



Jordan Health System: Achievements and Challenges

1

9/23/2019

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.”

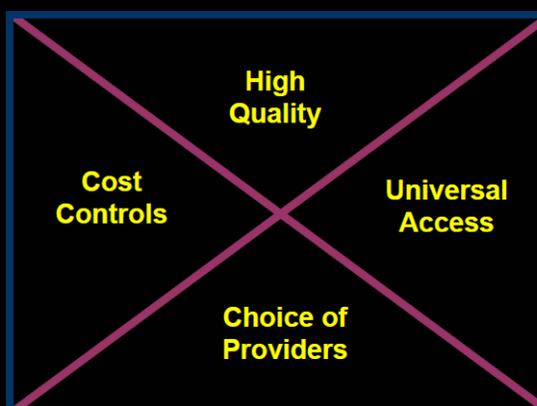
Alma Ata Declaration-1973

WHO defines health system as follows:

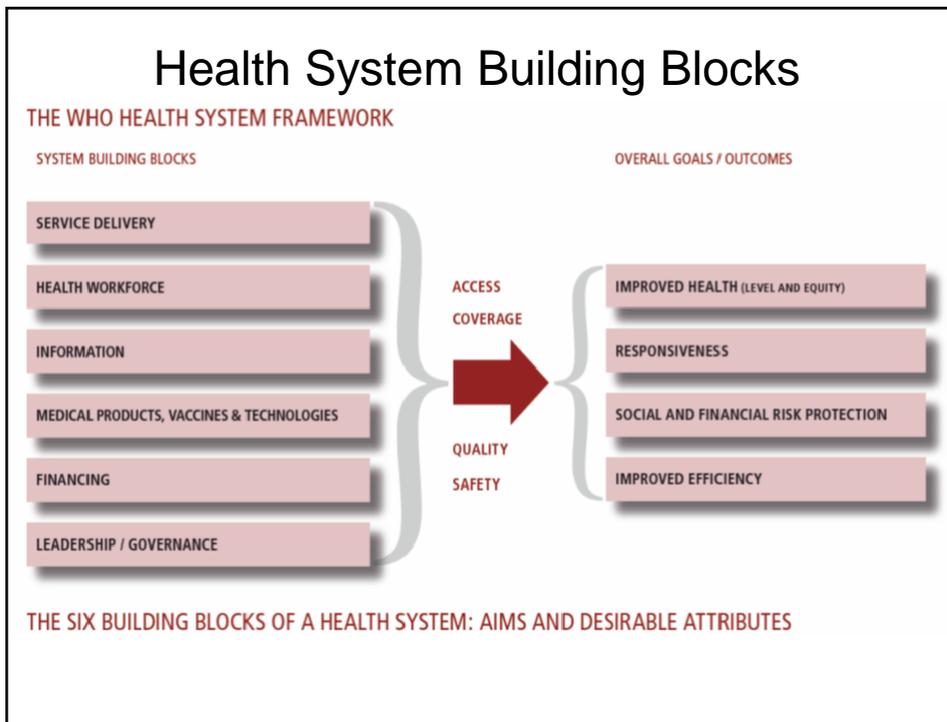
"A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. It includes, for example, a mother caring for a sick child at home; public and private providers; behaviour change programmes; vector-control campaigns; health insurance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

***In Most Countries, Health Care Policy Involves
Balancing Key Goals for the Health System***

Key Health System Goals



RAND



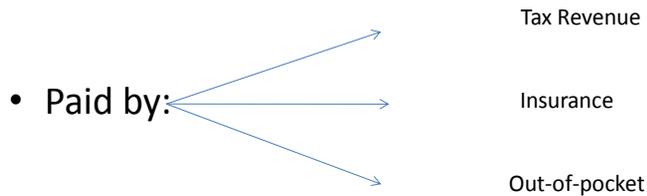
Characteristics of health system (WHO, 2007)

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!



- 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	Social Health Insurance	Private Health Insurance
<p>Main revenue type: General taxes</p> <p>Pooling: National pool</p> <p>Purchasing: National or regional direct purchase of services</p>	<p>Main revenue type: Payroll tax</p> <p>Pooling: Pools by job or income</p> <p>Purchasing: Collective and selective contracts</p>	<p>Main revenue type: Individual & employer payments</p> <p>Pooling: Privately managed pools</p> <p>Purchasing: Selective contracts</p>

RAND

Basic health care models

National Health Service	Social Health Insurance	Private Health Insurance
<ul style="list-style-type: none">• United Kingdom• Canada• New Zealand• Australia• Italy	<ul style="list-style-type: none">• France• Germany• Japan	<ul style="list-style-type: none">• United States• Greece• Singapore

Most countries have mixed financing systems with both public and private sources of funds

RAND

Major Strengths of Each System

National Health Service	Social Health Insurance	Private Health Insurance
<ul style="list-style-type: none"> • Universal health coverage • Pools risks for whole population • Relies on a solid source of revenue • Potential for administrative efficiency and cost control 	<ul style="list-style-type: none"> • Most countries have achieved universal coverage • Relies on diverse and numerous sources of funds • Defined benefits package • Sophisticated payment systems 	<ul style="list-style-type: none"> • Offers greater coverage and choice for those willing to buy it • Potential for increased competition

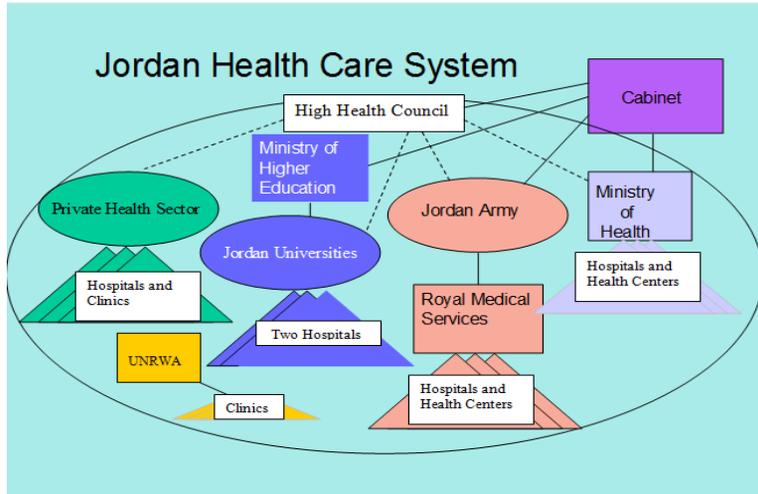
RAND

Major Shortcomings of Each System

National Health Service	Social Health Insurance	Private Health Insurance
<ul style="list-style-type: none"> • Lack of defined benefits package leads to geographic variation in covered services • Potential for care rationing and waiting lists 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.)

RAND

Jordan Health System



Jordan demographic indicators, 2012

Indicators	
Total population	6388000
Population Growth Rate	2.2
Dependency Ratio	68.2
% population <15 years	37.3
Total Fertility Rate	3.5

Socioeconomic Indicators for Jordan 2012

- The GDP :US\$ 31.24 billion.
- 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%).

15

9/23/2019

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 100,000Live Births(2008)

16

9/23/2019

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

17

9/23/2019

Four Health System 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

18

9/23/2019

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

19

9/23/2019

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

20

9/23/2019

Four Health System Eras

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

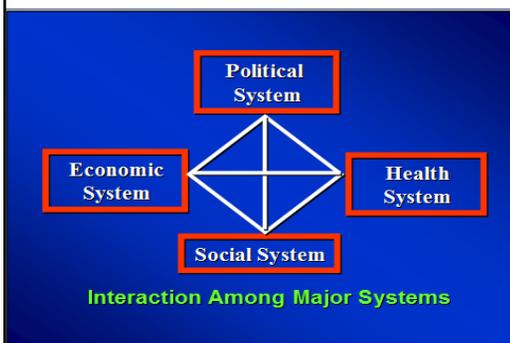
- Evidence Based HP
- NHA
- Cancer , Death Registries, Community-based Studies
- Activation of the Role of HHC(HHC Law 2009)
- FDA (2003)
- Expanding Health Insurance
- Quaternary care
- Quality and Accreditation Programs
- Cost Containment
- Jordan National Agenda(2005-2017),(2017-2022)

21

9/23/2019

(Health Policy Integration)

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



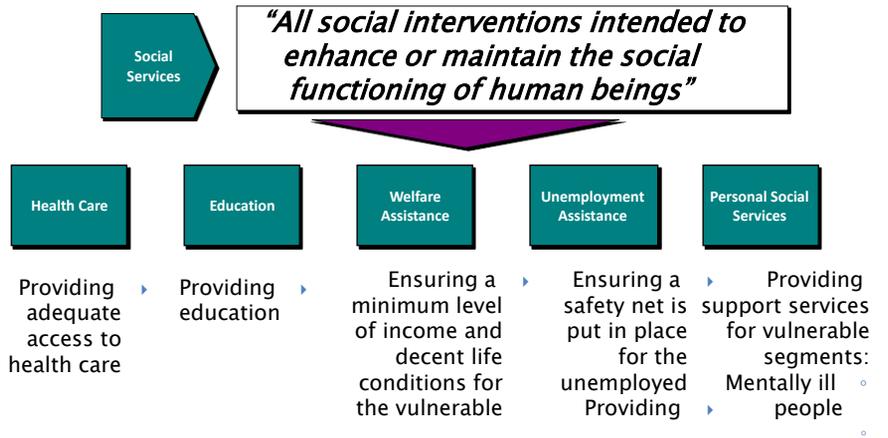
22

A stable economy requires



9/23/2019

Health as part of National Social Welfare Package



23

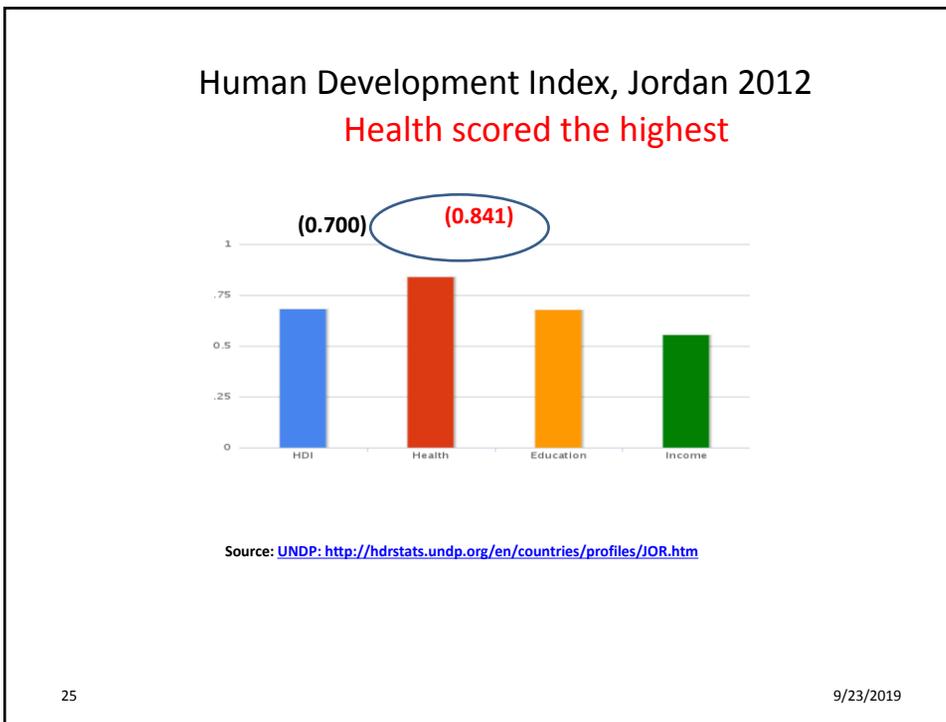
9/23/2019

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

24

9/23/2019



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

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

Health system goals

	Level	Distribution	Efficiency
Health	✓	✓	
Responsiveness	✓	✓	
Fairness in financing		✓	
	Quality	Equity	

Expenditures on health(2011)

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

27

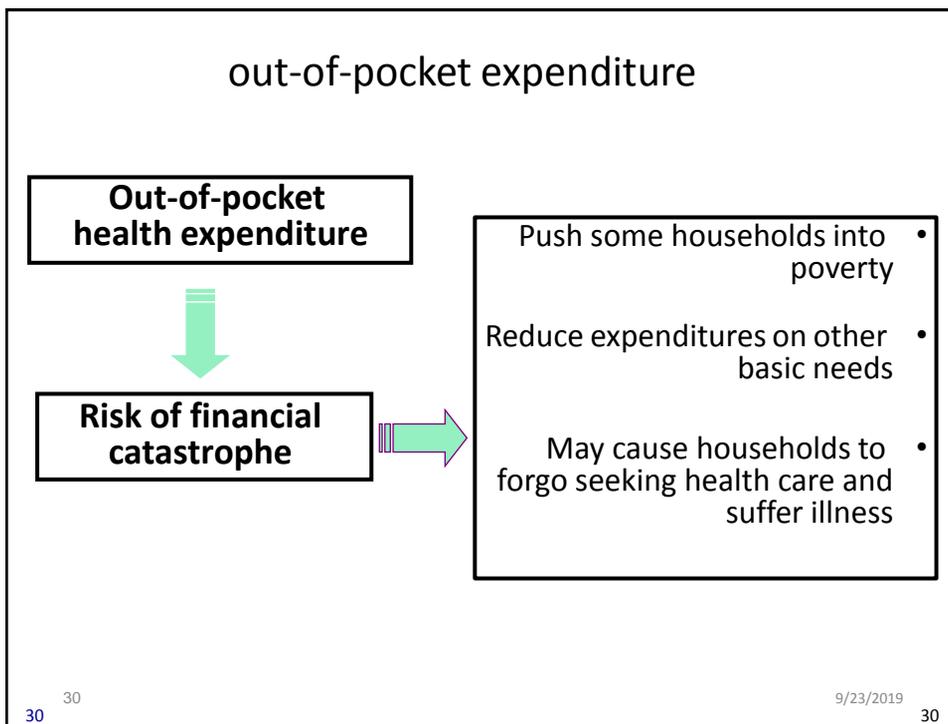
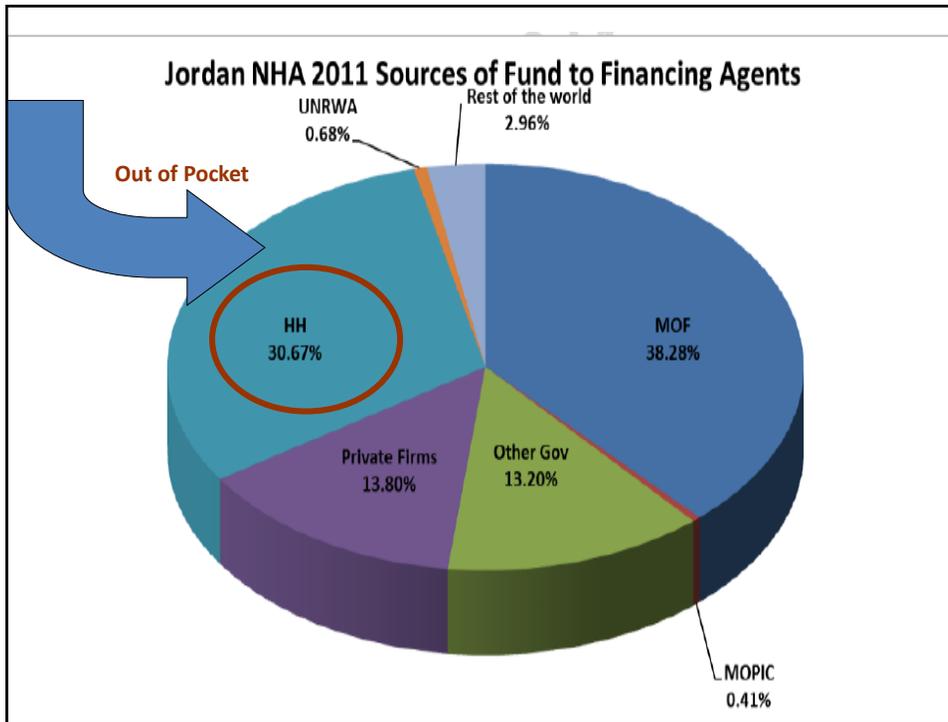
9/23/2019

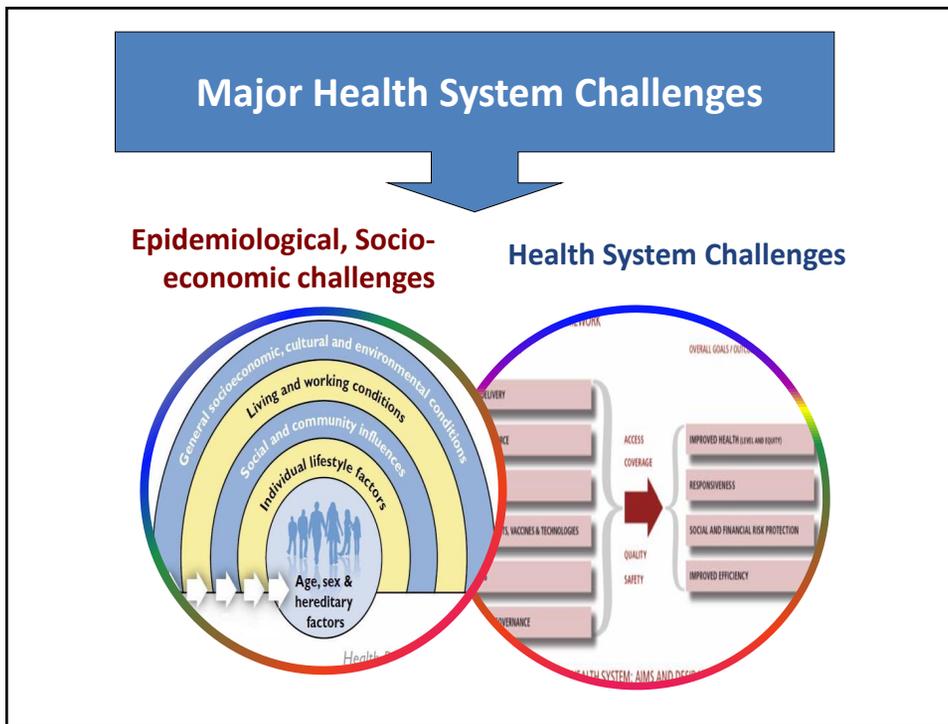
Distribution of Public Expenditure by Function 2011 JD

Curative	75.3 %
Primary	15.9 %
Administration	7.3 %
Training	1.5 %

28

9/23/2019



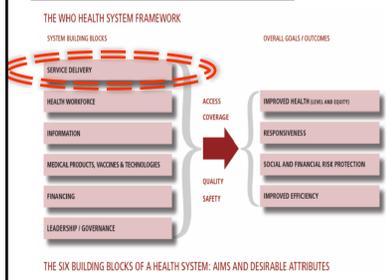


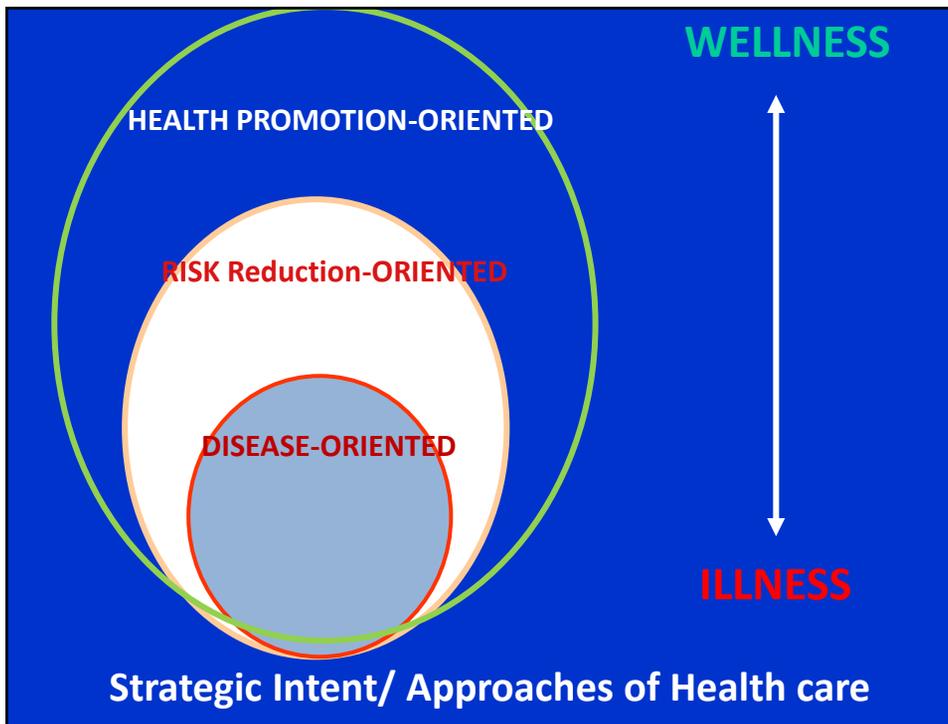
Health System Challenges

↓

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

↓

Health Workforce

- ▶ 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.

THE WHO HEALTH SYSTEM FRAMEWORK

THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

▶▶▶▶▶

2/23/2019

Health System Challenges

↓

Information

- ▶ 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.

THE WHO HEALTH SYSTEM FRAMEWORK

THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

35

Health System Challenges

↓

Medical Technology

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

THE WHO HEALTH SYSTEM FRAMEWORK

THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

36 2/23/2019

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

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS

OVERALL GOALS / OUTCOMES

THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

37

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 peruse governance functions.
- ▶ Weak implementation and follow up of health strategies and plans.

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS

OVERALL GOALS / OUTCOMES

THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

38

Health System Challenges

↓

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

39 9/23/2019

Findings from the Jordan Healthcare Utilization and Expenditures Survey, 2002

Health System Challenges

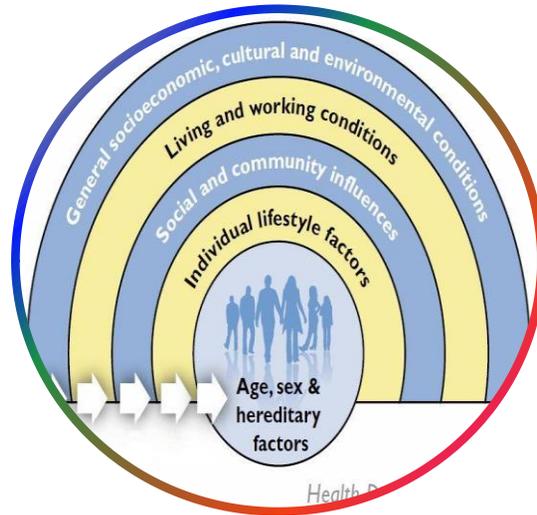
↓

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.

40 9/23/2019

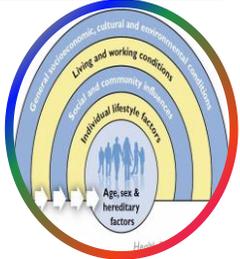
Epidemiological, Socio-economic challenges (SDH)



41

9/23/2019

Epidemiological, Socio-economic challenges



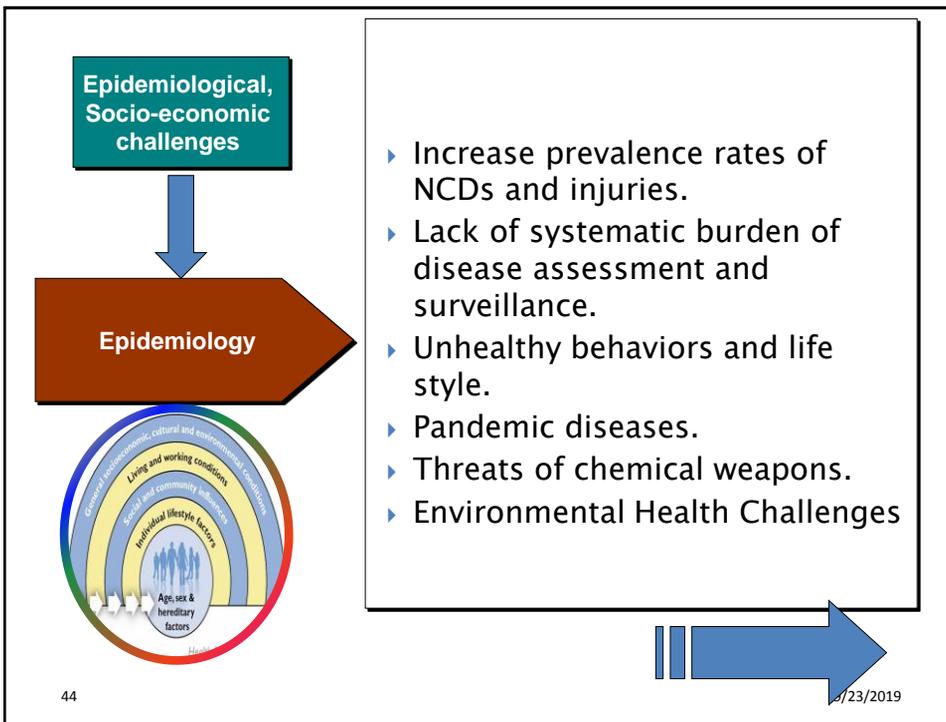
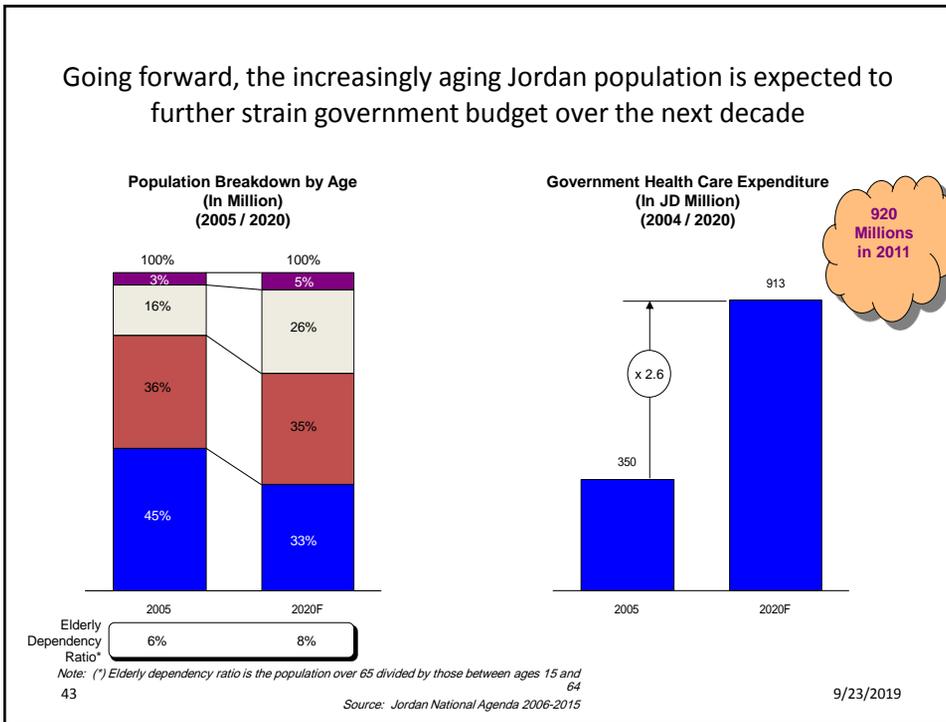
- ▶ High growth rate due to **high fertility rates and forced migration waves.**
- ▶ High dependency ratios.
- ▶ Increasing proportion of the population that is aging.



42

9/23/2019

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



- ▶ Low economic growth ,high debit rates
- ▶ Scarcity of water resources and Limited natural resources and arable land.
- ▶ Unplanned urbanization (about 50% of population lives in Greater Amman Area).
- ▶ High rates of poverty and unemployment
- ▶ Unfinished MDGs agenda(beyond 2015)
- ▶ The increasing demands and expectations of the public.

9/23/2019

45

Proposed Strategic Priorities for Jordan HS

1. Health-related Millennium Development Goals: unfinished and future challenges.
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.

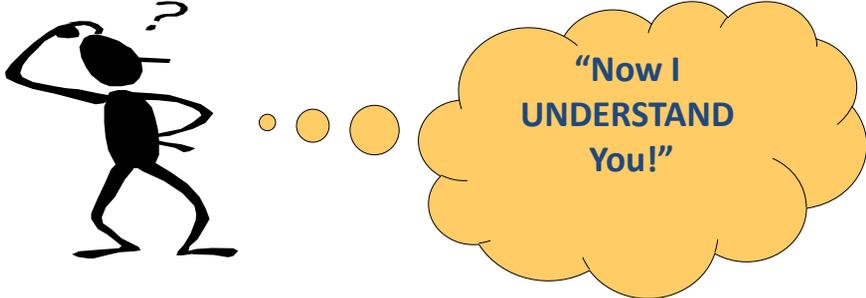
46

9/23/2019

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



47 9/23/2019

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.

48 9/23/2019

The Only Constant is the Change , Albert Einstein

49 9/23/2019

