Jordan Health System:
Achievements and Challenges

Health is A Right

“... health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and ... a most important world-wide social goal.”

Alma Ata Declaration-1973
WHO defines health system as follows:

"A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. It includes, for example, a mother caring for a sick child at home; public and private providers; behaviour change programmes; vector-control campaigns; health insurance organizations; occupational health and safety legislation".
Health System Building Blocks

Characteristics of health system (WHO, 2007)

Effective health system (WHO, 2007):

1. Good **health services**
2. Well-performing **health workforce**;
3. Well-functioning **health information system**
4. Equitable access to **medical products, vaccines and technologies**
5. Good **health financing**
6. Solid **leadership and governance**.
HOW WILL WE PAY FOR Health?

• It costs money!

• Paid by:
  - Tax Revenue
  - Insurance
  - Out-of-pocket

• Government DOES NOT make money!
• “Can print a lot!”

DIFFERENT HEALTHCARE MODELS

• Each nation’s health care system is a reflection of its:
  - History
  - Politics
  - Economy
  - National values

• They all vary to some degree
• However, they all share common principles
• There are three basic health care models around the world
Basic health care models

**National Health Service**
- Main revenue type: General taxes
- Pooling: National pool
- Purchasing: National or regional direct purchase of services

**Social Health Insurance**
- Main revenue type: Payroll tax
- Pooling: Pools by job or income
- Purchasing: Collective and selective contracts

**Private Health Insurance**
- Main revenue type: Individual & employer payments
- Pooling: Privately managed pools
- Purchasing: Selective contracts

Most countries have mixed financing systems with both public and private sources of funds.
Major Strengths of Each System

- **National Health Service**
  - Universal health coverage
  - Pools risks for whole population
  - Relies on a solid source of revenue
  - Potential for administrative efficiency and cost control

- **Social Health Insurance**
  - Most countries have achieved universal coverage
  - Relies on diverse and numerous sources of funds
  - Defined benefits package
  - Sophisticated payment systems

- **Private Health Insurance**
  - Offers greater coverage and choice for those willing to buy it
  - Potential for increased competition

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Major Shortcomings of Each System

- **National Health Service**
  - Lack of defined benefits package leads to geographic variation in covered services
  - Potential for care rationing and waiting lists

- **Social Health Insurance**
  - Multiple funds complicate efficient management of resources
  - Defined benefits tend to focus on curative rather than preventive care
  - Decisions about adding benefits difficult and costly

- **Private Health Insurance**
  - Can be expensive and regressive
  - Coverage levels across products vary widely
  - Requires strong regulatory oversight
  - Not an effective mechanism for achieving universal coverage (e.g. U.S.)
Jordan demographic indicators, 2012

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Total population</td>
<td>6388000</td>
</tr>
<tr>
<td>Population Growth Rate</td>
<td>2.2</td>
</tr>
<tr>
<td>Dependency Ratio</td>
<td>68.2</td>
</tr>
<tr>
<td>% population &lt;15 years</td>
<td>37.3</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>3.5</td>
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</table>
Socioeconomic Indicators for Jordan 2012

- Annual per capita income: US$4,720.
- The real GDP growth rate has declined from 8.2% in 2007 to 2.7% in 2012.
- Unemployment rate: 12.2% (10.8% for males, 19.9% for females).
- Poverty incidence is 14.4% (rural 17% urban 14%).

Jordan Health Indicators, 2012

- Life expectancy: 73 years (71.6 men, 74.4 women).
- Crude death rate: 7 per 1000
- Infant mortality: 17 per 1000 Live Births
- Maternal mortality: 19.1 per 100,000 Live Births (2008)
Four Health System 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

Era II: Institutionization, 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 System 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 System 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 System 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

*(Health Policy Integration)*

Jordan National Agenda
*(2005-2017), (2017-2022)*

Interaction Among Major Systems

A stable economy requires

- Good education
- Healthy Citizens
- Productive Workforce
Health as part of National Social Welfare Package

“\textit{All social interventions intended to enhance or maintain the social functioning of human beings}”

- Health Care
  - Providing adequate access to health care
- Education
  - Providing education
- Welfare Assistance
  - Ensuring a minimum level of income and decent life conditions for the vulnerable
- Unemployment Assistance
  - Ensuring a safety net is put in place for the unemployed
- Personal Social Services
  - Providing support services for vulnerable segments: Mentally ill people

Source: Jordan National Agenda

Health Care System Achievements

- Extensive network of PHC facilities, high bed/population rates
- Physician to population ratio is higher than most of MENA
- Highly skilled HRH
- Strong higher education system
- 75 to 87\% of the population in Jordan is covered by formal health insurance
- MOH provides health safety net for all
- Government commitment
- Improvement in health indicators
- Modern health care infrastructures
- Accreditation Program
- Medical Tourism
Human Development Index, Jordan 2012

Health scored the highest


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Jordan Ranks **83/190** According to WHO Ranking of the World’s Health Systems

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
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<tbody>
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<td>1</td>
<td>France</td>
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<td>Norway</td>
<td>12</td>
<td>Portugal</td>
<td>13</td>
<td>Monaco</td>
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<td>Greece</td>
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<td>UK</td>
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<td>6</td>
<td>Singapore</td>
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<td>Luxembourg</td>
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<td>Netherlands</td>
<td>19</td>
<td>Ireland</td>
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<tr>
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<td>Spain</td>
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<td>Netherlands</td>
<td>18</td>
<td>UK</td>
<td>20</td>
<td>Switzerland</td>
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<td>UK</td>
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<td>Switzerland</td>
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<td>Norway</td>
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<tr>
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<td>20</td>
<td>Switzerland</td>
<td>21</td>
<td>Norway</td>
<td>23</td>
<td>Portugal</td>
</tr>
</tbody>
</table>

Health system goals

- **Health**: Level ✔ Distribution ✔
- **Responsiveness**: ✔ ✔
- **Fairness in financing**: ✔
- **Quality**: ✔
- **Equity**: ✔

Source: [http://www.who.int/healthinfo/paper30.pdf](http://www.who.int/healthinfo/paper30.pdf)
### Expenditures on health (2011)

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total health expenditure (JD)</td>
<td>1.581 billion</td>
</tr>
<tr>
<td>Total health expenditure/capita (JD)</td>
<td>252.9</td>
</tr>
<tr>
<td>Total health expenditure as % of GDP</td>
<td>7.72</td>
</tr>
<tr>
<td>Public sector expenditure as % of total health expenditure</td>
<td>66.85</td>
</tr>
<tr>
<td>Expenditure on pharmaceuticals (427.9 million JD)</td>
<td>27.56 % of total HE</td>
</tr>
<tr>
<td>% of government budget allocated to health sector</td>
<td>9.14</td>
</tr>
</tbody>
</table>

### Distribution of Public Expenditure by Function 2011 JD

<table>
<thead>
<tr>
<th>Function</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Curative</td>
<td>75.3 %</td>
</tr>
<tr>
<td>Primary</td>
<td>15.9 %</td>
</tr>
<tr>
<td>Administration</td>
<td>7.3 %</td>
</tr>
<tr>
<td>Training</td>
<td>1.5 %</td>
</tr>
</tbody>
</table>
Out-of-pocket health expenditure

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

Epidemiological, Socio-economic challenges

Health System Challenges

Service Delivery

- Lack of evidence-based health system performance.
- Variable quality of health services.
- Low Utilization of PHCs.
- Ineffective referral system
- Inadequate coordination between the public sector and the private sector.
- Lack of effective emergency medical services.
- The system is almost disease and not health oriented.
Health System Challenges

- Absence of long-‐range plan
- Centralization of decisions
- Imbalances (gender, geographical, level of care, output and market need).
- Low productivity
- Lack of relationship between health service provision and pre-‐service training institutions.
- High dropout rate
- Inequalities of health personnel wages and incentives among public sectors.
Health System Challenges

- Inadequate and fragmented national HIS and research.
- Shortage of qualified personnel
- Lack of accurate data on health services and financing in the private sector.
- No standard forms exist for handling patient data at hospitals and primary care levels.
- The exchange of information between primary care facilities and hospitals is limited.
- Lack of information confidentiality and informed consent.
- Inadequate medical record system.
- E-Health not utilized.

Information

Medical Technology

- The rapid advances in technology and rising health care costs.
- Oversupply of expensive medical technology
- Overutilization, over prescribing
- Maintenance issue
Health System Challenges

Financing

- High expenditure on health (HE) as a percentage of GDP.
- High percentage of total (HE) on pharmaceuticals.
- High (HE) on Curative care.
- Lack of universal health insurance coverage.
- Individual MOH facilities do not have independent budgets.
- Inefficiencies (Over and Under-utilization).
- Resources allocation is not usually prioritized according to needs assessment (Finance imbalances).
- Budget deficit and Shortage of finance.

Health System Challenges

Leadership / Governance

- Lack of effective systems for monitoring and auditing clinical practice.
- High centralization.
- Concerns on equity of the health system.
- Uncontrolled private health sector.
- Poor coordination among health sectors.
- Lack of proper systems, resources, and qualified staff in MOH to pursue governance functions.
- Weak implementation and follow up of health strategies and plans.
Inequalities

- Access to health services is uneven across Governorates
- High Out-of-Pocket Spending
- Public funds are subsidizing some wealthy households
- Significant portion of the population does not have any sort of insurance coverage

Findings from the Jordan Healthcare Utilization and Expenditures Survey, 2002

- 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.
Epidemiological, Socio-economic challenges (SDH)

- High growth rate due to high fertility rates and forced migration waves.
- High dependency ratios.
- Increasing proportion of the population that is aging.
Going forward, the increasingly aging Jordan population is expected to further strain government budget over the next decade.

**Population Breakdown by Age**

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2020F</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-64</td>
<td>36%</td>
<td>35%</td>
</tr>
<tr>
<td>65+</td>
<td>16%</td>
<td>26%</td>
</tr>
<tr>
<td>0-14</td>
<td>49%</td>
<td>33%</td>
</tr>
</tbody>
</table>

**Government Health Care Expenditure**

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2020F</th>
</tr>
</thead>
<tbody>
<tr>
<td>expenditure (in JD million)</td>
<td>350</td>
<td>913</td>
</tr>
</tbody>
</table>

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

Source: Jordan National Agenda 2006-2015

**Epidemiology**

- Increase prevalence rates of NCDs and injuries.
- Lack of systematic burden of disease assessment and surveillance.
- Unhealthy behaviors and lifestyle.
- Pandemic diseases.
- Threats of chemical weapons.
- Environmental Health Challenges
Proposed Strategic Priorities for Jordan HS

2. Addressing the challenge of non-communicable diseases, trauma and mental health.
3. Advocating universal health coverage.
4. Strengthening PHC and health promotion
5. Reforming governance /management policies, systems, and practices.
6. Strengthening an integrated national health information and research system
7. Strengthening national HRH development, planning, production ,utilization and retention
8. Addressing the social, economic and environmental determinants of health.
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.

“Now I UNDERSTAND You!”

A lesson from the Business World

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

Lee Iacocca

“Lee” Iacocca is an American businessman known for engineering the Ford Mustang and Ford Pinto cars, being let go from Ford Motor Company, and his revival of the Chrysler Corporation in the 1980s.
The Only Constant is the Change, Albert Einstein

Thank You