Country Cooperation Strategy
at a glance

HEALTH SITUATION

With the Syrian conflict in its fifth year, Jordan is hosting an unprecedented number of Syrian nationals. Their number currently exceeds 1.4 million, including over 620,000 registered refugees, posing extreme burden on the health sector management and service delivery capacity as 85% of them are living outside the camps within Jordanian communities. Jordan’s economic growth, fiscal health, and ability to provide basic services have all been affected, threatening to undermine the country’s recent development progress.

Continued expansion of the comprehensive and integrated health system would assure that all people living in most remote areas are able to access the primary health care services, especially in light of the additional strains placed on the whole health system as a result of the Syrian crisis. MDG4 and MDG5 in Jordan are progressing and efforts are being made to strengthen the achievement of their goals.

Non-communicable diseases are estimated to account for 76% of all deaths. There is an increasing trend in the number and severity of non-communicable diseases, particularly cardiovascular diseases, cancer, diabetes and chronic respiratory conditions. Over 30% of Jordanians aged 25 years and above had elevated fasting blood sugar; over 80% suffered from overweight or obesity; about 30% were hypertensive; 50% had high cholesterol levels and many had a sort of dyslipidaemia. Levels of physical inactivity are high and estimates show moderate inactivity at 32%. The crude incidence rate for all cancers among Jordanians in 2010 was 79.5 per 100,000 population. The situation of tobacco use in Jordan is alarming. Almost 29% of Jordanians smoke cigarettes regularly (50% males, 6% females) and another 9% smoke water pipe. Accidents and injuries constitute the second leading cause of death in Jordan and have become an increasingly significant problem.

The infectious diseases are still major causes of morbidity in Jordan. Diarrheal diseases, acute respiratory infections and hepatitis are the leading causes of morbidity reported from health facilities in Jordan, especially among children. There has been a dramatic drop in the incidence of vaccine-preventable diseases. No cases of polio were reported in the country since the outbreak of 1991. Although, since Polio outbreak in Syria (October 2013), eight rounds supplementary polio vaccination have been conducted. Tuberculosis rates have dropped from 7.3 per 100,000 in 1993 to 2.5 per 100,000 in 2012. Jordan is a low prevalence country for HIV/AIDS, with an estimated prevalence of less than 0.01%.

HEALTH POLICIES AND SYSTEMS

The health sector is regulated by the Public Health Law 2008 and the following policies and strategies have been issued in the last two years: High Health Council National Strategy for Health Sector 2015-2019; Ministry of Health Strategic Plan 2013-2017; Family Practice Approach Clinical Guidelines 2014; Jordan Food and Drug Administration National Medicine Policy 2014. The health sector in Jordan consists of different health service providers (public, private, international and charity sectors) and councils and institutions working on the development of health policy. The public health sector includes the Ministry of Health, the Royal Medical Services, University hospitals (University of Jordan Hospital, King Abdullah University hospital), King Hussein Cancer Center and the Center for Diabetes and Endocrinology and Genetics. The private sector includes private hospitals and diagnostic and therapeutic centers in addition to hundreds of private clinics.

The international sector and charitable sectors provide services through UNRWA clinics for Palestinian refugees and the UNHCR and charity association clinics. High Health Council is drawing the policy for health sector in Jordan through the pursuant of law No. 9 of 1999. It is noted that there are other institutions in the health sector involved in health policy, such as the Jordanian Medical Council, the Higher Population Council, the Jordanian Nursing Council, the National Council for Family Affairs, Jordan Food and Drug Administration and the Joint Procurement Department.

COOPERATION FOR HEALTH

The United Nation System has been assisting Jordan since 1952 and has continued to provide technical assistance. Currently, key partners are: USAID, European Union, Germany, World Bank, Kuwait, Italy, UNDP, OCHA, UNHCR, UNICEF, UNFPA, UNWOMEN, UNRWA and IOM.

In 2012, the UN Country Team system finalized the United Nations Development Assistance Framework (UNDAF) for Jordan for the period 2013-2017 on the basis of Common Country Assessment (CCA) carried out in 2011. In July 2014, UNDAF was realigned to the National Resilience Plan (NRP) (2013-2016) as Syrian crisis and the emergency situation imposed new challenge to most of the UN Agencies. In March 2015, UNDAF was amended as UN Assistance Framework (UNAF) with the development of a strategic document to include refugees/resilience into development programmes and be aligned with UN Regional Response Plan 2015-2016 and Jordan Response Plan 2015.

CURRENT HEALTH INDICATORS

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<td>WHO region</td>
<td>Eastern Mediterranean</td>
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<td>World Bank income group</td>
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Total population in thousands (2013) 7274

Population under 15 (2013) 33.7

Population over 60 (2013) 5.3

Life expectancy at birth (2013) Total, Male, Female 76 (Female) 72 (Male) 74 (Both sexes)

Neonatal mortality rate per 1000 live births (2013) 11 (7-17)

Under-five mortality rate per 1000 live births (2013) 19 (16-23)

Maternal mortality ratio per 100,000 live births (2013) 50 (31-84)

% DTP3 Immunization coverage among 1-year-olds (2013) 98

% Births attended by skilled health workers (2012) 99.6

Density of physicians per 1000 population (2010) 2.558

Density of nurses and midwives per 1000 population (2010) 4.049

Total expenditure on health as % of GDP (2013) 7.2

General government expenditure on health as % of total government expenditure (2013) 13.5

Private expenditure on health as % of total expenditure on health (2013) 34.0

Adult (15+) literacy rate total (2011) 95.9

Population using improved drinking-water sources (%) (2012) 90 (Rural) 97 (Urban) 96 (Total)

Population using improved sanitation facilities (%) (2012) 98 (Total) 96 (Urban) 98 (Rural)

Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010) 0.1

Gender-related Development Index rank out of 148 countries (2012) 99

Human Development Index rank out of 186 countries (2012) 100

Sources of data:
Global Health Observatory, April 2015
http://apps.who.int/gho/data/node.cco
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<th>Strategic Priorities</th>
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<td>STRATEGIC PRIORITY 1:</td>
<td>Vaccine-preventable diseases Implementation and monitoring of the global vaccine action plan as part of the Decade of Vaccines; Collaboration strengthened with emphasis on reaching the unvaccinated and under-vaccinated populations. Intensified implementation and monitoring of measles and rubella elimination and hepatitis B control strategies facilitated.</td>
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<td>STRATEGIC PRIORITY 2:</td>
<td>Non-communicable diseases • Development of national multisectoral policies and plans for implementing interventions to prevent and control non-communicable diseases facilitated Mental health and substance abuse • Mental health promotion, prevention, treatment and recovery services improved through advocacy, better guidance and tools on integrated mental health services; Expansion and strengthening of country strategies, systems and interventions for disorders due to alcohol and substance use enabled Violence and injuries • Development and implementation multi-sectorial plans and programs to prevent injuries, with a focus on achieving the target set under the Decade of Action for Road Safety (2011–2020); Development and implementation of policies and programmes to address violence against women, youth and children facilitated Disabilities and rehabilitation • Implementation of the recommendations of the World report on disability and the High-level Meeting of the General Assembly on Disability and Development; Provide support to develop, strengthen the provision of services to reduce disability due to visual impairment and hearing loss through more effective policies and integrated services</td>
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<td>STRATEGIC PRIORITY 3:</td>
<td>Reproductive, maternal, newborn, child and adolescent health • Further expansion enabled of access to and quality of effective interventions from pre-pregnancy to postpartum • Implement and monitor effective interventions to cover the unmet needs in sexual and reproductive health and to reduce adolescent risk Ageing and health • Develop policies and strategies that foster healthy and active ageing, and improve access to, and coordination of, chronic, long-term and palliative care • Technical guidance and innovations that identify and address the needs of older people for improved health care Gender, equity and human rights mainstreaming • Gender, equity and human rights are incorporated in routine strategic and operational planning and monitoring of Secretariat programmes • Countries’ capacity strengthened to integrate and monitor gender, equity and human rights in their health policies Social determinants of health: • Effective guidance to country to mainstream social determinants of health in all WHO programmes</td>
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<td>STRATEGIC PRIORITY 4:</td>
<td>National health policies, strategies and plans • Advocacy and policy dialogue to support country to develop comprehensive national health policies, strategies and plans; • Country capacity to develop and implement legislative, regulatory, and financial frameworks strengthened by generation and use of evidence, norms and standards, as well as robust monitoring and evaluation; • Integrated people-centered health service; Policy options, tools and technical support to country for equitable people-centered integrated service delivery and strengthening of public health approaches; Guidelines, tools and technical support to countries for improved patient safety and quality of services, and for patient empowerment Access to medicines and health technologies and strengthening: • Strengthening national regulatory authorities facilitated; norms, standards, guidelines for medical products developed; and quality, safety and efficacy of health technologies ensured through prequalification Health systems information and evidence: • Comprehensive monitoring of the global, regional and country health situation, trends and determinants, using global standards, and leadership in the new data generation and analyses of health priorities</td>
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<td>STRATEGIC PRIORITY 5:</td>
<td>Epidemic- and pandemic-prone diseases: • Country is enabled to develop and implement operational plans, in line with WHO recommendations on strengthening national resilience and preparedness covering pandemic influenza and epidemic and emerging diseases • Increased capacity of country to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics Emergency risk and crisis management: • Organizational readiness successfully realized for full implementation of WHO’s Emergency Response Framework and Established as a central component of global multi-sectorial frameworks for emergency and disaster risk management • National capacities strengthened for all-hazard emergency and disaster risk management for health</td>
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