among women with no education (17%) than among those with higher education (10%), and higher among poorer women versus better-off women.

In 2012, 5% of adolescent women ages 15–19 were already mothers or pregnant with their first child. Given the high rate of early marriage among Syrian refugees (almost one-third of refugee marriages are to girls under age 18), the adolescent birth rate is expected to increase.

## Health Policies and Strategies

The government of Jordan is committed to making health services available and accessible to all. Therefore, the following national policies and plans have integrated health objectives and financial allocations: National Human Resources for Health Observatory Annual Report, 2014; Jordan 2025 National Vision and Strategy; the National Reproductive Health/Family Planning Strategy for 2013–2017, and the National Health Strategy for 2015–2019.

Although these policies and plans call for more cooperation and propose nearly the same broad corrective actions, none

specifically address how the country will unify and improve data generation and information systems. Furthermore, policy documents are not available addressing child marriage, forced marriage, or early marriage.

## Accessibility and Coverage of the Health Care System

The Jordanian public health law of 2008 identifies the minimum benefits package for reproductive, maternal, and newborn health services. The package includes antenatal care, delivery care, postnatal care, neonatal care, and family planning, in addition to breastfeeding promotion and premarital screening according to relevant regulations.

The MOH guarantees the minimum benefit package in its primary health care centres, including reversible family planning methods (intrauterine devices, implants, oral pills, and condoms). About 98 % of women receive maternity care in hospitals where trained professionals attend deliveries. The minimum package of benefits for maternal and newborn care meets the standards of care recommended by the World Health Organization, except that HIV screening is not routine given the low HIV prevalence in the country.

A limited number of public hospitals are specialized/referral hospitals, which provide routine and advanced reproductive, maternal, and newborn health services. The remaining hospitals are provincial, with the majority providing these services and referring complicated cases to the specialized hospitals. Most private hospitals are concentrated in the Amman City area and provide reproductive, maternal, and newborn services, the scope of which depends on clients' ability to pay.

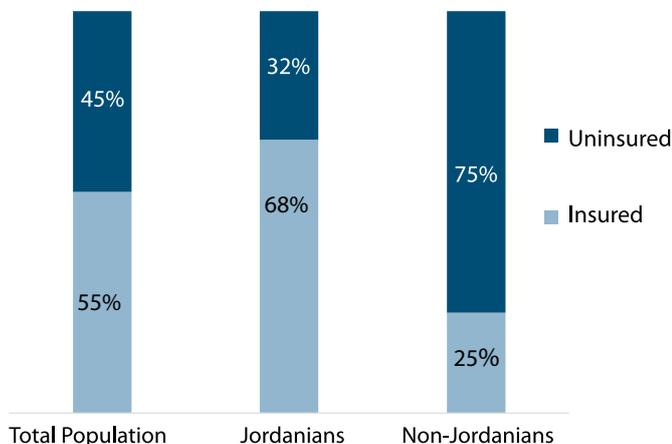
The MOH provides free primary healthcare services for Syrian refugees inside and outside refugee camps, including immunization, reproductive health care, and monitoring of infectious and communicable diseases.

## Health Care Coverage

About 45% of Jordan's population do not have health insurance (see Figure 1), with Syrians accounting for half of the uninsured. Those without insurance may face financial difficulty obtaining basic health services, resulting in delays in seeking care and an extra burden on MOH public facilities, which are more affordable than private-sector facilities.

Figure 1: Two-thirds of Jordanians are covered by health insurance, but only one-fourth of non-Jordanians are.

**% with health insurance, 2015**



Source: Jordan Ministry of Health, 2015 Annual Statistical Report.

The Jordanian government will be challenged to maintain the current, suboptimal level of coverage given the exceptionally high growth of migrants and refugees. Although two-thirds of Jordanian citizens enjoy public or private health insurance, out-of-pocket spending has been increasing since 2011.

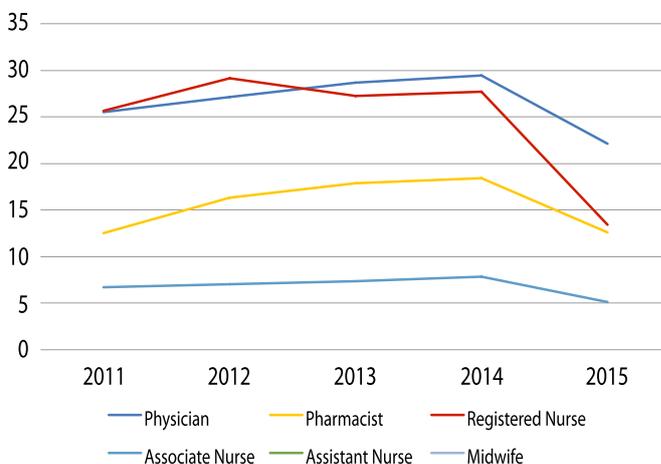
The government aims to move toward universal coverage by expanding prepayment schemes, investing more in primary health care, and accrediting health facilities. Nevertheless, achieving universal coverage is hampered by private employers' and self-employed citizens' failure to fully participate in civil health insurance. Additional challenges include the fragmented health care system, the fast-growing and under-regulated private sector, and the accelerated development of high-cost technology.

## Health Care Workforce

Jordan has sufficient healthcare providers (doctors, registered nurses, and midwives) at the national level, and healthcare personnel per 10,000 population was among the highest in the region until 2015. Due to the unexpected growth of the population, however, the healthcare personnel rate drastically decreased in 2015 (Figure 2).

Figure 2: The availability of health personnel in Jordan declined in 2015 due to rapid, unexpected population growth.

**Number of health personnel per 10,000 population**



Source: Jordan Ministry of Health, 2015 annual statistical report.

Moreover, the increase in population aggravated other challenges that were highlighted in the National Health Strategy for 2013–2017:

- Inadequate training plans and opportunities; static job descriptions; and lack of clarified job competency and need-based continuing education;
- Weak, ineffective human resource for health (HRH) information systems, especially in the private sector;
- Centralized decisions for the recruitment, appointment, compensation, and termination of healthcare employees;
- Large disparities in wages and incentives for cadres working in public sector institutions; and
- Lack of fairness in the distribution of health personnel among the governorates, especially in remote areas.

## Health Care Equity

A 2010 survey on health insurance and spending carried out by the Department of Statistics in collaboration with the Higher Health Council showed clear disparities in insurance coverage among the governorates. The lowest insurance coverage was in the Amman governorate, at about 55%, while in other governorates insurance coverage ranged from 71% in Zarqa to 90% in Ajloun. All citizens receive MOH benefits provided to them

with subsidized fees that do not cover the full cost of the health services delivered.

According to the National Health Strategy for 2015–2019, the main challenges for achieving health equity are the following:

- Lack of accurate statistics about insurance coverage in the kingdom, making it difficult to determine the numbers and characteristics of insured and uninsured people;
- Lack of mandatory health insurance, leading to unfair financial contributions of citizens who are least able to pay;
- Failure to separate the processes of providing health services and purchasing these services from the MOH and the Royal medical services (RMS).

## Health Care Financing and Governance

Jordan ranks as an upper-middle-income country. Although individual spending on health care and total health spending increased from 2008 to 2012, total health spending as a percentage of GDP gradually decreased from 9.5% to 7.6% during that period. According to the Jordan Population and Family Health Survey of 2012, out-of-pocket expenses accounted for about 26% of total spending on health care in 2012.

Public-sector spending, which includes the MOH, the RMS, and university hospitals, accounted for 66% of total spending on health care in 2012. Spending on secondary healthcare services (hospitals) accounted for 74% of public sector spending, while primary healthcare services accounted for 16% of public spending.

Many challenges associated with governance require attention to increase effectiveness and efficiency in the healthcare system. These challenges include the centralised system, increased operational costs, lack of an effective referral system, service providers' and patients' weak sense of fiscal responsibility regarding the use of health services, poor coordination between the public and private sectors, the migration of competent human resources, weak use of primary health care, lack of treatment protocols, and a misalignment of costly technology and new hospitals with actual needs.

## Information Gaps

The availability of reliable information and data on the health sector is key for monitoring performance and making informed policies and decisions. Healthcare information and research underlie the design of health programmes and the management, monitoring, and evaluation of the community's health, as well as the fair distribution of services.

The most important challenges facing information and research on the health system are:

- Weakness in the adoption of evidence-based policies and decisions;
- The lack of funding for research, and the publishing of research in scientific journals;
- The absence of a national strategy for health information and research;
- Weakness in the digitization of the health care system, and in the electronic Modern Health Systems Applications (e-Health);
- Poor access to private sector information and data; and
- The absence of a national reference entity for health research and studies.

## Recommendations

Jordan has the potential, infrastructure, and expertise to create a better performing health system and to provide essential services for all, including sexual and reproductive health care. The Jordanian government, in collaboration with parliament, civil society organizations, and other stakeholders in health care, must:

- Take corrective actions to ensure that health coverage is equitable—i.e., that it is available regardless of gender, geographic location, or socioeconomic status.
- Invest in better training and development of health personnel to improve the quality of health services and contribute to the population's social welfare and development.
- Enact a health insurance law and establish an independent, national body for health insurance.
- Develop a road map for achieving comprehensive health insurance in the kingdom, which will ensure all citizens' access to quality healthcare services. Study the successful experiences of other countries that have reformed health insurance and achieved comprehensive insurance coverage.
- Promote greater use of primary and preventive health care to contain costs in hospitals, and establish effective referral mechanisms.

Without more international support and investment, the public health system will be susceptible to a gradual collapse, leaving more vulnerable people facing financial hardship obtaining care from the profit-oriented and under-regulated private sector.

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