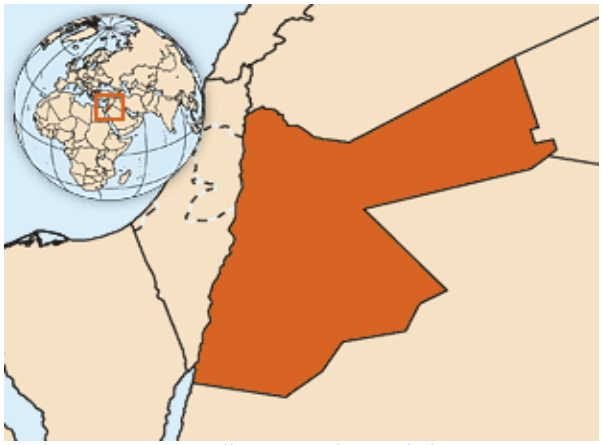
World Health Organization

Country Cooperation Strategy at a glance

Jordan



http:// www.who.int/countries/en/

WHO region	Eastern Mediterranean
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2012)	23
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	98
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2016)	73.2 (Both sexes) 72.5 (Male) 74.0 (Female)
Population (in thousands) total (2016)	9,531
% Population under 15 (2016)	35.5%
% Population over 60 (2016)	5.4%
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010)	0.1%
Literacy rate among adults aged >= 15 years (%) (2007-2012)	97.9%
Gender Inequality Index rank (2016)	111
Human Development Index rank (2016)	86
Health systems	
Total expenditure on health as a percentage of gross domestic product (2015)	8.4%
Private expenditure on health as a percentage of total expenditure on health (2014)	31.4%
General government expenditure on health as a percentage of total government expenditure (2015)	13.7%
Physicians density (per 1000 population) (2016)	1.41
Nursing and midwifery personnel density (per 1000 population) (2016)	2.64
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	10.6 [7.5-14.8]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	17.9 [13.3-24.1]
Maternal mortality ratio (per 100 000 live births) (2015)	58 [44-75]
Births attended by skilled health personnel (%) (2012)	99.6
Public health and environment	
Population using improved drinking water sources (%) (2015)	92.3 (Rural) 97.8 (Urban) 96.9 (Total)
Population using improved sanitation facilities (%) (2015)	98.9 (Rural) 98.6 (Total) 98.6 (Urban)

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

According to the 2015 census, the total population of Jordan was estimated at 9.531 million, including 1,265 million Syrians, who represented 13.2% of the overall population. Out of the total number of Syrians in Jordan, 657,628 are currently registered as refugees with the United Nations High Commissioner for Refugees (UNHCR). Additionally, 35.5% and 5.4% of the population are <15 years and >60 years of age, respectively. Life expectancy is 73.2 years.

The health system in Jordan is vulnerable and continues to face increasing demand associated with epidemiological transition towards non-communicable diseases (NCDs). In recent years, NCDs are the major cause of mortality and morbidity among the Jordanian population and refugees, accounting for 76% of deaths. Such increased demand is further augmented by the demographic transition, which includes the influx of refugees.

Currently, 55% of the population and 68% of Jordanians are covered by a health insurance scheme. Additionally, the insufficient implementation of health policies as well as the rising healthcare costs further threatens the achievement of Universal Health Coverage (UHC).

HEALTH POLICIES AND SYSTEMS

In Jordan, the National Policy is summarised in the following key strategic documents:

- "Jordan Vision 2025" (May 2015), which identifies health sector governance, UHC, human resources for health as well as strengthening of non-communicable diseases and mental health/substance abuse services as key priorities;
- "National Health Sector Strategy 2016-2020" (May 2016), which was developed by the High Health Council in order to reflect the overall vision of Jordan Vision 2025 to the health sector;
- "Delivering as One" approach, which was requested in August 2016 by the Government of Jordan to support the achievement of the Sustainable Development Goals (SDGs);
- "United Nations Sustainable Development Framework 2018-2022" (December 2017), which affirms the commitments of the United Nations System and the Government of Jordan to work in partnership in supporting the national priorities;
- "First National Voluntary review on the implementation of the 2030 Agenda" (July 2017), which was developed under the leadership of the Ministry of Planning and International Cooperation (MOPIC) to monitor the progress towards the achievement of the Sustainable Development Agenda 2030;

"Jordan Response Plan 2018-2020" (January 2018), which is a three-year resource mobilization platform that addresses the needs of Syrian refugees and Jordanian communities/institutions affected by the crisis.

COOPERATION FOR HEALTH

The health sector in Jordan consists of different service providers (public, private, international and charity sectors). The public health sector includes the Ministry of Health, the Royal Medical Services, University Hospitals, King Hussein Cancer Center and the Center for Diabetes and Endocrinology and Genetics. The private sector includes private hospitals, diagnostic centres, and hundreds of private clinics. The international and charity sectors and provide services through UNRWA clinics for Palestine refugees as well as UNHCR and charity clinics.

In Jordan, different Institutions and Councils participate in the development of health policy. The High Health Council designs the policy for health sector in Jordan through the pursuant to law No. 9 of 1999. Other institutions contributing to health policy include Jordanian Medical Council, the Higher Population Council, the Jordanian Nursing Council, the National Council for Family Affairs, the National Woman's Health Care Center, the Jordan Food and Drug Administration and the Joint Procurement Department.

Eventually, key stakeholders for cooperation for health include:

- Ministry of Planning and International Cooperation, which coordinates partners to facilitate the implementation of the 2030 Sustainable Development Agenda;
- UN system partners, which coordinate with the Government of Jordan within the UNSDF and the Delivery as One" approach;
- Four WHO collaborating centres (WHOCC) (WHOCC for Nursing Development, WHOCC for Diabetes Research, Education and Primary Health Care, WHOCC for Cancer Education, Training and Research, and WHOCC for training and research on women health issues);

Inter-Agency Coordination platforms for the Jordan Refugee Response, which include the Health Sector Working Group, co-chaired by WHO.

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Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2019)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Communicable Diseases	• Outcome 1.1. Increased access to key interventions for people living with HIV and viral hepatitis. • Outcome 1.2. Universal access to quality tuberculosis care in line with the End TB Strategy. • Outcome 1.4. Increased and sustained access to neglected tropical disease control interventions. • Outcome 1.5. Increased vaccination coverage for hard-to-reach populations and communities. • Outcome 1.6. All countries have essential capacity to respond to antimicrobial resistance.
STRATEGIC PRIORITY 2: Non - Communicable Diseases	• Outcome 2.1. Increased access to interventions to prevent and manage non-communicable diseases and their risk factors. • Outcome 2.2. Increased access to services for mental health and substance use disorders. • Outcome 2.3. Reduced risk factors and improved coverage with interventions to prevent and manage unintentional injuries and violence. • Outcome 2.4. Increased access to comprehensive eye care, hearing care and rehabilitation services. • Outcome 2.5. Reduced nutritional risk for improved health and well-being. • Outcome 2.6. All countries are adequately prepared to prevent and mitigate risks to food safety.
STRATEGIC PRIORITY 3: Promoting Health Across the Life-Course	• Outcome 3.1. Increased access to interventions for improving health of women, newborns, children and adolescents. • Outcome 3.5. Reduced environmental threats to health. • Outcome 3.6 Improved capacities in WHO, the health sector and across all government departments and agencies (whole-of-government) for addressing social determinants, gender inequalities and human rights in health, and producing equitable outcomes across the Sustainable Development Goals.
STRATEGIC PRIORITY 4: Health Systems	• Outcome 4.1. All countries have comprehensive national health policies, strategies and plans aimed at moving towards universal health coverage. • Outcome 4.2. Policies, financing and human resources in place to increase access to integrated, people-centered health services. • Outcome 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies. • Outcome 4.4. All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities. •
STRATEGIC PRIORITY 5: WHO Health Emergencies Programme	• Outcome E.1. All countries are equipped to mitigate risks from high-threat infectious hazards • Outcome E.2. All countries assess and address critical gaps in preparedness for health emergencies, including in core capacities under the International Health Regulations (2005) and in capacities for all-hazard health emergency risk management. • Outcome E.4. Populations affected by health emergencies have access to essential life-saving health services and public health interventions. • Outcome E.5. National emergency programs supported by a well-resourced and efficient WHO Health Emergencies Program.
STRATEGIC PRIORITY 6 Pandemic Influenza Preparedness (PIP)	• Outcome 9.2.1 Capacity to detect and monitor influenza epidemics is strengthened in developed countries that have weak or no capacity.
STRATEGIC PRIORITY 7 Polio Eradication	• Outcome. No case of paralysis due to wild or type-2 vaccine-related poliovirus globally.

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