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FACILITATORS AND BARRIERS TO REALIZING RIGHT TO HEALTH IN JORDAN

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This report is published as part of the Arab NGO Network for Development's Arab Watch Report on Economic and Social Rights (AWR) series. The AWR is a periodic publication by the Network and each edition focuses on a specific right and on the national, regional and international policies and factors that lead to its violation. The AWR is developed through a participatory process which brings together relevant stakeholders, including civil society, experts in the field, academics, and representatives from the government in each of the countries represented in the report, as a means of increasing ownership among them and ensuring its localization and relevance to the context.

This 6th edition of the AWR focuses on the Right to Health. The AWR 2023 on the Right to Health is a collaboration between the Arab NGO Network for Development and the Faculty of Health Sciences at the American University of Beirut. Through this report we aim to provide a comprehensive and critical analysis of the status of the Right to Health in the region and prospects in a post COVID-19 era. It is hoped that the information and analysis presented in this report will serve as a platform to advocate for the realization of the right to health for all.

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JORDAN HOSPITAL
مستشفى الأردن

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FOREWORD

I am honored to be commissioned to write this report on the Right to Health in Jordan due to my previous experiences in public health, the health of vulnerable groups such as the refugees and displaced, and the social determinants of health. Work began in Summer 2022 and was completed in March 2023.

In writing this report, I was keen to involve experts, relevant authorities, and ANND partners in Jordan and not be limited to the practical aspect of health services in Jordan. Instead, the report seeks to provide a comprehensive description and analysis of the political, legal, and social factors related to the right to health in Jordan. The report also considered the diversity of data sources, entailing a comprehensive desk review of publications, reports, and records of organizations involved in the right to health in the country. Finally, an in-depth discussion was held with partners and relevant authorities, and individual interviews were conducted with experts.

The above methodology allowed the report's findings and recommendations to be more objective, diverse, and comprehensive of the health situation in Jordan in its various aspects. In conclusion, I am pleased to present to you this report, hoping that I have been successful in describing and analyzing the Jordanian reality concerning the right to health, identifying the most urgent gaps and challenges, and proposing appropriate and implementable recommendations that would enhance the right of Jordanians to obtain the health they desire, which meets their needs and takes into account their privacy and priorities, within a fair and solid health system.

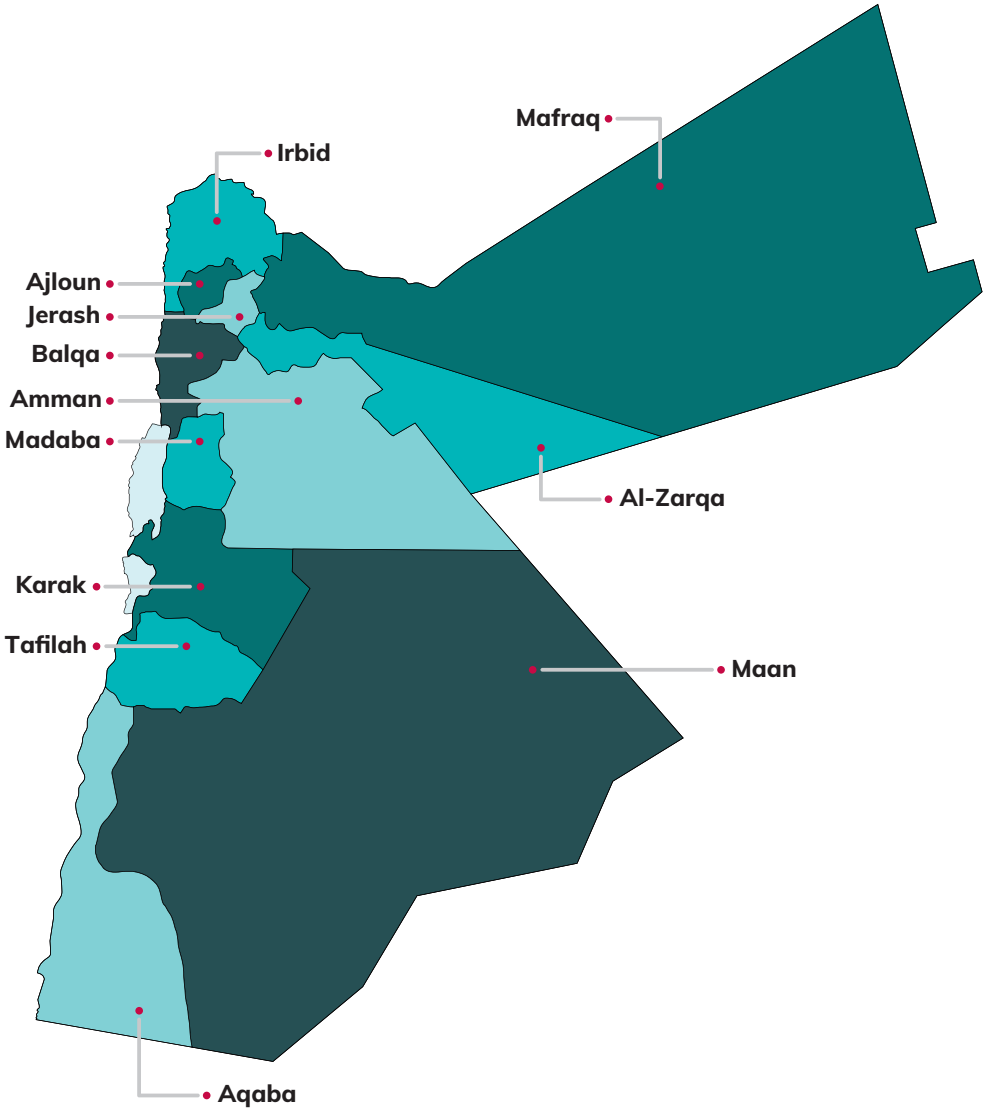
INTRODUCTION

NATIONAL CONTEXT

The Hashemite Kingdom of Jordan, whose capital is Amman, is an Arab country located in the eastern Mediterranean region in West Asia. Jordan covers an area of about 89 thousand square kilometers. It is bordered to the north by the Syrian Arab Republic, to the northeast by the Republic of Iraq, to the east and south by the Kingdom of Saudi Arabia, and the west by the occupied Palestinian territories. Jordan has a population of over 11 million, of whom approximately 38% live in the capital.

Administratively, Jordan is divided into 12 governorates (**Figure 1**), four of which (Irbid, Mafraq, Jerash, and Ajloun) make up the northern region, and four (Amman, Balqa, Zarqa, and Madaba) form the central part. The remaining four (Karak, Tafila, Ma'an, and Aqaba) comprise the Southern Region, with the widest area and the fewest people. Moreover, 750,000 of the country's population are refugees, mostly Syrians concentrated in the Central and Northern regions. Figures also indicate that there are at least a million and a quarter non-Jordanian residents who are not refugees, primarily of Arab nationalities, such as Egyptian, Palestinian, and Iraqi.

Figure 1. Jordan's governorates



The Jordanian state was established in 1921 at the end of World War I under the name "Emirate of Transjordan". It remained under British mandate until its independence in 1946 after World War II. The state's name was changed to "The Hashemite Kingdom of Jordan" under the rule of the founding king, Abdullah I Ibn Al-Hussein. King Abdullah I Ibn Al-Hussein was succeeded by his descendants and in 1999 the throne was inherited by King Abdullah II Ibn Al-Hussein. The system of government in Jordan is a representative, constitutional monarchy, as stipulated in the 1952 Jordanian Constitution, where the King is the head of the state and heads the executive branch. In 1955, Jordan joined the United Nations and was one of the founding countries of the League of Arab States in 1945 (وكالة الأنباء الأردنية (بترا) 2022).

Water and electricity lines reach more than 95% of Jordanian homes, while the sewage network connects only two-thirds of homes. Education in Jordan is compulsory and free up to the tenth grade. Jordan has the highest education rate in the Middle East and a literacy rate of 95%. Notably, Jordanians spend the most on university education out of all Arab counties, as nearly 200,000 students are enrolled in 23 Jordanian public and private universities, in addition to 20,000 others receiving their university education abroad.

Jordan is classified as a low-income country, with a per capita GDP of approximately 1,640 dinars (≈ 2,300 USD). However, according to government figures in 2022, it suffers from high unemployment rates (22.6%) and poverty (24.1%). Moreover, Jordan suffers from a scarcity of fossil energy resources such as oil and natural gas. It is also one of the poorest countries in the world in terms of freshwater resources. The per capita share of water is 156 cubic meters annually, compared to the global water poverty line of 1,000 and the global absolute water scarcity line of 500 cubic meters per year per person (وكالة الأنباء الأردنية (بترا) 2022).

OBJECTIVES

Jordan has taken appropriate steps to improve the health situation of its population and has achieved remarkable progress in many health indicators, including neonatal mortality, under-five mortality, vaccination rates, health insurance coverage rates, and access to water and electricity services in various regions. In recent decades, however, the country has been negatively affected by several economic and social factors that delayed or obstructed successive governments from continuing to implement measures aimed at securing the right to health for citizens. Thus, a comprehensive review of the issue of the right to health becomes necessary. As a result, this report was prepared to shed light on the right to health in Jordan in an integrated and comprehensive manner, providing several recommendations for its promotion in the country.

The report offers decision-makers involved in the right to health in Jordan a summary of the lived health situation in the country and an objective analysis of its economic, social, political, and legal aspects. It also presents an overview of expert and stakeholder opinions in the form of recommendations that could be implemented in the foreseeable future by health

decision-makers. Undoubtedly, this report comes at a sensitive time, when Jordan is just beginning to recover from the COVID-19 pandemic and the weaknesses it revealed in the Jordanian health system. It also coincides with the Kingdom's second centenary as a country, and a comprehensive vision for development, modernization, consolidation of achievements, overcoming obstacles, and correcting mistakes in all sectors, including the health sector serving more than 11 million residents.

On the other hand, the report could be used to draft appropriate policies to improve the procedures necessary to implement the right to health for Jordanians and other residents of Jordan. Accordingly, the main bodies that may find this report useful are Jordan's legislature, including both parts of the National Assembly, the Senate, and the House of Representatives. Likewise, the executive authority, including government agencies such as the Ministry of Planning and International Cooperation, the Ministry of Health, and the Ministry of Social Development, may find this report helpful in identifying and addressing needs, such as health services, goods, and facilities. In addition, it could be used by international organizations and non-governmental organizations (NGOs) involved in human rights and health issues in Jordan to determine their program priorities. Finally, academic, research, and media institutions interested in the right to health in Jordan may find a comprehensive source of information in this report, including findings and recommendations, which may constitute relevant material to study, analyze, and follow up on in the coming years.

In summary, the report aims to provide an accurate description and analysis of the status of the right to health in Jordan by addressing the health system's economic, social, political, and legal aspects, investigating available health services and facilities, reviewing relevant literature, reports, and data, and surveying the opinions of experts and stakeholders. The report highlights the following issues:

1. The health situation in Jordan in terms of legislation, governance, sustainable development goals, and human, material, and technical health resources.
2. The challenges faced by the health system in Jordan, particularly the gaps in legislation, financing, governance, access, and quality of healthcare.

3. Expert and stakeholder recommendations for realizing the right to health in Jordan.

HISTORICAL OVERVIEW OF JORDAN'S HEALTH SYSTEM

Since its establishment in 1921, the Jordanian State has sought to provide welfare for its people, including in the health sector. The health sector witnessed continuous development over the past hundred years of the state's history. The first directorate of health was established in the first decade, with a budget of 11,000 Jordanian dinars (JODs). The first law regulating health affairs was issued in 1923. In 1926, the first government hospital was established and opened with a capacity of 20 beds, and the number of doctors reached 28. Development of the health system continued into the second and third decades. Consequently, more hospitals were opened, bringing their number to seven in 1946, while the number of doctors exceeded 124. Furthermore, the Ministry of Health was established in 1950. In the following decades, the Jordanian health sector witnessed significant advances at the legislative, administrative, and financial levels. In 1972, health union laws were enacted. Health directorates and hospitals spread to cover all governorates. The health budget continued to rise until it reached about 6 million JODs for 8,659 beds in the late nineties (وزارة الصحة الأردنية 2022).

The new millennium witnessed more development, reflected in Jordan's health indicators. In 2017, Jordanians' average life expectancy at birth was about 73 years (74.4 years for women and 71.6 years for men), the newborn mortality rate decreased to 11 per 1,000 live births, and the under-five mortality rate decreased to just 19 per 1,000 live births. The number of hospitals in Jordan also increased to 118, with a total capacity of more than 15,000 beds in 2020, distributed as in **Table 1**. However, private-sector hospitals are primarily concentrated in major cities such as Amman, Irbid, and Zarqa (الموقع الرسمي لمئوية الدولة الأردنية 2022).

Table 1. Number of hospitals in Jordan by sector (2020)

Health Sector/ Year	2020 No. of Hospitals	2020 No. of Beds	2020 %
Ministry of Health	32	5251	35.0
Medical Services	15	3154	21.0
Jordanian University	1	625	4.2
Founder King Abdallah Hospital	1	558	3.7
Private Sector	69	5415	36.1
Total	118	15003	100.0

Source: www.moh.gov.jo

Primary healthcare services are provided in primary care centers available in all governorates and regions. They provide free services to citizens. The development in primary healthcare services is evident in the vaccination rate against infectious diseases, which exceeded 98% in 2022, compared to 90% in 2000. In 2021, there were 121 comprehensive health centers, 366 primary care centers, 187 subsidiary centers, 502 mother and child clinics, and 440 dental clinics, distributed according to population density across the different regions of the Kingdom, urban, rural, and desert. Other developments include launching a disease monitoring system, improving the national vaccination program, amending the Public Health Law of 2008 to meet emerging health needs in Jordanian society, and adopting the Medical Accountability Law of 2018 (2022 الموقع الرسمي لمئوية الدولة الأردنية). Recently, the National Center for Diabetes, Endocrinology, and Genetics and the Center for Stem Cell Therapy were established. Pioneering and advanced health services and technologies such as cochlear implants for treating deafness and liver, kidney, and heart transplants were also set up.

Hospitals and health facilities' records and transactions were digitized through the "Hakeem" program, a national electronic health (e-health) program. The Ministry of Health implemented its electronic medical records program, and a hotline and

interactive electronic reporting system were launched to monitor communicable and non-communicable diseases and mental illnesses. Indeed, many innovative applications were adopted that provided generous assistance in contact-tracking and organizing home quarantine, patient rooms, and intensive care during COVID-19 (الموقع الرسمي لمئوية الدولة الأردنية 2022).

In terms of human resources for health, physicians are distributed at a rate of 32 per 10,000 people, one of the highest ratios in the world. However, human resources, especially specialists, are not equitably distributed among the various regions. Official figures show a significant concentration of specialized health professionals in major cities in the central and northern areas, while the peripheral regions, especially the southern region, suffer from a shortage in many specializations.

Since 1972, Jordan witnessed the establishment of unions organizing workers' affairs in the health professions, such as doctors, nurses, pharmacists, and dentists. The High Health Council, the Jordanian Medical Council, and the Jordanian Nursing Council partner with the Ministry of Health for optimal strategic planning for the health professions and organize licensing, training, and professional development affairs. The country also benefits from many universities and university colleges offering professional diplomas and bachelor's programs in health professions, higher specialization, and postgraduate health programs. They are assisted by two academic hospitals, namely the Jordan University Hospital in the capital, Amman, and King Abdullah I Hospital, affiliated with the Jordan University of Science and Technology in Irbid governorate in the north (الموقع الرسمي لمئوية الدولة الأردنية 2022).

In 2022, health insurance covered 72% of Jordanians, according to the Health Insurance Directorate at the Ministry of Health. However, the source does not contain data related to people with multiple insurance or insurance rates among resident non-Jordanians. The official figures also do not include demographic details on the 28% of uninsured Jordanians. Likewise, official statistics do not describe the services provided to people covered by insurance with regards to medicines, consultations, surgical and non-surgical procedures, and the like.

Notably, Jordanians over 60 and children under six are covered free of charge by public health insurance. The social safety net covers those whose monthly income is less than 300 JODs, benefiting about 300,000 citizens through public health insurance. According to officials, the government is working to

expand the health insurance to include all citizens. However, several obstacles exist, including lack of funding, overlapping authority, and difficulties obtaining updated and accurate insurance data (دائرة الإحصاءات العامة 2018).

SOCIAL, ECONOMIC, AND POLITICAL FACTORS RELATED TO THE RIGHT TO HEALTH

The right to health in any country is impacted by many social, economic, political, and legal factors, and cannot be viewed in isolation from socioeconomic (such as income and education levels), political (such as efficiency, quality, and governance), and legal (such as laws and regulations related to health) determinants. In its eighteenth annual report in 2021, the Jordanian National Center for Human Rights (المركز الوطني لحقوق الإنسان 2021) stressed that the right to health is a human right guaranteed by international covenants, regulated in Jordan by a set of laws, and based on a set of elements such as access to health; the availability of health facilities, goods, and services; their cultural and moral adequacy; their quality; the participation of users in drawing health policies; and accountability.

The National Center for Human Rights report presents several factors closely related to realizing the above elements. It links the right to health with the socioeconomic status of individuals in Jordan, including poverty and unemployment. It also connects the right to health with state policies – especially concerning spending on healthcare, the impact of the large numbers of refugees, the high cost of securing their needs, and health-related legislation and laws (المركز الوطني لحقوق الإنسان 2021). The factors most closely related to the right to health in Jordan are summarized below.

POVERTY AND UNEMPLOYMENT

Poverty and unemployment have persisted, especially in the last two decades, which saw global and regional instability, contributing to a decline in Jordan's economic situation. The Arab Spring, ushering in the second decade of the new millennium, led to significant shifts in the political and social map of Arab countries, including changes in their economic resources. For example, tourism revenues decreased, and the attitudes of international donors and lenders changed. The situation resulted in giant waves of displacement and persons seeking asylum, a significant share of whom came to Jordan

that followed an open-door policy to refugees, mainly from Syria, where the Arab Spring turned into a protracted conflict, forcing millions to flee for their lives to neighboring countries. Before that, Jordan had suffered the repercussions of the "global real estate crisis" in 2008 and 2009, which ravaged financial markets and unbalanced the economies of many countries, negatively affecting the map of money and business.

Likewise, the COVID-19 global pandemic reached Jordan in March 2020. Over two and a half years, it exhausted the country's economy directly (due to the disruption of production and the cost of mitigating the pandemic) and indirectly (due to the cessation of several economic activities supporting the budget, one of which is tourism). Finally, the Russian-Ukrainian war broke out in 2022, leading to a significant increase in the prices of Jordan's main imports, such as wheat and other foodstuffs, adding more troubles to the Jordanian economy, which was barely recovering from the consequences of COVID-19 at the time.

These successive economic problems did not help Jordanian governments to solve poverty and unemployment. On the contrary, both poverty and unemployment were exacerbated in light of these difficult circumstances, with poverty and unemployment rates reaching unprecedented records. In 2022, the percentage of Jordanians below the poverty line reached 24.1%, and the unemployment rate reached 22.6%, according to Jordanian government figures. Health insurance for adults is closely related to their access to job opportunities that secure them with adequate coverage. Furthermore, a high percentage of the population—citizens and non-citizens—in the informal sector (known as the daily sector) are often unable to work, and thus do not have the privilege of health insurance, which is usually obtained based on the nature of the job.

Accordingly, the high unemployment rates and number of daily workers are generally associated with low health insurance coverage for them and their dependents. Research also indicates a significant association between low-income levels and the decline in health outcomes for individuals and families. Accordingly, the poverty experienced by increasing segments of Jordan's population negatively impacts their physical and psychological health (المجلس الوطني لشؤون الأسرة 2018).

THE RISING COST OF HEALTHCARE AND INCREASED SPENDING

The tremendous progress in medical technology worldwide in the modern era was accompanied by a steady rise in the cost of healthcare and a tangible increase in related spending. Thus, many advanced medical treatments and procedures cannot be provided to those who cannot pay (ميدكس-جوردان 2022). This significant increase in the cost of healthcare has a highly negative economic, social, and moral impact. The high cost of some medical procedures and treatments may explain, to some extent, the low rate of health insurance coverage in Jordan (72%), especially among the poor. On the other hand, the high cost of health services may lead to poverty for many middle-income people who are forced to spend a large proportion of their savings or income to obtain the necessary healthcare for themselves or for their family members who suffer from chronic or complex health problems or who need expensive treatment or surgeries.

In 2021, the number of people affected by poverty globally due to the cost of healthcare was estimated at 150 million (ميدكس-جوردان 2022). Various types of health insurance schemes emerged to counter the considerable increases in the price of health services. Some of them are borne by employers, and some by governments. However, the latter is an additional burden on the economies of low-income countries, such as Jordan, which is passing through critical economic conditions that reduce its ability to provide health as a right for all citizens and residents.

Since the early twentieth century, Jordan has received several waves of refugees due to its relative security and stability, its people's hospitable nature, and the political leadership's open-door policy. The number of refugees in Jordan today is estimated at more than 2 million registered Palestinian refugees, about 700,000 registered Syrian refugees, and tens of thousands of Libyans, Yemenis, Sudanese, and others (UNHCR 2022). There are also hundreds of thousands of unregistered refugees, estimated at nearly twice those officially registered. According to some estimates, the total number of all refugees in Jordan reaches 3.8 million. It is worth noting that only 18-20% of these refugees live in official camps. In contrast, most refugees are scattered in communities in Jordan, often in the poorest areas and the most in need of services (Alduraidi et al. 2018).

Accordingly, the health facilities and services provided to Jordanian citizens must also serve the needs of refugees living in Jordanian cities and towns. Although several health units and centers are operated by UNRWA, UNHCR, and other INGOs, they do not meet all the health needs of refugees (primarily secondary and tertiary care) (Saleh et al. 2022). International and regional aid provided to Jordan to support the country in addressing the needs of refugees has decreased, reaching less than 25% of the required amount in 2020 (UNHCR 2022). Therefore, refugees have burdened the Ministry of Health facilities, which are already crowded with Jordanians.

COVID-19 PANDEMIC

Like the rest of the world, Jordan was struck by the consequences of the COVID-19 pandemic. The first infections were recorded in the country in the Spring of 2020, and cases continued to increase in successive epidemic waves. The Jordanian health system—especially the government health sector—suffered greatly from the direct consequences of the pandemic. The pandemic revealed a great need for medical and nursing specialties qualified to deal with epidemics, isolation rooms, intensive care beds, and artificial respirators. As a result, the Jordanian government was forced to rent buildings from some private hospitals to cover the massive deficit in its facilities.

Furthermore, the response to the pandemic fell almost entirely on the public sector. The private sector's contribution was poor and limited. At a later stage, the government addressed the matter in cooperation with the armed forces and other parties, establishing several field hospitals in the country's three regions. These hospitals eased the burden on government and private hospitals designated to receive COVID-19 patients. They also bridged the geographical gap in the distribution of qualified centers and secured vaccination for the population in all their coverage areas.

Moreover, the vaccines arrived in Jordan in small batches at first, then grew to cover the vaccination needs of the population, including refugees. In mid-2021, a good proportion of the population had received the two doses, leading to a decline in outbreaks and a gradual return to normalcy. The pandemic drained most of the Jordanian health system's resources and halted development and expansion plans for health facilities and services for nearly two years. The impact of such developments on the right to health in Jordan was severe.

METHODOLOGY

The report utilizes a mixed descriptive analytical methodology, which combines quantitative and qualitative aspects of data collection for more objective analysis and reliable results. The methodology included three stages: a stakeholder workshop involving representatives of public and private health and human rights establishments in Jordan; a comprehensive desk review of right-to-heath-related literature, reports, publications, and statistics; and individual interviews with several individuals with experience and extensive knowledge of the country's health affairs. The three stages are described below.

STAKEHOLDERS WORKSHOP

The Stakeholders Workshop was held in July 2022, hosted by the Jordanian Women's Union in Amman. It involved representatives of official and unofficial bodies and actors interested in the right to health in Jordan, including the Jordanian Women's Union, the Phenix Center for Economic & Informatics Studies, the Association of the Women's Solidarity Institute, the University of Jordan, and several independent individuals interested in human rights and health issues in the country. Participants were invited to express their opinions and provide recommendations and proposals regarding the reality and future of the right to health in Jordan and to contribute to setting the report's priorities. The participants' priorities in relation to the right to health in Jordan varied, according to their positions. Interventions and discussions during the workshop were documented to be analyzed and summarized later. Discussion outputs served as a starting point for defining the main report themes. Ideas were exchanged in an interactive and organized manner through continuous brainstorming. The discussion revolved around four main issues: assessing the right-to-health situation in Jordan, stakeholder demands, challenges to the right to health, and the report's priorities.

DESK REVIEW

The desk review included websites, literature, publications, reports, scientific papers, and press articles on the right to health in Jordan from 2018 to 2023, from several sources,

including the Jordanian government, private agencies, international organizations, NGOs, news agencies, newspapers, and scientific and academic articles. **Table 2** lists the sources surveyed during the desk review.

Table 2. Sources surveyed in the desk review

Government	Civil Groups	International	Independent
Jordanian constitution	National Center for Human Rights	DHS Program: Jordan Population & Family Health Survey	Med x Jordan
Health laws	Jordanian Women's Union	The United Nations SDGs	Human Rights Library- University of Minnesto
Ministry of Health	Phenix Center for Studies	WHO	7iber Media Corporation
Department of Statistics	Women's Solidarity Institute	The World Bank	Zoubi 2020
Economic and Social Council	Health Coalition for Patient Protection	UNHCR	Saleh et al., 2022
Higher Population Council	Health Professions Unions	UNRWA	Dureidy and Waters, 2018
National Council for Family Affairs	Earth Foundation		
Health Insurance Directorate	Civil Society Knowledge Center		
Jordan News Agency (Petra)			

EXPERT INTERVIEWS

The third stage of the report's methodology involved expert interviews. Thus, individual interviews were conducted with experts who formerly occupied or are currently occupying positions of responsibility in Jordan's health system. The interviews lasted between 40-60 minutes each and discussed several themes regarding the right to health in Jordan and related strategies. The interviews were recorded and analyzed using appropriate tools. **Table 3** describes the profiles of the interviewed experts and their current or former positions.

Table 3. List of interviewed experts

Participant	Expert's Position
1	Current member of Parliament, physician, and member of the Parliamentary Health Committee.
2	Former Senate member, member of the Higher Health Council, academic in the field of nursing.
3	Current Ministry of Health official.
4	Head of a civil rights organization.

RESULTS

The next section analyzes the data collected in the three phases above. The section is divided into two main themes: the health situation in Jordan (right to health legislation, governance, SDGs, and the available financial, human, and technical resources) and its challenges (gaps in legislation, financing, governance, and healthcare access and quality).

HEALTH SITUATION IN JORDAN

RIGHT TO HEALTH LEGISLATION

Multiple health-related legislation in the country was identified. Although considered modern and advanced, the 1952 Jordanian constitution and its amendments do not explicitly mention the "right to health," except for the 2011 constitutional amendment, adopted under popular pressure at the beginning of the Arab Spring. Paragraph 5 was added to Article 6 of the Constitution and reads: "The law protects motherhood, childhood, and old age, takes care of young people and people with disabilities, and protects them from abuse and exploitation." Experts believe that the legislative authorities' failure to explicitly stipulate that the state guarantees the "right to health" for its citizens may be linked to its fear of incurring a cost it may be unable to meet. Moreover, although Jordan signed the International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1972 and ratified it in 1975, it did not present it to the National Assembly to make it enforceable.

On the other hand, the health system in Jordan operates according to a set of other legal and regulatory texts, including:

- Public Health Law (2008) and its amendments.
- Medical Liability Law (2018).
- Higher Health Council Law (1999).
- Health Professions Syndicates Laws (1972) and their amendments.
- Laws of the Jordanian Medical Council (2005) and the Jordanian Nursing Council (2006).

- The Food and Drug Administration Law (2008).

Along with other legislative texts, the above laws govern the health system's functioning and define the executive responsibilities of governmental and non-governmental agencies. They also regulate health professions, such as medicine, dentistry, pharmacy, nursing, midwifery, and allied medical professions, regarding registration, licensing, continuing education, and professional development. Moreover, they regulate the practice of health professions and specializations, medical studies, studies related to food and medicine, public health, narcotic drugs, smoking, and other health issues. These regulations contribute to the fair organization of the health sector's various components and, thus, indirectly influence the realization of the right to health in Jordan. In parallel, legislative authorities are constantly making the necessary amendments to the laws regulating the health sectors based on scientific, social, legal, and political advances to serve the interest of health service recipients and guarantee their rights.

HEALTH SYSTEM GOVERNANCE

Jordan's Ministry of Health plays the most influential role in the health sector's governance. However, the sector extends to several partners contributing to governance and healthcare services. The health sector in Jordan consists of several sectors which provides health services, namely:

- The public sector, which includes the Ministry of Health, the Royal Medical Services, and university hospitals: Jordan University Hospital, King Abdullah I Hospital, and the Diabetes, Endocrinology, and Genetics Center.
- The private sector, which includes hospitals, diagnostic and treatment centers, and hundreds of private clinics and pharmacies.
- The International Organizations Sector provides its services through UNRWA and UNHCR clinics.
- The NGO sector provides its services through some charitable hospitals, such as Al-Hussein Cancer Center, the Islamic Hospital, Noor Al-Hussein Foundation and Caritas, as well as the Jordanian Association for Family Planning, and other charitable clinics.

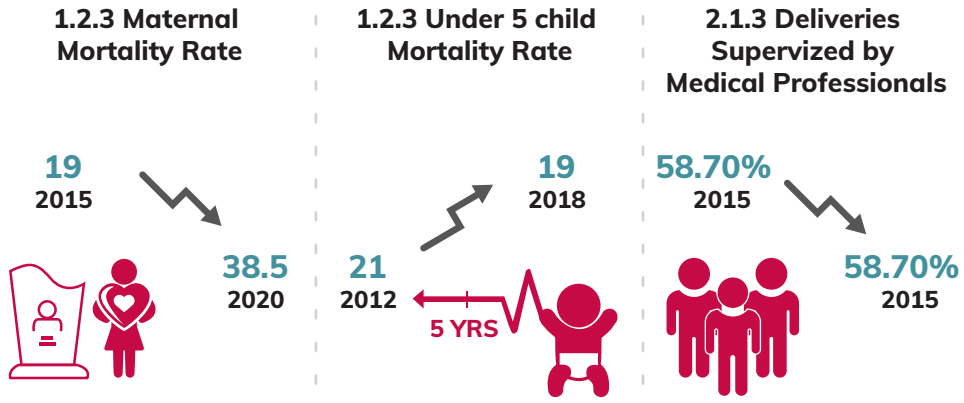
- Other institutions and councils working to develop health policies include:
    - Higher Health Council
    - Higher Population Council
    - and the Jordanian Medical Council
    - Jordanian Nursing Council
    - National Council for Family Affairs
    - The Food and Drug Administration

However, the largest number of providers of secondary and tertiary healthcare services (hospitals) are in the private sector, followed by the Ministry of Health hospitals, military hospitals (affiliated to the Royal Medical Services - Armed Forces), and, finally, the two university hospitals (Jordan University Hospital in Amman, and King Abdullah I Hospital, affiliated to the Jordan University of Science and Technology in Irbid). The Ministry of Health provides most primary healthcare services and other health roles (وزارة الصحة الأردنية 2022).

HEALTH-RELATED SUSTAINABLE DEVELOPMENT GOALS (SDGS)

In partnership with the United Nations, Jordan seeks to achieve as many of the SDGs as possible through a human rights-based and people-centered approach (وزارة التخطيط والتعاون الدولي 2022). In its second voluntary national review (VNR) in 2022, the Ministry of Planning and International Cooperation presented the Jordanian government's achievements in SDG indicators. The VNR pointed to the accomplishment of several indicators related to Goal 3 related to Good Health and Well-being. As shown in Figure 2, the under-five mortality rate decreased to 19 per 1,000 live births, compared to the global goal of less than 25 deaths/1,000 live births. On the other hand, the maternal mortality rate in 2020, while recording an increase from 2015, is still within the objective of less than 70 maternal deaths per 100,000 live births, registering 38.5/100,000. Likewise, the percentage of births that occur under the supervision of skilled health professionals in Jordan amounted to 83% in 2020 and remained within the global target (وزارة التخطيط والتعاون الدولي 2022). However, the VNR does not include data on SDG health indicators of non-citizens, including refugees.

Figure 2. Achievement rates in selected SDG 3 indicators



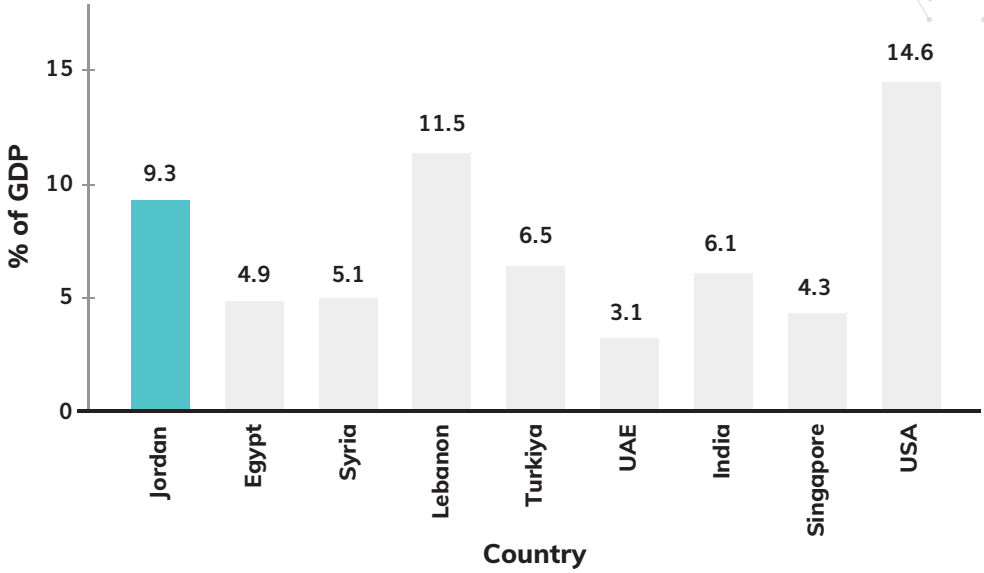
Source: www.moh.gov.jo

There is still much to be done to promote and maintain these health achievements and improve the target SDG indicators in Jordan. In the VNR, the Jordanian government presented a summary of challenges and obstacles impeding the achievement of Goal 3, most significantly the re-emergence of some infectious diseases, the paradigm shift of epidemics and diseases, the increase in demand for healthcare services and facilities, the difficulty of attracting human resources for health with specialized competencies, and the drain in a proportion of qualified professionals. In addition, health-determining factors include high tobacco use, high rates of obesity, and other patterns and practices that increase the risk of non-communicable diseases among Jordanians. The government also admitted in its report that health data is not available in a comprehensive, effective, and detailed manner due to the absence of an effective digital system to monitor and review some diseases and deaths, such as infant and newborn mortality (وزارة التخطيط والتعاون الدولي 2022).

FINANCIAL, HUMAN, AND TECHNICAL RESOURCES

In its 2022 budget, the Jordanian state allocated 9.3% of its GDP to the health sector. However, out-of-pocket spending continues. Furthermore, as shown in **Figure 3**, although health spending as a percentage of GDP is much higher than other countries in the MENA region, middle-income, and high-income countries, out-of-pocket spending on health is rising (ميدكس-جوردان 2022).

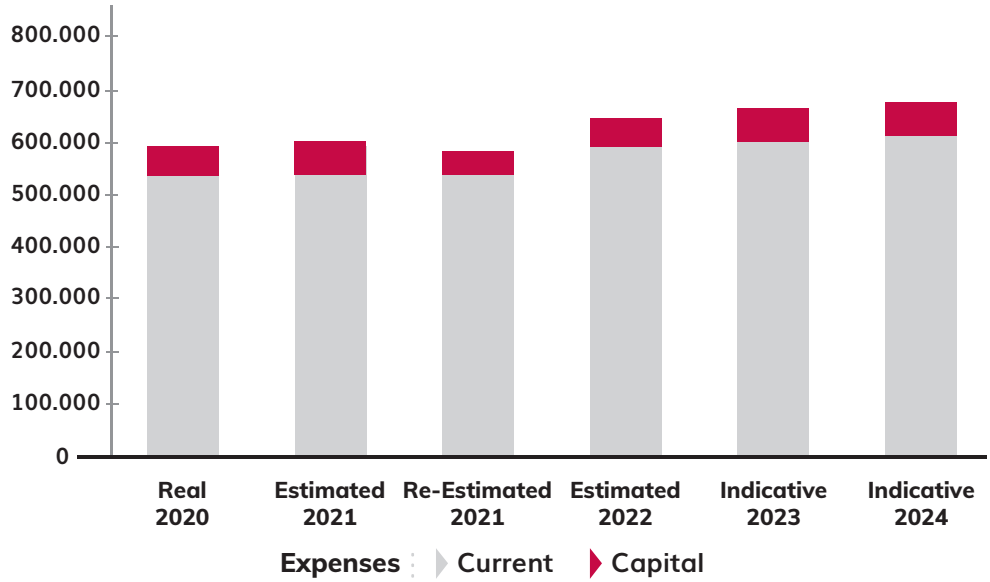
Figure 3. Health spending as a percentage of GDP by country



Source: www.medxjordan.com

The largest share of the government budget for health is spent on current expenditures, primarily salaries, wages, goods (such as medicines and consumables), services (such as energy and maintenance), social benefits, and social security contributions for the Ministry of Health staff. While capital expenditures account for less than 10% of the amount, they are spent on buildings, construction, devices, machinery, and equipment. The allocations are compared in **Figure 4**.

Figure 4. Current and capital expenses in the Jordanian Ministry of Health's budget



Source: www.moh.gov.jo

Despite these numbers, experts believe Jordan's health system requires additional funds to meet the growing needs and the massive demand for health goods, services, and facilities. For example, despite achieving several SDG 3 indicators, Jordan lags in others, mainly those related to non-communicable diseases and the number of beds per citizen. Moreover, although the Jordanian government sought to expand the availability of hospitals and other health facilities recently, its endeavors have been hampered due to the lack of funding and changing priorities. Undoubtedly, the delay mentioned above in establishing new health facilities harms efforts to realizing the right to health in Jordan.

According to government figures, 72% of Jordanians are covered by health insurance, which can be seen in the relatively low volume of Jordanian household spending on healthcare. In 2018, a survey on expenditures by the Jordanian Department of Statistics (2017-2018 DHS Programg دائرة الإحصاءات العامة) and the 2018 Household Status Report published by the National Council for Family Affairs (2018 دائرة الإحصاءات العامة) found that the average Jordanian family expenditure on healthcare services and commodities amounted to 497 JODs annually out of the average of 12,236 JODs spent by households overall. The figures confirm that most healthcare services provided to Jordanians are fully or partially covered by one of the health insurance sources. However, they omit non-Jordanians

residing in the country. The reports do not go into the details or patterns of health expenditures, such as place of residence, socioeconomic level, or head of household's gender.

In terms of human resources, the Ministry of Health alone employs 8,030 doctors, 12,500 nurses and midwives, 1,290 pharmacists, and 6,815 technicians from other health professions. The distribution rate of physicians from the entire health system is approximately 32 physicians per 10,000 people, one of the highest ratios in the world. Similarly, the distribution ratio of nurses is 17.8/10,000, and that of pharmacists is 10.4/10,000 (2022 ميدكس-جوردان).

On the other hand, the research indicates that the Jordanian health system cannot attract qualified and trained health human resources. The country also suffers from a drain of skilled and trained human resources for health, evident in the high turnover rates and resignations in search of opportunities with higher incomes and better conditions outside the Jordanian health sector, in the GCC countries, the United States, or European Union. Jordanian health professionals enjoy a good reputation globally and are sought after, which also facilitates their emigration.

For example, according to a 2020 paper by the Jordanian Strategy Forum (2020 منتدى الاستراتيجيات الأردني), at least 427 Jordanian doctors immigrated to the United Kingdom alone between 2017 and 2022. Accordingly, the Jordanian health sector is constantly forced to recruit, qualify, and train newly graduated professionals at an additional cost to the health budget. Moreover, advanced medical specializations, such as cardiovascular, brain, and neurosurgery specialists, are rare in the public health sector in the country, particularly in peripheral regions, villages, and rural areas. In 2019, only two cardiovascular specialists were available in Ministry of Health hospitals, three brain and neurosurgery specialists and one in vascular surgery. Thus, access to specialized healthcare in peripheral areas is limited, leading to a further impediment to realizing the right to health.

Regarding technical resources, the last decade saw remarkable development in digitizing health records, transactions, and services. The Ministry of Health's "Hakeem" program is the primary example. It is used to enter, preserve, and manage patients' medical data in all Ministry of Health hospitals and centers. However, according to experts, the system has not been developed enough to become a national electronic

health record system (EHR). It is still classified as an electronic medical record system (EMR) (مركز الدراسات الاستراتيجية 2019 الأردني). Accordingly, it needs urgent development to expand its scope of use and train all health personnel on its proper use to achieve the main national goals for which it was established (مركز الدراسات الاستراتيجية الأردني 2019).

CHALLENGES

Based on the data gathered according to the methodology above, the challenges facing Jordan's health system can be summarized along three main themes, discussed below.

GAPS IN LEGISLATION, FINANCING, AND GOVERNANCE

The main gap impacting the realization of the right to health in Jordan is the absence of the mention of health as a *right* in the Jordanian constitution and its amendments. Measures to realize the right to health in any country will remain incomplete unless the constitution explicitly mentions health as a right for all citizens. Its adoption contributes to a fair and solid healthcare system that ensures the right to health for every member of society without discrimination based on gender, social level, or place of residence. Experts have pointed out that the failure to stipulate the right to health in the constitution has generated a state of discrimination, as state employees enjoy health insurance, while those not employed in the state's civil and military institutions do not necessarily receive this benefit. Adopting health as a right in the constitution would end this type of discrimination and perpetuate a human rights-based approach to health, as recommended by the ICESCR in 1966 (الأمم المتحدة 1966). On the other hand, the Jordanian Medical Liability Law of 2018 still needs proper implementation to ensure that all health system employees comply with its provisions.

According to the current study, the funding gap is a significant challenge facing the right to health in Jordan. Although the country spends more than 9% of its GNP on health, the sector is still in dire and clear need of more funding to help it absorb the increasing burden, and keep pace with the enormous increases in the cost of healthcare globally, especially the prices of medicines and cost of advanced medical procedures and devices (محمد الزعبي 2020). However, in the last two decades, Jordan pursued a neoliberal financial policy that depended on loans from international financial institutions (IFIs), such as the International Monetary Fund, as a significant source of income.

These loans entail radical policy changes, including abandoning government support programs for essential goods and services such as food, health, and energy. They often negatively impact the most vulnerable and fragile segments of society, including those with limited and median incomes. Therefore, the health sector in Jordan must be immunized against such changes, and adequate means must be found to finance the health sector in a way that does not negatively affect realizing the right to health for Jordanians.

According to experts, another significant gap posing a challenge to realizing the right to health in Jordan is the health sector's fragmentation. Many entities, bodies, councils, and institutions are involved in the health governance process but with different priorities. Significant gaps persist in obtaining and sharing data, aligning the priorities and strategies of the various parties involved in health sector governance, and defining a straightforward strategic approach that pushes the health sector toward a better future (محمد الزعبي 2020). Experts expressed the urgent need to modernize the public sector's transactions and information systems, modernize and computerize the Diwan system, and promote the adoption of a comprehensive national electronic health record (EHR) that includes all health facilities in the country. They also stressed the need to find modern and effective ways to monitor and review health indicators such as mortality, morbidity, and other health data in a comprehensive national bank for health information.

Finally, the experts recommended adopting a transparent and competency-based approach in selecting first- and second-line decision-makers in the health system in the country. They explained that the mechanism by which decision-makers were selected for senior positions in the health system sometimes lacked transparency, especially in the public sector. Experts also mentioned the public health sector's inability to attract qualified and trained health personnel added to the drain of these competencies due to the difficult conditions in the sector. These conditions include the high number of auditors, long working hours, poor financial returns, and lack of incentives and opportunities for professional development.

GAPS IN ACCESS TO HEALTHCARE

While most Jordanians enjoy a wide range of health services, coverage and accessibility are still limited and uneven,

especially among the most marginalized and lowest-income groups. Experts indicated that access could be improved and coverage could be expanded more fairly. The results showed a disparity in access to health services, goods, and facilities between urban and rural areas. Moreover, the conditions of health facilities in rural areas, particularly in the southern region, need to be improved and developed due to the uneven distribution of financial and human resources between cities and rural areas and between regions, the center, and remote areas. The situation is due to the lack of financial resources, as residents of these areas are forced to travel long distances to obtain services in the closest city. On the other hand, advanced medical specializations are concentrated in major cities, and some are entirely absent in peripheral areas and small governorates, which also face frequent shortages of medicines and medical supplies.

Health insurance coverage in Jordan is provided through public programs that include: military health insurance (for individuals, serving and retired military officers and their families), the insurance system for civil servants (for workers in the government sector and their families), and the National Aid Fund (which issues cards for the poorest people and beneficiaries of aid boxes). Coverage is also provided through special programs that include private insurance companies (used by some businesses in the private sector to cover their employees and their families, but are subject to company approval for costly medical procedures), professional organization funds (such as insurance for doctors, engineers, and lawyers participating in unions), and international agencies (such as the UNRWA, which covers the needs of registered Palestinian refugees for primary healthcare services), in addition to charities (which cover limited health needs for some needy people, such as the Jordan Red Crescent). Individuals who do not receive any of the above types of coverage can purchase health insurance services from the private sector if they have the means, except for persons under six and over sixty years of age, who are covered by the government regardless of whether their families have any coverage.

Jordanians who need to obtain health services to treat certain types of chronic diseases or tumors or who need expensive procedures such as dialysis and who do not have any of the types of coverage mentioned above may request “medical exemptions” from the Royal Court or the Prime Ministry. The exemption requires they present a recent medical report from

an accredited hospital, which is not possible in some cases. Furthermore, neither body is specialized in health. This situation raises several questions about their ability to distribute exemptions in an appropriate manner that takes into account the real needs of applicants and contributes in an organized, efficient, and scientific way to the realization of the right to health in Jordan.

The following categories of persons have the lowest access rates to healthcare services in the country:

- Refugees not registered with the official authorities, especially those who live outside the official refugee camps.
- Refugees and migrant workers with expired residence permits.
- The unemployed and their families.
- Informal sector workers or day laborers (including non-citizens, often not covered by social security or the state health insurance fund).
- People over six and under sixty years of age who suffer from chronic diseases.

GAPS IN THE QUALITY OF HEALTH SERVICES

Although most Jordanians enjoy access to a wide range of healthcare services, the quality of these services is generally described as low, especially in the public health sector. Experts attribute the noticeable decline in the quality of healthcare services in Jordan in recent times to several reasons, including the following:

- There is increasing pressure on health facilities due to population increase, waves of refugees, and the public sector's inability to match this increase by establishing or expanding health facilities, especially in peripheral areas, leading to overcrowding, long waiting times, and far-removed appointments (2017-2018 DHS Programg دائرة الإحصاءات العامة).
- The medical and nursing cadres in the governmental and military health sectors are forced to serve many visitors and patients daily, and the public health sector cannot appoint different numbers of qualified staff to meet these growing needs.

- The absence of follow-up mechanisms for medical referrals does not allow healthcare providers to know the entire history of their cases.
- There is a frequent shortage of some types of medicines and medical supplies in the facilities of the governmental and military health sectors, especially in the peripheries.
- The drain of trained and qualified health personnel outside the government and military health sectors and the insufficient ability to attract qualified and skilled professionals.
- Increased pressure on facilities due to the emergence of new epidemics or the re-emergence of old ones after disappearing for a long time.
- Weak spending on preventive health services increases the population's need to come to hospitals and health centers suffering from preventable health problems.
- Inadequate use of telehealth technologies in governmental and military health facilities to help reduce the need for visits for some health services.
- The severe shortage of advanced medical specialties in peripheral governorates' hospitals, increasing the pressure of referrals to major hospitals in the cities, where specialists are present, the consequent discrepancy in access to specialized health services, and discrimination regarding the right to health based on place of residence.
- The urgent need to maintain or replace many old diagnostic medical devices (such as radiographic imaging devices) and therapeutic devices in public health sector facilities and to provide additional devices to meet increasing demand.

RECOMMENDATIONS

Based on the analysis of the results and on the outcomes of the stakeholder workshop, this report suggests several recommendations that respond to the challenges and improve the health system in Jordan to realize the right to health:

- Call to amend the Jordanian constitution, adding an explicit text stipulating that the state guarantees the right to health for all its citizens fairly and without discrimination, and apply the amendment on the ground as a guaranteed constitutional right to access health.
- Redirect the health system's funding sources and provide additional sources, if possible, to expand health insurance coverage, enhance equality in spending between cities and the countryside and between the center and regions, and improve the quality of services provided by the public health sector.
- Unify all health insurance programs in a comprehensive national record that addresses imbalances and duplication in coverage and enhances the opportunity for the uninsured to obtain appropriate and adequate coverage within actuarial plans based on accurate data.
- Activate the fifth item of the Social Security Law, providing health insurance for social security subscribers who do not have another insurance, based on an accurate actuarial study that determines the appropriate approach and does not negatively impact the Social Security Corporation's remaining services.
- Enhance the role of regulatory authorities to ensure the appropriate implementation of laws related to the health system, particularly Public Health Law and Medical Liability Law.
- Initiate an inclusive national dialogue that includes all entities, councils, bodies, and organizations concerned with the health sector to formulate a rational governance approach, free of fragmentation and diversity of health references, and ensure the health sector's effective functioning and use of resources.

- Establish integrated programs to prepare health leaders, follow a constructive approach to efficiency and experience in selecting health decision-makers at various strategic and operational levels, and continuously regulate their performance.
- Enhance the health system's Crisis Preparedness through strategic plans, training, and building capacities to improve its response to future disasters, crises, or epidemics.
- Establish a national health information bank that guarantees smooth access to information for those who need it and involves all subsectors and official institutions to facilitate exchange.
- Promote the financing of preliminary healthcare services and improve its infrastructure to manage the right to health.
- Establish preventive health programs and health awareness campaigns, and involve beneficiaries in planning and implementation according to their needs and priorities.
- Pay adequate attention to mental health as an essential component of the right to health, allocating sufficient material and human and technical resources to implement the right to obtain all sorts of mental health services for all.
- Coordinate between higher education institutions teaching health professionals and employers to bridge the gap between higher education outputs and the competencies and skills the labor market needs.
- Improve the software and applications of the "Hakeem" program, expanding its use and encouraging its adoption by all health sectors to establish a comprehensive national health record.
- Reconsider the mechanism for exemptions granted by the Royal Court and the Prime Minister, and replace them with a comprehensive and thoughtful approach that gives coverage to the broadest possible segment of the population according to need and necessity within a complete and updated database and contributes to providing health for all as a right, not as a privilege or grant.
- Pay attention to qualified health staff, improve their working conditions, reconsider their salary system and incentives, and ensure professional development opportunities, to

prevent drain and facilitate their recruitment in the public health sector throughout the country.

- Expand the use of e-health and telehealth techniques to reduce crowding in health facilities, providing the required regulatory legislation, training, electronic infrastructure, and technical support.
- Enact laws that realize the right to health for the most vulnerable and marginalized groups, such as non-registered refugees, the unemployed, PwDs, and older people who suffer from chronic diseases.
- Galvanize political and logistical support and genuine partnership between the health sector and other sectors (such as service and environmental institutions, municipalities, local councils, industry and trade rooms, civil society organizations, and national community leaders) to overcome difficulties, and advocate in favor of implementing the right to health in Jordan as a strategic national goal.
- Conduct controlled scientific studies to measure beneficiary satisfaction with the health system's healthcare services and legal aspects, and draft development and improvement plans in the various sectors concerned with implementing the right to health based on the results and recommendations of those studies.

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