

**The Hashemite Kingdom of Jordan**



***The Ministry of Health  
Strategic Plan 2018 - 2022***



“With regards to the health sector, our health services represent a distinguished model in the region, but they need constant development in order to maintain the level that they achieved and improve.

Hence, efforts must be made to ensure the best utilization of available resources, complete the electronic connection and computerization projects in the sector, reinforce the role of the Health Care Accreditation Council (HCAC), expand the coverage of health insurance, focus on medical tourism, and facilitate all relevant procedures to serve the national economy.”

*His Majesty King Abdullah II bin Al-Hussein  
From the letter of designation of  
Dr. Hani Al-Mulki's first government.  
29<sup>th</sup> of May, 2016*

## MoH Strategic Plan 2018 - 2022

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## Summary of the Ministry of Health Strategy 2018 - 2022

In accordance with the directives of His Majesty the King Abdullah II on improving citizens' living conditions and quality of life, and in continuation of the systematic and best practices-based approach, the Ministry of Health (MoH) prepared its strategic plan for the upcoming five years (2018 - 2022) based on what is stipulated in the national plans, especially Jordan Vision 2025, the Executive Plan to Reform the Health Sector (2018 - 2022), the Ministry's plan to stimulate economic growth and other related national plans in addition to the Global Plan for Sustainable Development (2030); while taking into consideration the results, outcomes, shortcomings, and learned lessons of the previous strategy.

The Ministry applied some amendments to its vision and mission in this new and updated strategy in order to conform to the Ministry's priorities and directions. They are as follows:

**Vision: "A healthy society with an integrated health system."**

**Mission: "Providing preventive and treatment health services, performing the organizational and supervisory role with regards to services related to the citizens' health and safety with equality, high quality, optimal use of technological resources, and in partnership with concerned entities in order to achieve universal health coverage"**

This strategy aims to address main issues that will be facing the Ministry in the next phase such as: promoting primary health care services; improving the quality of services provided in all MoH facilities; controlling and rationalizing expenditures; managing knowledge, electronic transformation and information technology; managing human resources; universal health coverage; and governance and decentralization in the health sector and ministry within seven main themes suitable with these issues and strategic goals.

### The Ministry has adopted the following strategic goals for the years 2018 - 2022:

1. Provide equitable and high quality health care services
2. Improve effectiveness and efficiency of human resources management
3. Increase inclusion of citizens in the universal health coverage
4. Improve effectiveness and efficiency of infrastructure management
5. Improve effectiveness and efficiency of knowledge management which is based on digital transformation and technology
6. Improve effectiveness and efficiency of financial management
7. Maximize governance and supervisory role of the Ministry and implement decentralization

The strategic objectives, specific objectives, and main programs that will achieve these objectives are listed below:

**First:** Provide equitable and high quality health care services

The specific objectives that will achieve this strategic objective, and the programs specified for each specific objective are as follow:

#### 1. Improving the quality of primary health services

One of the main activities undertaken by the Ministry is to provide primary health care services through a network of health centers distributed across all governorates, in addition to providing secondary and tertiary through its hospitals or the private sector hospitals. In order to achieve this objective, the Ministry adopted a number of initiatives to provide and improve primary health care services, the most important of which are:

improve primary health services; by providing family doctors in health centers, building staff capacities through various training programs (continuous education, scholarships and residency programs), restructuring health centers and reinforcing larger and centrally located centers, merging some centers based on the health map, providing pharmaceutical, dental and major lab services, promoting community engagement through health committees, continuing the enforcement of accreditation and quality enhancement standards, acquiring

accreditation for health centers - the number of accredited centers increased from 97 in 2017 to 147 in 2022, and computerizing health centers - the number of computerized health centers increased from 142 in 2017 to 478 in 2022.

#### 2. Controlling communicable diseases

Improving monitoring of communicable diseases through electronic interactive surveillance and engaging all sectors including the private sector; continuing the immunization program and adding new vaccines (such as pneumococcal, hepatitis A, and smallpox vaccines); providing treatment for AIDS and tuberculosis patients; promoting tuberculosis patients screening; continuing the malaria, schistosomiasis and leishmaniasis control program; preparing a guide for antibiotic-resistant microbes and infection control measures.

#### 3. Controlling non-communicable diseases (NCDs)

Non-communicable diseases are a major challenge facing the Ministry due to their high prevalence and mortality rates, in addition to their related complications and high treatment costs. Hence, a number of interventions and programs were devised to control NCDs, including a program to control diabetes and hypertension, which are considered among the most prevalent NCDs. The program tests newborns to detect phenol ketonuria, G6PD deficiency and thyroid dysfunction, in addition to the detection of thalassemia through the premarital screening.

Other programs include: electronic interactive surveillance of NCDs and a number of registries; the most important of which are: the Cancer Registry, the Renal Failure Registry, and the Maternal Mortality Registry.

All of these programs help provide a database that contributes to taking appropriate decisions to control these diseases.

In addition, some nutritional programs, including flour fortification with vitamins and minerals, distributing vitamin A capsules, and reinforcing table salt with iodine, contribute to decreasing the rates of critical nutrition related diseases.

#### 4. Promoting mental health services and addiction control

In light of increasing social and economic pressures and migrations, the need to provide more attention to mental health care and addiction control becomes more significant. The Ministry is implementing a number of programs in this regard, including: bridging the gap in mental health care by including mental health care services in hospital and health center services after building capacities, providing beds, and appropriate equipment. There are currently 32 health centers that are capable of receiving cases of mental disorders and addiction. These centers follow a biological, mental and social approach instead of a medicine-based approach to treat these cases.

However, there remains a need to establish departments especially for children and the elderly, and provide medical staff, especially in the fields of psychiatry, psychiatric nursing, psychiatric justice, and psychology.

#### 5. Promoting behaviors in the community

Promoting healthy behaviors is one of the Ministry's main goals in light of increasing NCDs which arise from unhealthy behaviors. Hence the Ministry is implementing a number of programs to promote healthy habits, such as health information and awareness, reinforcing health care capacities in remote villages, community health committees to promote community health, the smoking project, the elderly health program, and the parental awareness program.

## 6. Reinforcing reproductive health services, family planning and child health

Reproductive health and family planning are still among the Ministry's priorities in order to reduce maternal and child mortality rates and fertility rates and eventually gain the benefits of the demographic window. Some of the programs aiming to achieve this objective include: the reproductive health and family planning program, expanding reproductive health and family planning services, the safe pregnancy program, and the integrated health care program. The Ministry also works on implementing a program to protect children from abuse, and respond to gender-based domestic violence.

## 7. Limiting health risks related to environment health

As a result of industrial development and its environmental and climate effects on the citizens' health, it was imperative to continue and reinforce programs that ensure the environmental health of citizens, including:

potable water quality control program in all of its phases, a program to monitor treated wastewater and reuse it, and a program to improve and develop medical waste management in health care institutions.

## 8. Promoting school health services including all of its components

School students represent an important segment in the community due to their large numbers and important role in leading the future. Hence, providing preventive health care for them is imperative. Preventive health care programs include: comprehensive screening of private and public school children, oral and dental screening program in private and public schools, school health awareness program, social and mental counseling in schools, health and environmental screening for school children, and health and environmental inspection of private centers and nurseries.

## 9. Promoting occupational health programs

Occupational health requires numerous promotion initiatives in light of the scarcity of specialized staff in this field, especially after the retirement of some employees. In addition, there is a need to reinforce occupational prevention services for workers through increased awareness and training, ensure safe occupational environments for them, provide a database that informs the decision making process, and reviewing laws and regulations to ensure their harmony and avoid any redundancy among them. The Ministry also implements a capacity building program on occupational health.

## 10. Promoting secondary and advanced health care services

The Ministry is seeking to improve secondary and advanced health services through a number of programs, including: developing laws to implement decentralization, hospitals self-management, and amending the organizational structure to comply with new trends and work requirements.

In order to improve hospitals' infrastructure, the Ministry is working on expanding existing hospitals (such as Princess Rahma Hospital, Al-Nadeem Public Hospital, Ghor Al-Safi Hospital, and Jerash Public Hospital), and establishing new ones, such as Zarqa New Hospital, Al Salt New Hospital, Tafilah Hospital, and Madaba Hospital). In addition, emergency departments are being established in hospitals; where a new emergency building is being established in Al Bashir Hospital. Furthermore, Ministry is providing necessary developed equipment, building capacities through training programs such as the "New Doctor" program and continuous education, increasing the number of residents in all fields - including emergency health care - by providing a specialized doctor in each hospital, updating ambulances in accordance with international standards, and drafting a plan to sustain, update and maintain ambulances in order to promote emergency services in hospitals.

The Ministry is also working on building the capacities of the staff, including pharmacists, nurses and technical employees working in labs and radiology departments through a number of programs, such as the residency program for doctors and nurses and the continuous education program for medical staff working in hospitals, directorates and health centers.

On the other hand, unified protocols and references are being developed for various health care services in order to ensure providing enhanced services.

The hospitals accreditation program and constant renewal of hospitals' accreditation directly helps to improve the quality and safety of health services. The Ministry continues to increase the number of hospitals accredited by the HCAC, where the number of accredited hospitals is projected to increase from 12 hospitals in 2017 to 25 hospitals in 2022. On the other hand, hospital computerization is also underway, with the number of computerized hospitals projected to increase from 18 in 2017 to 32 in 2022. In terms of advanced health services, work is underway to improve these services and provide priority services such as establishing cosmetics and burns departments to increase them from 2 to 4; developing and increasing transplant services including cochlear implants; increasing the number of hospitals with a forensic medicine

department and a forensic doctor; in addition to increasing the number of family protection centers to meet community needs.

### **Second:** Improve effectiveness and efficiency Increasing of human resources management

The Ministry provides special attention to human resources since they are the main factor in achieving objectives and development. Hence, the Ministry will seek to attract qualified technical staff by expanding the residency program and increasing the admission rates by 10%, and increasing internal and external scholarships for employees from remote areas, so that they would go back to their areas and serve them. The Ministry is also purchasing rare and necessary services in order to provide them.

The Ministry will continue building capacities and improving the knowledge and skills of personnel in the health sector depending on current and emerging needs for health services. Hence, a training center for basic cardiac life support was established in Amman and accredited by the American Heart Association. Work is also underway to complete the process of establishing the Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support programs.

In order to retain human resources, the Ministry is working on placing policies to motivate human resources, and reviewing incentives regulations and amending them to motivate personnel in remote areas and rare specialties. The Ministry is also developing an employee succession plan for supervisory and main roles. Effective management of human resources requires improving effective tools of management and promoting their use. This includes developing an implementation plan to develop and use a needs tool based on work load indicators, and an electronic transformation plan for human resources (such as the unified Human Resources Management Information System (HRMIS)), activating a performance appraisal system for MoH personnel, reinforcing the concept of equal opportunities in access to senior supervisory roles, providing job descriptions for all positions, and building the capacities of nursing and allied medical professions colleges.

### **Third:** Increase inclusion of citizens in the universal health coverage

The Ministry seeks to contribute to the national goals of reducing poverty and unemployment rates and building an effective social protection system by increasing the number of subscribers to civil health insurance, and the number of people covered by civil health insurance in the third tranche, which includes National Aid Fund beneficiaries, persons with disabilities, populations of the poorest and remote areas, and the social security network; without collecting subscription fees from them, such that the percentage of people covered with civil health insurance increases from around 42% in 2017 to 60% in 2022. People from the 60+ age group have already been covered, and the Ministry will work on insuring poor households with an income ranging from 300500- JD and school children from the (617-) age group.

The Ministry also contributes to restructuring current insurance models in order to enhance their efficiency and reduce their financial risks. All of this should increase the number of people covered with civil insurance and increase the health coverage rate.

The Ministry also works to enhance the quality of services in all of its facilities (hospitals and health centers) as a component of universal health coverage. This is achieved through a number of projects and procedures, probably most importantly the ongoing preparation of its facilities for accreditation or re-accreditation; where the number of hospitals and health centers that got accredited in 2017 was 12 hospitals and 97 centers, and it is planned to increase the number in the year 2022 to 25 hospitals and 147 health centers.

**Fourth:** Improve effectiveness and efficiency of infrastructure management

The Ministry enjoys a good infrastructure and wide distribution of health facilities across the Kingdom; with 32 hospitals with a capacity of 5177 beds that comprise 37.7% of the total number of beds in the kingdom, 109 comprehensive health centers, 374 primary health care centers and 193 peripheral centers.

The Ministry is also improving the level of advanced services provided to citizens and the equity of their distribution. The percentage of Ministry owned centers, which stands at 53%, is being increased; new hospitals and health centers are being established or expanded according to approved standards; and current health establishments are maintained. The Ministry also provides highly efficient medical equipment and machines based on actual needs of the Ministry hospitals and health centers and in a manner that would ensure the utilization of allocations (grants, loans and budget) and readiness of medical equipment in hospitals and health centers at a rate of no less than 95%. Furthermore, the Ministry is enhancing the efficiency of transportation means, providing suitable transportation means - especially equipped ambulances according to approved standards, improving hostelry services in hospitals (cleaning, correspondence, security and sustenance), and raising satisfaction rates among beneficiaries.

New hospitals and health centers will be established, and others will be expanded to achieve better geographic coverage. It is worth noting that Syrian refugees have increased the load on various Ministry facilities. This requires doubling the efforts of construction and expansion, especially in governorates which host the largest percentage of refugees.

**Fifth:** Improve effectiveness and efficiency of knowledge management based on digital transformation and technology In this regard, the Ministry approved developing, mainstreaming, sharing and disseminating a supportive electronic infrastructure, by implementing electronic transformation programs, the most important of which is computerizing health centers and hospitals; where the number of computerized hospitals will be increased under Hakeem agreement from 18 in 2017 to 32 in 2022, and the number of computerized health centers will be increased from 142 in 2017 to 478 in 2022.

Procedures of licensing health professions and institutions will be re-engineered, electronic services will be developed for the Ministry, and current unified systems including the following programs will be completed: the vehicle tracking system, the correspondence systems, the unified government stock system, unified human resources system, and the joint procurement system. In addition, the Ministry purchases human resources services for electronic transformation projects; updates the MoH website, the Government of Jordan Portal, and websites of directorates and hospitals; and sets up their infrastructure, which includes: network connection equipment, computers and their maintenance, and maintaining and sustaining applied systems and software licenses and databases. The Ministry also continues to build employee's capacities and competencies through a comprehensive computer course and the ICDL course.

In parallel, procedures of knowledge management are established in the Ministry, starting from preparing and implementing a strategic plan for knowledge management; building individual and institutional capacities of knowledge management; and managing, disseminating, sharing and archiving knowledge (implied and explicit knowledge that is available in various Ministry directorates).

**Sixth:** Improve effectiveness and efficiency of financial resources management

In this phase which witnesses economic challenges that require developing the economy and stimulating economic growth, controlling and rationalizing spending becomes an important goal of financial management which can be achieved through optimal utilization of resources that would ensure efficiency and effectiveness; especially controlling and rationalizing spending on drugs and medical supplies, continuing to activate the joint procurement system, preventing redundancy in prescribing drugs by computerizing all relevant processes, and reviewing prices and services set in existing agreements between the Ministry and other health sectors to treat insured citizens.

The Ministry also seeks to rationalize energy use by resorting to alternative energy sources in its facilities. And to promote accountability and transparency, warehouses are electronically connected and computerized, and health services costs are being analyzed to take sound evidence-based decisions. In parallel, financial

processes are being monitored, audited and computerized using the GFMIS and based on the Audit Bureau reviews.

The Ministry is also seeking to find funding alternatives; including partnering with the private sector, especially for high cost projects such as building hospitals. Hence, Tafilah Hospital is built in partnership with the private sector, and Madaba Hospital, which is currently under consideration, will be established using the same mechanism.

**Seventh:** Maximize governance and the supervisory role of the Ministry and implement decentralization The Ministry implements the principles of governance -which include the rule of the law, accountability, engagement, integrity, equity, effectiveness, efficiency, and sustainability - in all procedures and processes related to its work, including: regulations, organizational structure and strategies; human and financial resources management, providing services; managing procurement and partnerships; outcomes achieved by human and financial resources; providing services; and general outcomes.

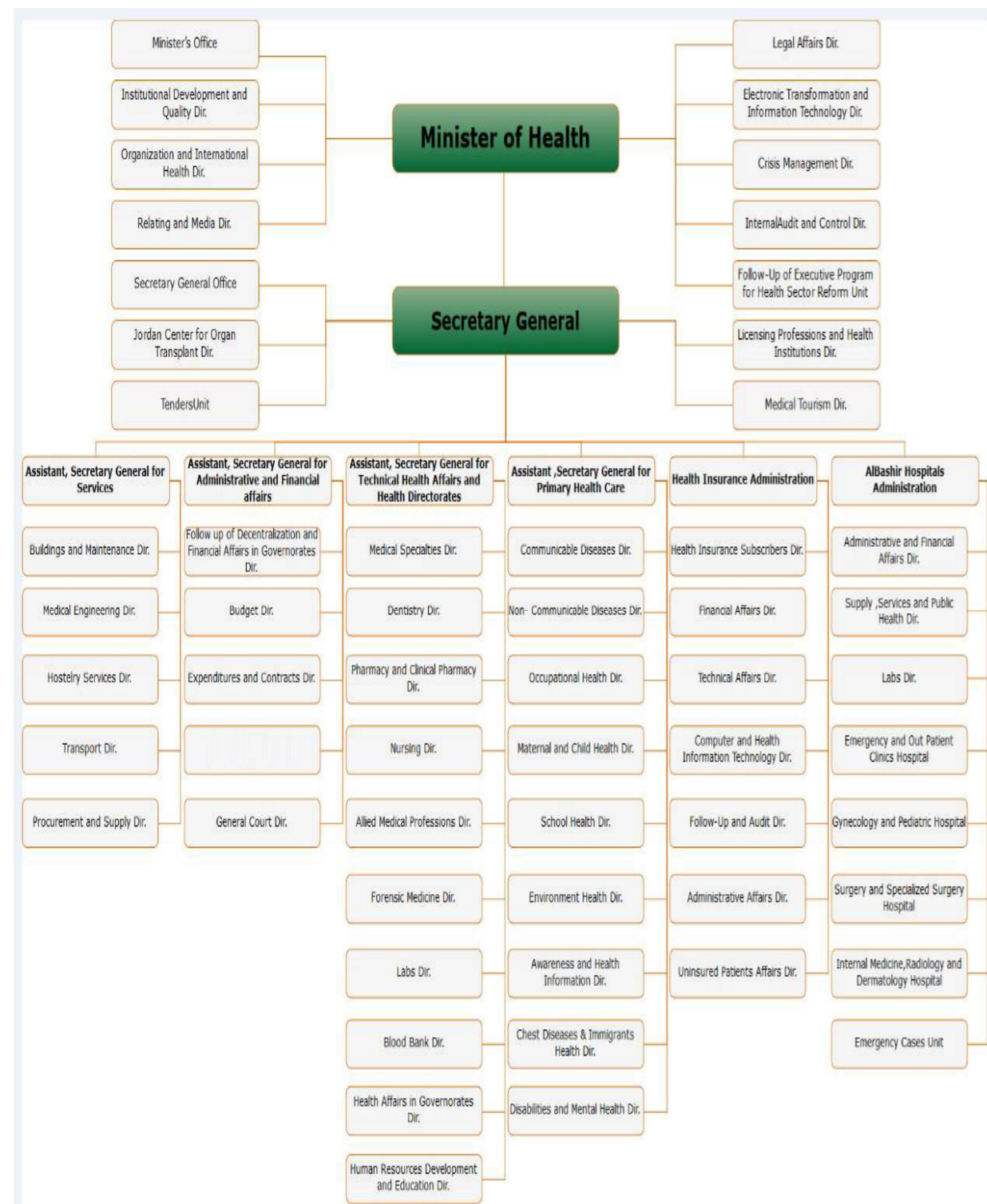
In terms of expanding the delegation of powers to local and peripheral centers, the Ministry began engaging peripheral directorates in the decisions related to human resources, and will expand self-management of major hospitals in the public sector as implemented in Prince Hamza Hospital.

The Ministry is also working on improving the organizational and supervisory role of the Ministry, including licensing health professions and institutions, in addition to placing, amending and implementing laws and regulations related to licensing professions and current and new institutions; in order to ensure quality of the services provided by professionals and institutions. It is also working on connecting to the E-Government project.

The Ministry is responsible for the health of the citizens in all circumstances. In order to achieve that, the Ministry works on improving readiness procedures for possible crises; preparing an emergency operations center in the Ministry premises and small operations centers in governorates and connecting them together; ensuring placing updated emergency plans for health directorates and hospitals; and conducting simulation trainings for Ministry staff; and building personnel capacities in readiness and preparedness in cooperation with the National Center for Security and Crisis Management and the General Directorate of Civil Defense. The Ministry also performs its role in organizing and improving the management of organ transplant services, preparing the national list of organ transplant priorities, and amending laws and regulations to support this service.

In the field of medical tourism, the Ministry encourages investment in medical tourism and medical tourism promotion in Jordan and abroad by activating its office in the airport and developing its capacities and the capacities of its staff; activating the supervisory role of the Ministry on hospitals concerned with medical tourism; providing supportive tools that facilitate the process of accessing centers that provide medical tourism services in Jordan; announcements about the availability of a medical tourism office made by Royal Jordanian; increasing guiding signs; providing wheel chairs for patients; providing approved transportation means to transport patients to service providers; and establishing a hot line for health tourism related complaints. In addition, medical tourism laws and regulations are being updated and amended (approving the medical accountability law, and setting regulations and instructions for medical tourism agencies).

## The Ministry of Health Organizational Structure



## Methodology of Preparing of the Ministry of Health Strategy 2018 - 2022

### First Phase: Preparing for drafting the strategic plan

- Forming a team: (The steering committee for drafting the strategic plan, headed by the Ministry's Secretary General)
- Preparing an action plan to draft the strategic plan
- Determining stakeholders and engaging them in drafting the strategic plan

### Second Phase: Data collection and analysis

- The following documents were reviewed and accommodated
  - The letter of designation of Dr. Hani Al-Mulki's first government.
  - Jordan 2025 Vision: A National Vision and Strategy
  - Final evaluation of the Ministry's previous strategy for the years 2013 - 2017
  - The Ministry of Health budget for the year 2018
  - The Executive Plan to Reform the Health Sector (2018 - 2022)
  - The Jordan National Health Sector Strategy 2015 - 2019
  - The Jordan Economic Growth Plan 2018 - 2022
  - Plan No. 156 to provide requirements of the public service development system for the year 2016
  - Sustainable Development Goals 2030
  - King Abdullah II Award for Excellence in Government Performance and Transparency and the Award's report for the sixth year on the Ministry
  - Jordan Response Plan 2017 - 2019
  - Law no. 49 of the year 2015, Decentralization Law
  - Jordan's third plan under the Open Government Partnership Initiative 2016-2018-
  - Guide to Strategic Planning for Public Departments
  - Guide to Evaluating and Improving Governance Practices in the Public Sector
  - MoH Annual Statistical Report 2016
  - General Statistics Department Annual Statistical Report 2015
  - Ministry of Finance (2016). Public Financial Newsletter, December 2016 Volume 18 - Edition 11
  - Amman Chamber of Commerce (2017). Jordan Economic Performance Report 2016
  - The High Health Council: Jordan National Health Sector Strategy 2015-2019-
  - The High Health Council: Preliminary Report on National Health Accounts 2015
  - Demographic, Economic and General health Determinants

### Third Phase - Drafting the Strategic Plan

- Determining the components of the strategy (vision, mission, and core values).
- Conducting a SWOT analysis (internal environment points of strength and weakness and the external environment\ opportunities and risks) using the 7s and pestel methods.
- Using the results of the SWOT analysis to determine the strategic issues of the Ministry.
- Determining the strategic goals, central objectives, programs and indicators.
- Presentation and review with concerned technical committees (through meetings and workshops)
- Reviewing the strategy with the steering committee, applying required amendments, and preparing the final version.
- Getting the Minister's approval, and issuing and publishing the strategy.

The strategy was developed with the support of a national expert provided by WHO.

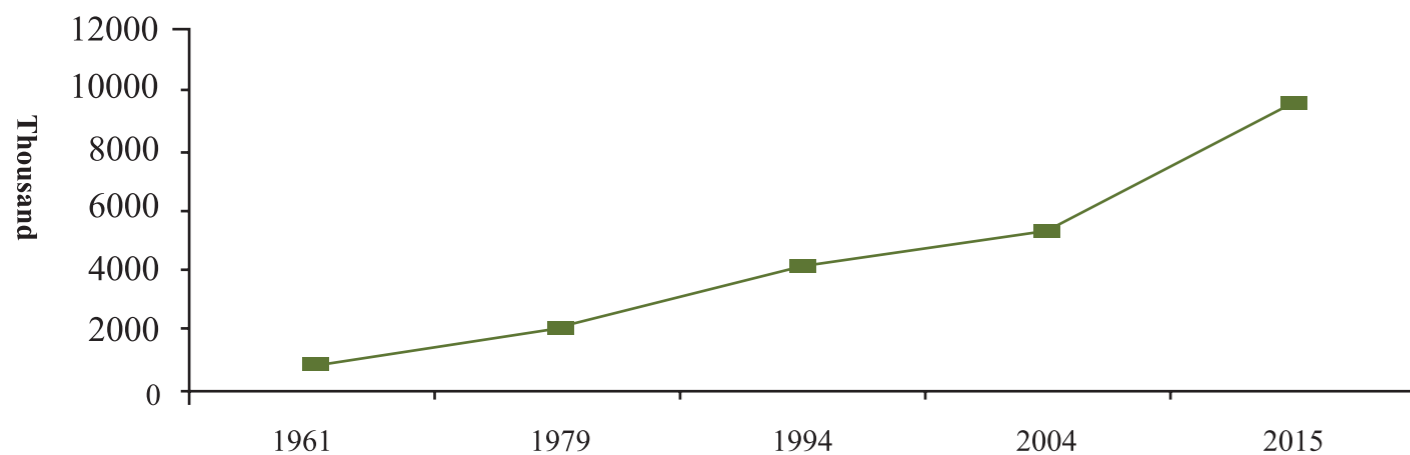
## Demographic, Economic and General Health Determinants

### 1. Demographic status

The population of the Hashemite Kingdom of Jordan doubled around five times between 1961 and 2015, (from 2.1 to 9.5 million people) (Figure 1).

The 2015 population census showed that around 30% (2.9 million) of the population are non-Jordanians, half of whom are Syrians (1.3 million).

**Figure 1: Population growth in Jordan from 1961 to 2015**



Despite the decrease in birth rates from around 50 births per 1000 in 1952 to 23 births per 1000 in 2016, fertility rates in Jordan are still high compared to developed countries (3.4 in 2016); and if the annual population growth continues as it was in 2016 - at 2.4%, Jordan's population will double in about 31.5 years. Around 83% of the population resides in urban areas, and around 38% living in the Capital.

Birth and mortality rates in addition to migration affected the age composition of the population; where the percentage of people from the 65+ age group are projected to increase from 4.6 in 2012 to 4.9 in 2020, while the percentage of people under 15 will decrease from 35.4% to 33.4% in the same period.

It is expected that the increase in the aging population in Jordan will lead to inflation in health spending, and will increase the pressure on health services provided by the MoH during the next decade. Hence, this demographic change in the age composition of the population has to be taken into consideration when planning for health services, especially those related to chronic diseases, health insurance, and therapy, prevention and rehabilitation services, especially for the elderly.

**Table 1: Selected demographic indicators 2006 - 2016**

Indicator	2006	2008	2010	2011	2016
Population	5600000	5850000	6113000	6249000	9798000
Crude birth rate (per 1000 persons)	29.1	29.1	30.1	28.9	23.0
Crude death rate (per 1000 persons)	7.0	7.0	7.0	7.0	6.1
Population growth rate	2.3	2.2	2.2	2.2	2.4
Dependency rate	68.0	68.1	68.2	68.2	61.4
Percentage of persons under 15	37.3	36.9	37.3	37.3	35.4
Total fertility rate	3.7	3.6	3.8	3.8	3.4

Source: General Statistics Department <http://www.dos.gov.jo> and MoH annual statistical report 2016

### Main demographic challenges that have to be considered in the strategic plan:

1. High natural population growth resulting from high birth rates and slow reduction in total fertility rates.
2. High forced migration rates, especially of Syrian refugees.
3. There is still a high percentage of young people; the change in age composition of the population and trend towards an increase in the number of older persons.
4. High unplanned increase in populations of urban areas, especially Amman and other major cities.

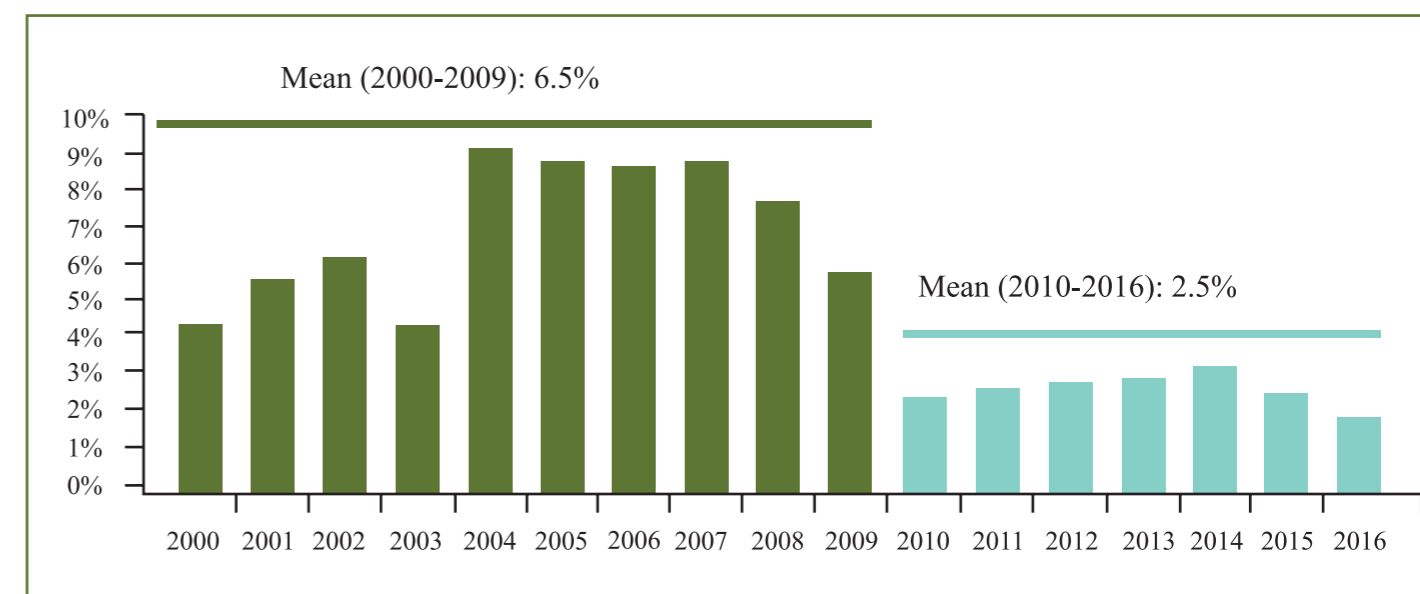
### 2. The economic situation

Jordan is a lower middle income country. The total area of its territories is around 89300 square kilometers, 7.8% of which is arable land. Jordan's economy is one of the smallest in the Middle East, with insufficient resources such as water, energy and other natural resources.

The GDP growth rate fell back from 8.5% to 2.0% between 2009 and 2016. The GDP of 2016 in current prices reached 27.44 billion JD. The overall public debt (external and local) was estimated in 2016 at about 95.6% of the GDP.

Unemployment rates reached 15.25% in 2016 and 25% among young people. Dependency ratios reached 61.4% in 2016. The average poverty rate in Jordan was 14.4% in 2010, with rural areas suffering from higher poverty rates in comparison with urban areas. Urban regions represent around 80% of Jordan's area, and the most crowded cities in Jordan are Amman, Irbid and Zarqa.

**Figure 2: GDP growth rates from 2000 to 2016**



Source: Ministry of Planning and International Cooperation. The Jordan Economic Growth Plan 2018 - 2022

Unnatural hikes in the population and forced migration from neighboring countries caused a decrease in economic growth rates, and a crisis in managing Jordan's economy; straining its resources, infrastructure and basic services such as education, health care, transportation, and roads. This also affected the labor market, placing huge challenges in terms of providing employment opportunities for thousands of new job seekers. Alongside these changes, poverty emerged in the Jordanian society during the past six decades as one of the major issues and challenges facing social and economic decision makers.

In addition, the economy's ability to grow is still threatened by external shocks, especially forced migration from neighboring countries, and growth rates are not sufficient to address long term economic, social, and health challenges. Hence, the Government's decision to invest in the health sector along with other sectors will stay somewhat constrained, especially during the next few years.

**Main economic challenges:**

1. Low GDP growth rates
2. High overall public debt
3. High budget deficit
4. High poverty and unemployment rates
5. The economic burden of the Syrian refugee crisis, and lack of commitment from international financiers

**3. Analysis of the current health situation**

The health sector in Jordan is composed of advanced sectors that provide services (the public, private, international and expert sectors), in addition to institutions and councils that develop health policies. The public sector includes the Ministry of Health, Royal Medical Services, university hospitals (Jordan University Hospital and King Abdullah I University Hospital), and the Center for Diabetes, Endocrinology and Genetics. The private sector includes private hospitals, diagnosis and therapy centers and hundreds of private clinics. The international and charity sector provides its services through the UNRWA, UNHCR, some charity hospitals such as King Hussain Cancer Center and the Islamic Hospital, and charity clinics. There are other institutions in the health sector involved in determining health policies, such as the Jordanian Medical Council, the Higher Population Council, the Jordanian Nursing Council, the National Council for Family Affairs, Jordan Food and Drug Administration and the Joint Procurement Department.

National health accounts of the year 2015 showed that Jordan 236 JD health per capita, with overall health expenditures reaching 2.2 billion JD, while overall health spending as a percentage of GDP reached 8.5%. Overall spending on drugs was around 581 million JD, representing 2.2% of the GDP and 26% of overall spending on health. It is also noted that the percentage of out-of-pocket spending from the overall spending for the year 2015 was around 26.8%.

Jordan achieved full immunization coverage for children in 1988, and has made huge progress in controlling major health risks facing children and infants. Jordan is currently considered one of the countries with the lowest infant and maternal mortality rates in the region. The country became polio free in 1995. All social and economic plans since the early 80's assert every person's right to health and health care.

The high decrease in mortality rates paired with high fertility and birth rates in addition to low communicable diseases rates, high chronic diseases rates and forced migration from neighboring Arab countries all affected the morbidity and health situation among the Jordanian population. Available data on morbidity confirm that cardiovascular diseases, diabetes, respiratory diseases (pneumonia and asthma) are prevalent among Jordan's population. Cardiovascular diseases are considered one of the major causes of death, followed by cancer and external factors. According to a study on mortality causes, mortality rates due to NCD's for the year 2014 have reached around 61.3% including only circulatory system diseases (mostly hypertension, heart and brain strokes), cancer, and hormonal and metabolic disorders (mostly diabetes).

The general health situation of Jordan's population is considered one the best in the Middle East, thanks to the safe and stable conditions in the Kingdom, and a group of effective development plans and programs that included health as an important factor and essential input in the sustainable development process. Hence, the health sector in Jordan witnessed a notable development which reflected positively on the citizen's health conditions. General health indicators reflected the quality and competency of health services, which placed Jordan in a high rank worldwide. The overall expected age at birth stayed at 73.2 for the year 2016 (72.5 for males and 74.0 for females), maternal mortality rates decreased from 41 per 100,000 live births in 1996 to 19 per 100,000 live births in 2016. In addition, the civil health insurance expanded and provided optional

subscription for all citizens including pregnant women and children under 6, the elderly, residents of remote areas, the underprivileged, and the beneficiaries of the social security net; such that the percentage of health insured persons reaching 55% in according to 2015 statistics.

Jordan enjoys one of the most modern health care infrastructures in the Middle East. The Ministry of Health runs a vast network of health care facilities (at a rate of 10 health centers/ 100,000 citizens). This represents a high density health care system according to international standards. Jordan also offers 14 beds per 10,000 persons.

14% of the population is hospitalized every year, and the average hospital stay is 3 days. The rate of hospital bed occupancy was 60% in 2016.

**Table 2: Selected indicators on the health status in Jordan in 2016**

Indicator	Value
Expected age at birth	73.2
Infant mortality rate (per 1000 live births)	17.0
Under 5 child mortality rates (per 1000 live births)	21.0
Maternal mortality mate (per 100,000 live births)	19.0
Percentage of children with normal birth weight	91.4%
Stunting rate (2012)	8%
Wasting rate (2012)	2%

Source: MoH annual statistical report 2016 - General Statistics Department, Population and Family Health Survey 2012

Some factors represent a major challenge for the health system in general and the MoH in specific as it seeks to meet increasing expectations of the population which include increasing demand on health services due to population growth, epidemiological transition in Jordan (which means lower NCD rates and higher CD rates), the presence of refugees, the projected population growth especially among young and elderly persons, and increasing health care costs in light of the economic conditions and numerous financial and economic crises.

**Main challenges in the health sector:**

- Increased demand on health services, especially public services, due to the economic condition
- Decrease in the Ministry's budget due to increase in public debt and reduction of general spending
- Epidemiological transition towards NCDs
- High health care costs
- High drugs expenditures
- Demographic transformation and increase in percentage the aging population
- Poor cooperation and coordination among various health sectors

**External and Internal Environment Analysis**

Through the strategic planning team, the Ministry of Health conducted numerous workshops and meetings for the internal environment analysis (to determine the points of weakness and strength) in order to determine the most important future strategic issues using the SWOT analysis form. This was done with wide participation from stakeholders. The result of the analysis is shown in the table below:



## MoH SWOT analysis results summary

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>Supportive leadership to the MoH vision and mission, development and positive change.</li> <li>A legislative environment, represented by laws, regulations, and instructions including the Public Health Law, which support the Ministry's role in and leadership of the health system.</li> <li>The Ministry adopted the primary health care initiative ever since it was announced by the WHO in the Alma Ata conference in 1978, and established an independent administration for primary health care within its organizational structure since the early 80's.</li> <li>Providing a wide network of health centers and hospitals for all population centers in the Kingdom.</li> <li>Implementing accreditation projects for health institutions, and the continuous expansion of health insurance coverage to include the poor and disadvantaged communities.</li> <li>Government support to the Ministry in its aim to provide a health safety net for all people in the Kingdom regardless of their nationality or ability to pay (treatment costs paid by uninsured persons when using MoH facilities represent around 20% of the actual cost)</li> <li>Providing comprehensive health services at all levels (primary secondary and some tertiary services)</li> <li>Availability of a good infrastructure and modern medical technologies in the fields of diagnosis, treatment and rehabilitation services.</li> <li>Adopting Hakeem project and expanding it to include all MoH hospitals and health centers.</li> <li>Available opportunities and plans to train the medical and health staff locally and abroad</li> <li>Distinguished accomplishments in the primary and secondary health care sectors at the national and regional levels</li> <li>Agreements and joint cooperation with some supportive agencies and organizations</li> <li>Existence of national registries such as the National Cancer Registry, as well as the National Mortality Registry and Renal Failure Registry</li> <li>Comprehensive subsidized services at all levels including tertiary services that citizens can afford.</li> </ul>	<ul style="list-style-type: none"> <li>Weakness in implementing, monitoring, evaluating and amending strategic plans</li> <li>The organizational structure doesn't keep up with updates and priorities, and doesn't reflect the Ministry's responsibilities or ensure avoiding redundancy or conflict of interest (an administrative entity for institutional evaluation and development and knowledge management doesn't exist)</li> <li>Lack of clear procedural steps to implement decentralization</li> <li>Weak governance and lack of sufficient and competent technical and administrative employees to monitor the sectors' performance and commitment to applying health laws in force.</li> <li>The need to develop current financial laws and regulations</li> <li>Poor investment in primary health care as opposed to secondary health care, and focusing spending on high cost secondary health care at the expense of primary health care.</li> <li>Unplanned expansion of health services, which is sometimes based on demands instead of actual needs</li> <li>Lack of a health economics culture which focuses on analyzing costs such as the cost of beds and surgical procedures and the economic burden of chronic diseases and the like.</li> <li>Poor knowledge management and optimal use of technology; and poor awareness on creating, archiving, and sharing knowledge; lack of internal and external communication policies; lack of data that would support the decision making process; and lack of high priority studies and applied research.</li> <li>Lack of a comprehensive guiding system for protocols and procedures to be followed by everyone</li> <li>Weak mechanisms for motivation, creativity, partnership, skill exchange, rewarding creative behaviors, and limiting the migration of competent human resources and rare professionals; and the retirement of many experts paired by shortage in successors.</li> <li>High expectations of service recipients and the need to meet those expectations despite the lack of resources</li> <li>Discrepancies in the quality of services provided in various health facilities, with low quality services provided in remote areas.</li> <li>Poor or non-existent contribution of the rest of health sector components in providing health care services with the Ministry of Health.</li> <li>Poor effectiveness and efficiency of health insurance (the insurance cover and system need studying and organization)</li> <li>The need to better activate the Medical Tourism Directorate and its office in Queen Alia Airport</li> </ul>

Opportunities	Risks
<ul style="list-style-type: none"> <li>Attention from upper political leadership to health care services; supportive national plans, including Jordan Vision 2025 and the Executive Plan to Reform the Health Sector 2018-2022; in addition to worldwide trends reflected in the Global Sustainable Development Agenda 2030.</li> <li>King Abdullah II Award for Excellence</li> <li>Enforcing the accreditation of all hospitals and health centers</li> <li>Political and security stability in the Kingdom</li> <li>The 2015 Public Private Partnership Law which contributed to providing funding for investment projects, especially large projects</li> <li>Supportive programs and projects</li> <li>Supportive national strategies such as: <ul style="list-style-type: none"> <li>- Emergency Preparedness Strategy</li> <li>- National Population Strategy</li> <li>- National AIDS Strategy</li> <li>- National Diabetes Strategy</li> <li>- National Reproductive Health/ Family Planning Strategy, and others</li> </ul> </li> <li>Advanced communication technologies</li> <li>Availability of relevant higher councils, such as the Higher Health Council, the Jordanian Medical Council, the Jordanian Nursing Council, and the HCAC.</li> <li>High education rates in Jordan</li> <li>The demographic window and the possibility of utilizing policies and programs supporting it</li> <li>The E-Government Program, the Civil Status Bureau smart ID, and the possibility of connecting its databases with health institutions.</li> <li>Developed application of health information systems and communication; and the availability of social media, its large user base, and the possibility of utilizing it in the health sector</li> <li>The government's direction towards working based on performance indicators</li> <li>Global trends towards day surgeries</li> <li>Active participation of several sectors in the country to ensure that citizens receive indirect primary care requirements; most importantly, potable water, sanitation, uninterrupted electric power, and available and sustainable food storage.</li> </ul>	<ul style="list-style-type: none"> <li>Demographic challenges (Plateaued fertility rates, forced migration, increasing population growth, increasing proportion of the aging population)</li> <li>Changing epidemiological trends, increasing NCD prevalence rates, and the difficulty of controlling their causes and risk factors</li> <li>Increasing cross-border and emerging epidemics</li> <li>Climate change and its effects of health</li> <li>Weak community participation in health programs</li> <li>High debt, slow economic growth, and high poverty and unemployment rates</li> <li>Increasing health services costs</li> <li>Decrease in the Ministry's budget due to increase in public debt and decrease in general spending</li> <li>Migration of health care expertise towards attractive work opportunities inside and outside Jordan</li> <li>Accelerated technological progress in the medical field</li> <li>High expectations of citizens</li> <li>Poor coordination among various stakeholders</li> <li>Fluctuating financial and technical support from donors</li> <li>Weak educational outcomes which are incompatible with the MoH needs</li> <li>High turnover in senior positions</li> <li>Some social groups are not covered in health insurance.</li> <li>The financial crisis and its negative effects on health, and economic difficulties .</li> <li>Poor investment in health services, especially in medical tourism, and lack of a national strategic plan</li> <li>Accelerated progress in medical technologies</li> <li>Weak national health information systems</li> <li>Migration of health care competencies inside and outside Jordan</li> <li>Inflexible laws that hinder the work of the Ministry</li> </ul>

### ***Strategic issues for the MoH: (based on the of the internal and external environment/ weaknesses and risks)***

- **Promoting primary health care:** The need to provide better financial support to primary health care and implement new initiatives that reinforce the Ministry's role in improving health services and health conditions, prevalence of unhealthy behaviors, increasing NCDs, increasing proportion of the aging population, increasing mental diseases and narcotics, emergence of new epidemics, plateaued fertility rates, climate and environmental changes that affect human health.
- **Human resource management:** Shortage in medical specialties professionals, especially in rare ones, due to external factors that attract these professionals; weak implementation of employee succession policies, constant need for human resources to support the Ministry's ability to provide services.
- **Universal health coverage:** Low income per capita and increasing poverty rates, high cost of health services, some social groups are not covered by health insurance, the need to meet requirements of global, national and community plans to achieve equity, security, stability, and access to universal health coverage.
- **Quality of services in all MoH facilities:** High expectations of service recipients, discrepancy in the quality of services provided across various regions, human resources require support to be able to provide services, and health centers need more support and infrastructure maintenance.
- **Control and rationalization of expenditures:** Financial crises; increasing debts; shrinking budget; high costs of secondary and tertiary health services; the need to invest in services to retrieve costs to ensure consistency in providing services, especially in medical tourism; the need to adopt new funding mechanisms and expand partnerships with the private sector).
- **Knowledge and information technology management:** Lack of data and data credibility required to make decisions; poor knowledge awareness in terms of creating, archiving and sharing knowledge; weak internal and external communication policies; the need for more atomization and electronic transformation in health facilities; shortage in research and studies; and the need to complete and update the health map.
- **Governance in the health sector and the Ministry:** The need to amend the organizational structure, complete job descriptions and activate them, and amend health regulations, promote strategic planning, monitoring, evaluation, implementation, accountability and transparency; the need for coordination and partnership with other sectors especially in terms of the plan to training and qualify human resources and local communities; and the need to adopt a decentralized system of management.
- **Investing in medical tourism:** National participation to prepare a strategic plan for medical tourism in which the Ministry is actively engaged and includes: facilitating procedures to access health services, including laws and regulations, incentives, providing information and guidance to foreigners coming for health tourism, etc.

### ***Promoting the capacities and capabilities of the Ministry (based on the strengths and opportunities)***

- **Utilizing laws and regulations, especially the Public Health Law, and amending it to reinforce the Ministry's role in governing the health sector,** and to conform to new trends and laws, such as the Control and Inspection Law which requires merging the Law of Crafts and Industries with the Public Health law. Combating smoking also requires punishing violators in places identified as non-smoking areas.
- **Global trends towards universal health insurance** and initiatives in this regard contribute in achieving the Ministry's goal of achieving universal health coverage.
- **Promoting the partnership, investment and cooperation opportunities with local and international organizations and the private sector.**

- Widespread MoH facilities help satisfy service recipients, if the staff is well distributed and their capacities are built, and more facilities are established or expanded or their services promoted to include peripheral facilities (which don't receive much uptake from citizens) **based on the health map.**
- **Conforming to national trends and the strategic priorities and initiatives of Jordan 2025 vision** which help the Ministry achieve its goals and national objectives.
- **National plans for information technology and automation help redesign and simplify service procedures,** develop the Ministry's work, and achieve MoH objectives.
- **Institutional development and achieving quality through King Abdullah II Award for Excellence in Government Performance and Transparency** along with serious efforts and institutional will, follow up, and incentives.

### ***Sustainable Development 2030 Agenda:***

The third goal on health states: **Ensuring healthy lives and promoting wellbeing at all ages.** By the year 2030:

1. Reduce the global maternal mortality rate to less than 70 per 100,000 live births.
2. Reduce neonatal and under-5 mortality to 25 per 1000 live births at most. Reduce neonatal mortality 12 per 1000 live births at most.
3. Eradicate AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases.
4. Reduce premature mortality caused by non-communicable diseases by one third through prevention and treatment, and promote mental health and well-being.
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
6. Halve the number of global deaths and injuries from road traffic accidents.
7. Ensure universal access to sexual and reproductive health-care services, including family planning information and services, and the integration of reproductive health into national strategies and programs.
8. Achieve universal health coverage, including protection from financial risks, access to quality essential health-care services and access to safe, effective, quality and affordable essential drugs and vaccines for all.
9. Substantially reduce mortality and morbidity caused by hazardous chemicals and air, water and soil pollution and contamination.
  - a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as needed.
  - b. Support the research and development of vaccines and medicines for communicable and noncommunicable diseases.
  - c. Increase health financing and the recruitment, development, training and retention of the health workforce.
  - d. Build the capacity of all countries, in particular developing countries, on early warning, risk reduction and management of national and global health risks.

### ***New national goals drawn from Jordan 2025 Vision***

1. Improve the quality of health services provided to citizens and equity in their distribution
2. Achieve balanced development among governorates in light of implementing decentralization
3. Maintain financial and monetary stability, reduce budget deficit, and build a competent low risk financial system.
4. Reduce poverty and unemployment rates, and build an efficient social protection system

## MoH Vision:

“A healthy society with an integrated health system.”

## MoH Mission:

“Providing preventive and treatment health services, performing the organizational and supervisory role with regards to services related to the citizens’ health and safety with equality, high quality, optimal use of technological resources, and in partnership with concerned entities in order to achieve universal health coverage”.

## MoH Core Values

**Respect beneficiary rights: Respect the rights of patients regardless of their gender, race, nationality or religion, especially their rights to dignity, confidentiality, privacy, information, and decision making in a manner that is suitable with their health conditions.**

- **Respect the rights of service providers:** Respect the rights of workers; ensure an environment that is suitable with their needs, protects them from work related risks, and promotes creativity; and promote the principle of equal opportunities (regardless of the gender, race, nationality, or religion).
- **Quality and Excellence:** Achieve integrity among health services such that they cover all citizens and meet their expectations within the limits of available resources; and provide safe health services that are compliant with national standards which ensure continuous improvement.
- **Equity:** Provide health services to all citizens in the Kingdom, while taking into consideration the geographic, social, and economic characteristics of each area and the actual needs of its population.
- **Partnership:** Promote partnerships between the MoH and other relevant sectors and the local community in order to create a distinguished health system based on integration and spending control.
- **Integrity:** Commitment to laws and moral principles, and putting public interest ahead of personal interest.
- **Transparency:** The freedom of information flow and provision in an open manner that would allow stakeholders to acquire information needed for proper decision making, error detection and correction.
- **Team work:** Concerted efforts and working in the spirit of cooperation and integration to achieve MoH goals.
- **Professionalism:** Human resources that are trained on the latest scientific and technical developments and responsive to the needs of patients and the community.

## Strategic Objectives of the MoH and related Specific Objectives for each of them

### 1. Provide equitable and high quality health care services

- Improve the quality of primary health services
- Improving communicable diseases surveillance and control
- Controlling NCDs
- Promoting mental health and addiction control services
- Promoting healthy behaviors in the community
- Promoting reproductive health, family planning and child health services Limiting environment related health risks
- Promoting all components of school health services
- Promoting occupational health programs
- Improving the quality and safety of secondary health services, and ensuring their continuity (programs for this goal were addressed under quality and accreditation programs and the infrastructure theme)
- Improving emergency services in hospitals
- Improving nursing services in MoH facilities
- Improving the quality of dental health services provided in dental clinics within hospitals and health centers
- Raising the level of pharmaceutical services provided to hospital patients

- Improving the quality of lab services in health centers and hospitals
- Ensuring sustainability of a radiation-safe environment
- Constant and safe provision of blood units
- Promoting advanced health care services

### 2. Improve effectiveness and the efficiency of human resources management

- Improve attraction of competent technical resources to the Ministry
- Improve efficient tools of human resources management and promote their use
- Capacity building: Improve the knowledge and skills of personnel in the health sector based on existing and emerging needs of health services
- Set policies to motivate human resources in remote areas

### 3. Increase inclusion of citizens in the universal health coverage

- Continue providing health insurance services to subscribers/ support the fund
- Gradual expansion of the health insurance system to include all Jordanian citizens
- Contribute to the restructuring of current insurance models to increase their efficiency and reduce their financial risks

### 4. Improve effectiveness and efficiency of infrastructure management

- Develop the infrastructure of the MoH facilities and ensure their sustainability
- Provide highly efficient medical equipment
- Develop medical and administrative transportation means
- Develop hostelry services

### 5. Improve effectiveness and efficiency of knowledge management based on digital transformation and technology

- Continue setting up the infrastructure required for integrated information and knowledge systems
- Increase the rate of adopting of institutional and individual knowledge management practices in the Ministry

### 6. Improve effectiveness and efficiency of financial resources management

- Control and rationalization of expenditures
- Invest in material and non-material assets, and build partnerships

### 7. Maximize governance and the supervisory role of the Ministry, and implement decentralization

- Institutionalize the application of governance principles and practices in the work of the Ministry
- Apply decentralization in the management of health institutions
- Promote the supervisory and organizational role of the Ministry (internal control, planning, health professions and institutions, crises management, medical tourism, and organ transplant)

## Strategy Themes

### 1. Health care services

### 2. Human Resource Management

### 3. Universal Health Coverage

### 4. Infrastructure

### 5. Knowledge Management

### 6. Financial Management

### 7. Governance and Decentralization

### 8. Monitoring and Evaluation of the Ministry of Health Strategy 2018 - 2022

## First Theme: Health Care Services

### First: Primary health care services

#### The current status:

Primary health care is key to achieving good health for everyone, as confirmed in the 1977 Alma-Ata Declaration. It is also considered a part of the development required to achieve social equity, and is the first point of contact between the public and the health care system. It is the duty of everyone, including countries, organizations, and individuals to adopt primary health care at national and international levels. The Ministry of Health is considered the main provider of primary health care services in the Kingdom through a number of health programs which include all elements of primary health care, such as:

- Controlling communicable diseases, including expatriate health
- Controlling NCDs, including genetic and congenital disorders and disabilities
- Maternal and child health
- Environment health
- Occupational Health
- Nutrition and food control program
- School health
- Mental health and addiction control
- Health information and awareness
- Providing medical treatment services for common diseases and referring difficult cases to hospitals

All of this is done through a wide network of health care centers that are distributed across the Kingdom, including 109 comprehensive health centers, 374 primary health centers, 193 peripheral centers, 464 maternity and childhood centers, and 405 dental clinics.

The Royal Medical Services, UNRWA, Jordanian Association for Family Planning and Protection and the private sector also provide primary health care services.

#### Communicable diseases:

Jordan made notable progress in combating communicable diseases, thanks to a number of policies, strategies and programs. The most important of these is probably implementing the expanded immunization program for children, which contributed greatly to the eradication of a number of deadly childhood diseases or controlling them significantly; such as polio, neonatal tetanus, diphtheria, pertussis, and measles. In order to preserve this progress, a number of immunization campaigns were implemented in the north eastern border areas to maintain the polio, measles and rubella free status in the country. A gradual reduction in diarrhea cases was noted during the years 2012 - 2016.

The most prevalent communicable diseases in 2016 included: diarrhea, brucellosis, smallpox, tuberculosis, meningococcal meningitis, mumps, food poisoning, hepatitis A, leishmaniasis and scabies. Improved epidemiologic surveillance programs helped improve reporting, controlling, combating diseases at their onset and containing them. For example, Jordan became cholera and malaria free decades ago.

Tuberculosis was also significantly controlled, with its rates going down to 4.7 cases per 100,000 persons in 2016; a rate that is considered one of the lowest rates in the East Med region. Jordan aims to adopt an initiative to eradicate tuberculosis completely by 2025.

In general, the incidence of communicable diseases decreased from 3.5 cases per 1000 persons in 1998 to a mere 1.09 per 1000 in 2013. The number of mortalities due to communicable diseases in 2013 was around 83 per 100,000 people, which is a lot less than the global rate of 230 per 100,000.

#### Non-communicable diseases (NCDs)

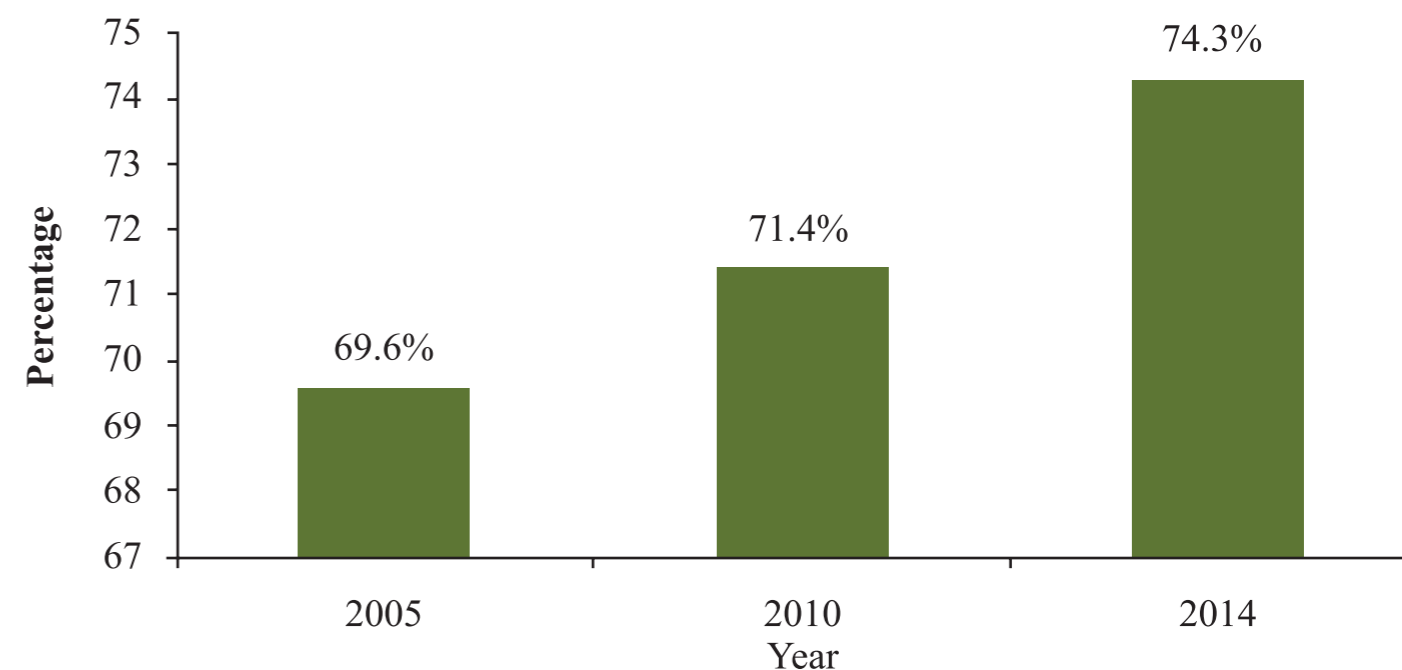
Over the past decades, the Kingdom witnessed a notable change in its epidemiological map. While communicable diseases rates decreased significantly, NCD rates began rising, causing 74% of mortalities in Jordan according to the mortality report of the year 2014. Cardiovascular diseases, diabetes and cancer are considered the most prevalent NCDs.

The last National Cancer Registry report for the year 2014 showed that the most common cancer types among males are: colon/rectum, lungs, bladder, and prostate cancer and lymphoma. The same report indicated that the most common types of cancer among females are breast, colon/rectum, thyroid, and uterus cancer in addition to lymphoma.

Smoking is considered the most important risk factor in NCDs. Smoking rates in Jordan are very high among adult males (49.6%) as compared to the global rate of 30% in 2009. It is worth mentioning that a national strategy for NCDs (diabetes, hypertension, obesity, and high cholesterol) was adopted by the Council of Ministers in 2011.

There is also a focus on programs for medical screening of newborns and early detection of chronic, congenital, genetic, and cancer diseases, in preparation for an operational plan to address the risks of these increasingly widespread diseases. A national renal failure registry was established in 2007 to issue annual reports that show the extent of the problem and its economic and pathological consequences. A new department to combat blindness and deafness was established in the MoH, where early detection, evaluation, and treatment services are provided for persons with disabilities in coordination with the Higher Council for the Rights of Persons with Disabilities. There are also several nutritional community programs such as flour fortification with micro-nutrients, iodizing table salt and updating national nutrition facts based on the National Nutrition Survey 2010.

**Figure 3 shows the percentage of mortality due to NCDs (Includes cardiovascular diseases - mostly hypertension and heart and brain strokes- cancer, hormonal and metabolism disorders - mostly diabetes - and accidents)**



### **Mental health and addiction control**

The Ministry of Health is the main service provider for mental health and addiction control services. The Royal Medical Services, university hospitals and the private sector also provide these services.

The Ministry launched a reform process for mental health services in 2008 in order to expand and improve mental health and addiction related services. It established a mental health unit, and prepared in cooperation with a number of partners a national plan for mental health, which was launched in 2011; where a policy for integrating mental health in primary health services was adopted according to the program to bridge the gap in the mental health field. The Ministry also builds personnel capacity in the field of mental health and partners with international institutions to support and improve these services. In addition, a number of mental health clinics were established in comprehensive health centers, and the Ministry is working in cooperation with the World Health Organization on establishing mental health departments in public hospitals across the Kingdom's three regions. Currently, there are 32 community mental health clinics across the governorates that are ready to receive cases of mental disorders and addiction and treat them based on a biological, psychological and social approach instead of a drug-based approach. There were also 5 community mental health clinics in the capital, Irbid and Maan by the end of 2017.

The Ministry provides mental health services through the National Center for Mental Health, Al Karama Center for Psychological Rehabilitation, and the National Addicts Rehabilitation Center, in addition to numerous clinics in comprehensive and primary health centers which are qualified to treat mental health cases.

### **Reproductive health:**

The Kingdom took important steps towards achieving the Millennium Development Goals related to reproductive health, especially the fourth goal related to reducing under-5 mortality rates by two thirds from 1992-2015- to reach 21 per 1000 and infant mortality rates to 17 per 1000. Despite the notable decrease in under-5 and infant mortality rates, neonatal mortality rate hasn't decreased to the required levels. Hence, there is an urgent need to lower this rate which is affected by the quality of obstetrics and prematurity services and genetic factors that are sometimes difficult to overcome. It is also important to focus on regions that witnessed relatively high rates of neonatal mortality.

The Population and Family Health Survey in Jordan for the year 2012 showed that 12% of children under 5 suffer from anemia, 8% suffer from stunting, 2% suffer from wasting and 4% suffer from obesity. The Survey also showed that the percentage child bearing age women suffering from anemia reached 34%, all women (99%) received health care during their pregnancy by medically trained persons, and 96% received health care by a general practitioner in 2012. Jordan also maintained a high percentage of births in medical facilities (around 99%), which is almost the best in the world. The percentage of women who received postnatal health care by a doctor, nurse or midwife during the critical two days postpartum was 82%. In terms of maternal mortality rates, they decreased from 41 per 100,000 live births in 1990 to 19.1 in 2008. It is also worth mentioning that there are no updated estimates of maternal mortality rates, and the Ministry is currently has been implementing a national monitoring program for maternal mortality since the beginning of 2018. A system was also established to monitor cases of domestic violence in all public hospitals, and a committee was formed to review its regular reports and ensure that sound procedures are being followed. Despite the high population densities in urban areas of Jordan, and the high educational level among women in addition to high age for both genders at marriage, birth rates in Jordan for the year 2012 are still high (3.5 per woman), which requires reinforcing and coordinating all national efforts to ensure easy access to high quality reproductive/ family planning services to benefit from the demographic window. Results of the Population and Family Health Survey for the year 2012 showed that despite the increase in using family planning methods in Jordan from 40% in 1990 to 61% in 2012, using traditional methods, which are not more than 50% efficient, is still high compared to other countries where the usage rates are 19%.

In this regard, and in order to achieve the demographic window by 2030, the decrease in mortality rates and increase in age expectancy at birth (74.4 years) led to an increase in the number of older persons who are above 60 to 5.2 in 2011, and it is expected to increase to 7.6 in 2020.

The National Strategy for Senior Citizens 2008 focused on health care of the elderly and rehabilitating them in order to increase the number of their healthy and active years and provide them -including disabled persons with universal care through the preventive, curative, and rehabilitative health care programs.

### **Health information and awareness program:**

The Ministry is implementing a number of health awareness and information and healthy life style promotion programs which work in general on teaching healthy behaviors, preventing diseases, and preventing chronic diseases' risk factors such as obesity, smoking, and low physical activity.

A strategic plan and road map was also prepared to combat smoking in order to reduce NCD rates and strategic plans are being prepared to promote healthy life styles and combat NCD risk factors. The National Strategy for Senior Citizens 2008 was prepared and updated in 2018 to care for senior citizens and rehabilitate them in order to raise the expected age at birth, improve the quality of their lives, and provide comprehensive care to them - including disabled persons - through preventive, therapeutic and rehabilitative health care programs.

The MoH also participates in preparing and updating the National Strategy for the Youth for the years (2009 - 2015) and (2015 - 2017), in order to promote adopting healthy life styles and control diseases in the community.

### **The Ministry also implements the following health awareness and information programs:**

- Awareness and information programs by coordinating with TV and radio programs and disseminating health related messages in daily newspapers and on the MoH website to promote healthy behaviors.
- A local community development program through forming and activating community health committees to promote health.
- The Healthy Villages project, which aims to enable disadvantaged communities from health, social and economic aspects in order to achieve sustainable development.

### **Environment health:**

Environmental monitoring efforts are made to provide an environment that promotes human health and welfare through the following measures: ensuring access to safe potable water for all citizens, introducing the concept of preventive monitoring to verify potable water safety, monitoring sanitation services, ensuring the disposal of medical waste in a safe and proper manner, safe management of chemicals - where lists of prohibited and restricted use chemical are issued for public health related purposes, in addition to lists issued for prohibited chemicals in school labs for the sake of protecting students. A guide was also prepared targeting the public in general and mothers in particular to show safe alternatives for chemicals used at home, and better understand the environmental risks affecting human health. The Ministry also focuses on creating healthy environments for children, and determining necessary interventions, guidelines, conditions and systems to regulate some practices and activities, and mitigate their health effects. The Ministry drafts policies and plans to respond to current and future challenges and keep up with global developments, including the trend towards gradual prevention of using equipment containing mercury in health care institutions and protecting people's health from climate change. In 2012, the MoH drafted the Health Sector Adaptation to Climate Change Strategy. It also prepared early warning systems in order to address expected health consequences of climate change.

The Ministry is also still performing monitoring duties on food and drugs safety through health directorates under an MOU with the Jordan Food and Drug Administration.

### **Occupational health services:**

Through its institutional efforts, the Ministry seeks to achieve early detection of occupational diseases and health disorders resulting from practicing various occupations and crafts. Hence, the Ministry evaluates occupational risks related to the work environment in factories and production institutions in various work locations, takes environmental measurements, evaluates workers' health, and raises their awareness on the prevention of various occupational hazards.

The Ministry is working to establish an occupational health center in each of Jordan's regions (north, middle and south regions) and provide each center with necessary equipment and machines required to provide better services to workers and expand its coverage of factories located far from population centers.

The Ministry also seeks to build its staff capacities on occupational health and provide practical and theoretical training to university and graduate students.

The Ministry partners with all concerned stakeholders to develop the inspection process in all sectors, and develop laws and legislations at the national level to better serve occupational health promotion. The Ministry also focuses on occupational medicine in order to monitor, diagnose, prevent and treat occupational diseases.

Despite these efforts and actions, there are still some challenges in the field of occupational health. The Ministry is working to address or mitigate these challenges in order to achieve its current or future goals and promote occupational health services in the private and public sectors (in terms of organization, supervision and implementation).

### **These challenges include:**

The urgent need for trained and specialized occupational health staff; providing equipment and machines required to conduct medical tests; provide the needed environment in various service provision locations; reviewing current laws and legislations related to occupational health to ensure consistency and avoid redundancy; and provide a computer database to pave the way for full computerization of occupational health activities.

### **School health services**

In recognition of the importance the school students segment, which represents a big percentage of the population and future work force, and its need for health in order to carry its responsibilities; the Ministry is performing its duties in terms of providing health care in public and private schools through the health centers staff across all governorates.

In order to provide consistent and high quality services which conform with the developments witnessed in Jordan and affected schools and students, there is a need for better support to: provide educational materials that are suitable with this phase in order to raise students' awareness; build the capacities of health staff and teachers to enhance the quality of provided services; and conduct studies on this segment to better understand their health issues and needs and address them using available resources.

In light of the Syrian crisis effect on schools in the Kingdom, especially border areas which were greatly affected by the Syrian migration, there is a need to study the current status of students' mental health in order to detect cases of mental disorders and provide required guidance and treatment for them.

### **Challenges facing primary health care:**

1. Low spending on primary health care required to fund initiatives that enhance these services.
2. Despite drafting numerous strategies and plans for primary health care, some of them are partially or completely not activated or implemented, such as: projects related to combating NCDs, smoking and mental disorders.
3. Shortage in health care staff providing primary health care services.
4. Activating qualification and training programs for new employees in order to introduce them to their tasks before sending them to work in health centers.
5. Poor or non-existent contribution from the rest of health sector components in providing health care services with the Ministry of Health.
6. Health information systems are weak and not connected to secondary and tertiary health care. There is also a need to develop and implement an efficient referral system between health centers and hospitals.
7. Rapid population growth and the presence of a significant number of refugees in Jordan.
8. Epidemiological transition in Jordan towards NCDs which are costly and burdensome for patients, and result from the increase in average life expectancy at birth and the high prevalence of NCD risk factors which are mostly related to unhealthy habits such as smoking, obesity, low physical activity, and malnutrition.
9. Environmental risks resulting from climate change, shortage in water supplies, lack of sanitation networks in many areas of Jordan, air pollution, and poor household solid waste management.
10. Lack of trust in the quality and effectiveness of health services provided in health centers.
11. Rising poverty and unemployment rates which are considered major health risk factors.

### **National goal according to Jordan 2025 vision: Improve the quality of services provided to citizens and equity in their distribution**

#### **Strategic Objective: Provide equitable and high quality health care services**

#### **Specific objectives determined for primary health care, and the programs dedicated for each objective:**

- 1- Improving the quality of primary health services
- 2- Controlling communicable diseases:
- 3- Controlling NCDs
- 4- Promoting mental health and addiction control services
- 5- Promoting reproductive health, family planning and child health services
- 6- Limiting environment related health risks
- 7- Promoting all components of school health services
- 8- Promoting healthy practices in the community
- 9- Promoting occupational health programs

**First Theme: Health Care Services**

**National goal according to Jordan 2025 vision:** Improve the quality of services provided to citizens and equity in their distribution

Target type	Target description		Indicator				Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Provide equitable and high quality health care services												
<b>Specific Objective</b>	Improving the quality of primary health services		Satisfaction rate of health services recipients				84%	85%	86%	87%	88%	89%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End							2017	2018	2019	2020	2021
Provide health centers with specialized family doctors	Existing	ongoing	Secretary General Assistant for Technical and Health Affairs, and the Health Directorates across governorates	-	-	Ministry budget	Percentage of health centers provided with specialized family doctors	75% of comprehensive centers, 1.3% of primary centers		100% of comprehensive 15% of primary			100% of comprehensive 50% of primary
Training general practitioners before deploying them to provide them with skills and knowledge related to integrated primary health care services provision	2018	ongoing	Secretary General Assistant for Technical and Health Affairs, Health Directorates across governorates, and the Human Resources Development and Education Directorate	The Medical Council	100,000	Ministry budget	Percentage of new general practitioners who were trained before working in health centers	Zero		50%			100%
Providing the four basic specialties (internal medicine, surgery, pediatrics and gynecology) in comprehensive health centers	Existing	ongoing	Secretary General Assistant for Technical and Health Affairs, Health Directorates across governorates, and the Human Resources Development and Education Directorate	-	-	Ministry budget	Percentage of comprehensive health centers providing the four basic specialties	60%	80%	90%	100%		
Continuous training for doctors and allied medical professions personnel on the approved guidelines and standards of proper and safe health care provision in health centers	Existing	ongoing	Secretary General Assistant for Technical and Health Affairs, Health Directorates across governorates, and the Human Resources Development and Education Directorate	Secretary General Assistant for Technical and Health Affairs, Health Directorates across governorates, and the Human Resources Development and Education Directorate	100,000	Ministry budget, supporting entities	Percentage of employees trained on guidelines and standards of proper and safe health care provision in health centers	20%	50%				100%
Covering shortage in community medicine specialists across MoH central directorates and governorates by increasing the number of doctors enrolled in the residency program	Existing	ongoing	Secretary General Assistant for Technical and Health Affairs, Health Directorates across governorates, and the Human Resources Development and Education Directorate	Secretary General Assistant for Technical and Health Affairs, Health Directorates across governorates, and the Human Resources Development and Education Directorate	80,000	Ministry budget, supporting entities	Number of required specialists	50	65				80
Establish short term training programs in general health and adopt an incentives mechanism for the staff	2019	ongoing	Secretary General Assistant for Technical and Health Affairs, Health Directorates across governorates, and the Human Resources Development and Education Directorate	Secretary General Assistant for Technical and Health Affairs, Health Directorates across governorates, and the Human Resources Development and Education Directorate	200,000	Ministry budget, supporting entities	An established training program with a plan, curriculum, and sustainable funding	Not available	Prepare the curriculum, secure funding, and begin implementation				Continued program

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Provide equitable and high quality health care services												
<b>Specific Objective</b>	Improving the quality of primary health services			Satisfaction rate of health services recipients			84%	85%	86%	87%	88%	89%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
<b>Restructuring primary and peripheral health centers by merging some of them - especially ones that are geographically close to each other, promoting others from primary to comprehensive health centers, and improving the quality of services provided in them</b>	2018	ongoing	Secretary General Assistant for Technical and Health Affairs, and the Health Directorates across governorates	-	1.5 million		Cumulative number of merged centers	Zero		5			15
					5 million		Cumulative number of comprehensive centers	109		112			125
<b>Adopt an efficient and consistent referral system for patients between health centers and hospitals, and provide training on it</b>	2018	ongoing	Secretary General Assistant for Technical and Health Affairs, and Health Directorates across governorates	Hakeem Program	-	MOH	Description of the current referral system	30%	40%	50%	60%	80%	90%
<b>Keep the national electronic health map updated and active</b>	Existing	ongoing	Electronic Transformation and Information Technology Dir.	Health directorates across governorates	-	-	Health map available	Available	Available, active and updated	Available, active and updated	Available, active and updated	Available, active and updated	Available, active and updated
<b>Implement adopted principles of establishing, promoting and accrediting health centers</b>	Existing	ongoing	Buildings and Maintenance Dir., Secretary General Assistant for Technical and Health Affairs, and the Health Affairs Directorates across		-	-	Number of studies conducted to implement the adopted principles	75	According to needs and demands				
							Number of centers promoted from primary to comprehensive health centers	8	4	3	3	3	3
<b>Provide dental clinics, pharmacies and labs for basic tests in all primary health centers</b>	Existing	ongoing	Health Directorates across governorates, and the Secretary General Assistant for Technical and Health Affairs	Pharmacy Dir., Dentistry Dir., and Labs Dir	5 million	Ministry budget	Percentage of dental clinics coverage	84%		100%			100%
							Percentage of pharmacy coverage	44%		70%			100%
							Percentage of basic tests labs coverage	70%		80%			100%
<b>Form community health committees in health centers to promote the principle of community engagement and interaction</b>	Existing	ongoing	Health Education and Awareness Dir. And Health Directorates across governorates	Local community institutions	50,000	Ministry budget	Percentage of health centers with active community health committees	10%		100%			100%



Target type	Target description			Indicator			Baseline value	Projected indicator value						
							2017	2018	2019	2020	2021	2022		
<b>MoH Strategic Objective</b>	Provide equitable and high quality health care services													
<b>Specific Objective</b>	Improving the quality of primary health services			Satisfaction rate of health services recipients			84%	85%	86%	87%	88%	89%		
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value					
	Start	End							2017	2018	2019	2020	2021	2022
<b>Expand the accreditation of primary health centers</b>	Existing	ongoing	Health Directorates across governorates and the Institutional Development and Quality Dir	HCAC	Million	Ministry budget	Number of accredited health centers	97		110				147

\*Computerization and connection of health centers with each other and with hospitals (detailed under the knowledge management theme)

### Health Care Theme - Primary Health Care - Communicable Diseases

**National goal according to Jordan 2025 vision:** Improve the quality of services provided to citizens and equity in their distribution

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Provide equitable and high quality health care services												
<b>Specific Objective</b>	Improving the quality of primary health services			Satisfaction rate of health services recipients			84%	85%	86%	87%	88%	89%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End							2017	2018	2019	2020	2021
<b>Interactive Electronic Reporting System (IERS for communicable diseases CD) in the public sector</b>	2014	2022	CD Dir.	WHO	Not specified	WHO	Percentage of commitment to entering data on communicable diseases to the IERS by health centers and hospitals in the public sector	60%	75%	85%	85%	95%	100%

Target type	Target description		Indicator				Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Provide equitable and high quality health care services												
<b>Specific Objective</b>	Improving communicable diseases surveillance and control		Incidence rate of re-emerging diseases (Endemic diseases which were controlled but reappeared)				Zero						Zero
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End							2017	2018	2019	2020	2021
<b>Engaging the private sector in interactive reporting of communicable diseases (CD)</b>	2018	2021	CD Dir. / Data Analysis Dept.	WHO	Not specified	WHO	Percentage of private sector hospitals engaged in IERS for communicable diseases	0%	40%	70%	100%	100%	100%
<b>Program for keeping the Kingdom free from reemerging diseases (CD)</b>	2018	2022	Epidemiological Surveillance Dept./ CD Dir.	MOH	Not specified	MOH	No. of reported cases	0%	0%	0%	0%	0%	0%
<b>National Immunization Program</b>	2018	2022	Immunization Dept.	MOH	30 million yearly	MOH	Percentage of immunization coverage above 95% for all vaccines	Above 95%	Above 95%	Above 95%	Above 95%	Above 95%	
<b>Introducing new vaccines (PCV, HepA and Varicella Vaccines)</b>	2018	ongoing	CD Dir. / Immunization Dept.	Donor	18,5 million	Ministry budget or donor	New vaccines introduced to national vaccination program	0	0	(PCV) pneumococcal vaccine	0	HepA	Varicella Vaccines)
<b>National HIV/AIDS Program (treatment)</b>	1 /1 /2018	1 /1 /2019	CD Dir.	-	10 million	MOH	Cost of treatment for beneficiaries	2 million	2 million	2 million	2 million	2 million	2 million
<b>National Tuberculosis Program</b>	ongoing	ongoing	CD Dir.	Ministry budget	1,250,000		Tuberculosis incidence rate per 100,000	4,75		4,0			3,0
<b>Training employees and educating local</b>	1 /1 /2017	31 /1 /2018	CD Dir.	Donor	284,000	Donor	No. of beneficiaries	267,000	17,000	Zero	Zero	Zero	Zero

Target type	Target description		Indicator				Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services												
Specific Objective	Improving communicable diseases surveillance and control		Incidence rate of re-emerging diseases (Endemic diseases which were controlled but reappeared)				Zero					Zero	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End							2017	2018	2019	2020	2021
								2017	2018	2019	2020	2021	2022
communities and Syrian refugees about combating tuberculosis													
Malaria Program (Continuous and renewed annually)	1 /1 /2018	31 /12 /2018	CDDir./ Parasitic and Common Diseases Dept.	WHO	50,000	MOH	Local malaria incidence rate	Zero	Zero	Zero	Zero	Zero	Zero
Bilharziasis Program (Continuous - renewed annually)	1 /1 /2018	31 /12 /2018	CDDir./ Parasitic and Common Diseases Dept.	WHO	10,000	MOH	Local bilharziasis incidence rate	Zero	Zero	Zero	Zero	Zero	Zero
Leishmaniosis Program (Continuous and renewed annually)	1 /1 /2018	31 /12 /2018	CD Dir./ Parasitic and Common Diseases Dept.	WHO	50,000	MOH	Local leishmaniosis incidence rate	3/100,000	3/100,000	3/100,000	3/100,000	3/100,000	3/100,000
Infection control program Prepare a guide on antibiotic-resistant microbes	2018		CD Dir./ Infection Control Dept	WHO	Unknown	WHO	Distribution of the guide among hospitals and health centers	0%	100%	100%	100%	100%	100%
Infection control program National Antibiotic-Resistant Microbes Plan	2018	2018	CD Dir./ Infection Control Dept.	WHO	Unknown	WHO	Action Plan	80%	100%	100%	100%	100%	100%

Target type	Target description		Indicator				Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services		Percentage of premature mortality due to NCDs				76%					75%	
			Prevalence rate of Hypertension above 140 / 90				25,6		24			23	
Specific Objective	Controlling NCDs		Diabetes rate				16		16			15	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End							2017	2018	2019	2020	2021
								2017	2018	2019	2020	2021	2022
NCD Electronic Interactive Surveillance Project	2015	2021	Non - Communicable Diseases Dir.	WHO	Unknown	WHO	Completion percentage of NCD cases reporting	45 %	50 %	55 %	60%	65%	70%
Diabetes control Program for MoH health centers patients	2018	2022	NCD Dir./ Cardiovascular Diseases Prevention Dept.	Not available	-	Not available	Diabetes control rate	58 %	58 %	58 %	58 %	58 %	58 %
Hypertension control program for MoH health centers patients	2018	2022	NCD Dir./ Cardiovascular Diseases Prevention Department	Not available	-	Not available	Hypertension control rate	60 %	60 %	60 %	60 %	60 %	60 %
National neonatal medical screening program	2008	2022	Non - Communicable Diseases Dir.	Not available	1.5 million	MOH	Coverage percentage	74%	76%	78%	79%	79%	80%
Program for compulsory premarital thalassemia testing	2006	ongoing	Non - Communicable Diseases Dir.	Not available		MOH	Reduction in the number of thalassemia major patients	50%	45%	44%	43%	42%	40%
***Expanding the breast cancer early detection program (adding 8 units for breast cancer detection)	2008	ongoing	Non - Communicable Diseases Dir.	King Hussain Cancer Center and the National Committee	1,500,000	Needs a funding entity	Number of screened women	15,000	17,000	18,000	19,000	20,000	21,000
***Launching colon cancer early detection	2008	ongoing	Non - Communicable Diseases Dir.	King Hussain Cancer Center and the National Committee	350,000	Needs a funding entity	Number of screened persons	Zero	Zero	3,000			10,000
***Diabetes, hypertension and high cholesterol early detection program			Non - Communicable Diseases Dir.	Center for Diabetes, Endocrinology and Genetics	500,000	Needs a funding entity	Number of centers implementing the program	Zero	Zero	10	25	45	75

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services			Percentage of premature mortality due to NCDs			76%						75%
Specific Objective	Controlling NCDs			Prevalence rate of Hypertension above 140/90			25,6		24				23
				Diabetes rate			16		16				
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End							2017	2018	2019	2020	2021
National neonatal medical screening program	2008	2022	Non-Communicable Diseases Dir.	Not available	1.5 million	MOH	Coverage percentage	74%	76%	78%	79%	79%	80%
Program for compulsory premarital thalassemia testing	2006	2022	Non-Communicable Diseases Dir.	Not available		MOH	Reduction in the number of thalassemia major patients	50%	45%	44%	43%	42%	40%
***Expanding the breast cancer early detection program (adding 8 units for breast cancer detection)	2008	ongoing	Non-Communicable Diseases Dir.	King Hussain Cancer Center and the National Committee	1,500,000	Needs a funding entity	Number of screened women	15,000	17,000	18,000	19,000	20,000	21,000
***Launching colon cancer early detection	2008	ongoing	Non-Communicable Diseases Dir.	King Hussain Cancer Center and the National Committee	350,000	Needs a funding entity	Number of screened persons	Zero	Zero	3,000			10,000
***Diabetes, hypertension and high cholesterol early detection program			Non-Communicable Diseases Dir.	Center for Diabetes, Endocrinology and Genetics	500,000	Needs a funding entity	Number of centers implementing the program	Zero	Zero	10	25	45	75
***Awareness campaigns on NCD risk factors	2022	ongoing	Non-communicable Diseases Dir.	All sectors	300,000	Needs a funding entity	Number of awareness campaigns	Available but not complete	-	Continuous active awareness campaigns			
Renal Failure Registry	2008	2022	Non-communicable Diseases Dir.	n/a	n/a	MOH	Dialysis units coverage rate and renal failure incidence rate	94%	95%	95%	96%	96%	97%
Conduct national surveys on NCD risk factors	2018	2019	Non-communicable Diseases Dir.	WHO	335000	WHO		Not available	Under implementation	Available			
Mortality Causes Registry	2003	2022	Non-Communicable Diseases Dir.	n/a	n/a	MOH	Hospitals and forensic medicine coverage rate, no. of mortalities registered annually	70%	75%	78%	80%	82%	85%
National Registry of Maternal Mortality	2018	ongoing	Non-Communicable Diseases Dir.	All health sectors	200,000	MOH	Active and continuous monitoring of maternal mortality	Available	Available	Available	Available	Available	Available
National Cancer* Registry	1996	2020	Non-Communicable Diseases Dir.	n/a	30000 annually	Currently unavailable	Hospitals and labs coverage rate	93%	93%	93%	93%	93%	95%
Fortification flour with vitamins and minerals	2018	2022	Non-Communicable Diseases Dir./ Nutrition Department	WHO and JFDA Standards and Metrology Organization, Ministry of Industry and Trade	Around 11 million JD	MOH	- Anemia rates among child bearing age women	30.6% according to the National Micronutrient Deficiency Survey	30 %	30 %	30 %	30 %	28,5 %
							- Anemia rates among under 5 children	17%	17%	17%	17%	16%	
Vitamin A capsules distribution	2018	ongoing	Non-Communicable Diseases Dir./ Nutrition Department	UNICEF	provided for Free from UNICEF	UNICEF	Vitamin A deficiency rates among under 5 children	18,3% (2010 National Micronutrient Deficiency Survey)	17,3%	17,3%	17,3%	17,3%	16,4%
Iodized Table Salt Program	2018	ongoing	Non-Communicable Diseases Dir./ Nutrition Department	UNICEF JFDA JISMO WHO	Free; incurred by factories	Free; incurred by factories	Goiter rates	4.9% (2010 National Survey of Goiter Prevalence among School Children in Jordan)	4.9%	4.9%	4.9%	4.9%	4.5%

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Provide equitable and high quality health care services			Percentage of premature mortality due to NCDs			76%						75%
<b>Specific Objective</b>	Controlling NCDs			Prevalence rate of Hypertension above 140/90			25,6		24				23
				Diabetes rate			16		16				
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End							2017	2018	2019	2020	2021
<b>Implement a survey and evaluation of the Flour Fortification Program</b>	2019	2020	Non-Communicable Diseases Dir./ Nutrition Department	Donor	200,000	UNICEF	Results and recommendations of the study are available	Not available	Looking for funding	Begin the study if funding is available	Results and recommendations of the study are available		

\*\*\* These programs are not funded and funding entities should be found due to the programs' importance

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services												
Specific Objective	Promoting mental health and addiction control services			Percentage of health centers providing mental health care services			8%	10%	13%	16%	18%	25%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Implement the national plan for mental health and addiction/ bridge the gap in mental health by merging services	2018	2022	Disabilities and Mental Health Dir.	WHO	80,000	WHO	Number of comprehensive health centers qualified for receiving and treating mental health cases	32	50	65	80	90	100
Establish community mental health clinics	2018	2022	Disabilities and Mental Health Dir.	WHO	160,000	WHO	Number of community mental health clinics	5	7	9	11	13	13
Establish mental health admission units in hospitals	2017	2022	Disabilities and Mental Health Dir.	WHO	1.5 million	WHO and the Ministry budget	Number of hospitals with a mental health admission unit	1	2	3	4		
Provide specialized personnel in mental health, and build employees' capacities (child psychiatry, psychogeriatrics, forensic psychiatry, psychology, and psychiatry nursing)	2018	2022	Disabilities and Mental Health Dir., Education and Human Resources Development Dir.	-	Ministry budget	Not specified	Provide at least one specialized doctor and nurse for child psychiatry, psychogeriatrics, and forensic psychiatry	n/a	1 child psychiatry , 1 forensic psychiatry	1 child psychiatry, 1 forensic psychiatry, 1 psychogeriatrics	1 child psychiatry 1 forensic,1 psychogeriatrics, and 1 psychology		
Expand the capacity of the National Addiction Center by around 15 beds	2019	2020	Disabilities and Mental Health Dir., Buildings and Maintenance Directorate	Donors	150,000	Not specified	Number of beds prepared for the National Addicts Rehabilitation Center	40	Under expansion	55			
Establish a department to treat children's and adolescents addiction	2019	2020	Disabilities and Mental Health Dir., Buildings and Maintenance Directorate	Ministry of Public Works	150,000	Not specified	A department to treat adolescent addiction	-	-	Studies	Begin implementation	An equipped building for child addiction	
Building capacities of the local community in the field of metal health, raise awareness and combat the stigma	2018	2022	Disabilities and Mental Health Dir.	2020	50,000	Organizations	Number of trained employees yearly	-	50	100	150	200	250

Health Services Theme - Primary Health Care - Woman and Child Health

Target type	Target description		Indicator	Baseline value	Projected indicator value									
					2017	2018	2019	2020	2021	2022				
MoH Strategic Objective	Provide equitable and high quality health care services													
Specific Objective	Promoting reproductive health, family planning and child health services		Total fertility rate	2,7 (2017)	2,7	2,7	2,7	2,7	2,7	25%				
			Maternal mortality rate /100,000	19,1 (2008)		18								
			Infant mortality rate /1000 live births	17 (2017)		16	15,5	15	15					
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value					
	Start	End							2017	2018	2019	2020	2021	2022
Reproductive Health Program, Family Planning	Annual	ongoing	Maternal and Child Health Directorate	Royal Medical Services, UNRWA, the Jordanian Association for Family Planning and Protection, Noor Al Hussain Foundation, university hospitals, Jordan Health Aid Society, Al Aman Fund, Relief International	2,250,000	MOH budget	Couple-years of protection (CYP)	125,816	Annual rate increase 1%	Annual rate increase 1%	Annual rate increase 1%	Annual rate increase 1%	Annual rate increase 1%	Annual rate increase 1%
Child protection program	2018	2022	Maternal and Child Health Dir.	UNICEF	Not specified	UNICEF	Number of detected cases in MOH hospitals and health centers	1354 cases	Number of detected cases in MOH hospitals and health centers	Number of detected cases in MOH hospitals and health centers	Number of detected cases in MOH hospitals and health centers	Number of detected cases in MOH hospitals and health centers	Number of detected cases in MOH hospitals and health centers	Number of detected cases in MOH hospitals and health centers
Response to genderbased domestic violence	2018	2022	Maternal and Child Health Dir.	United Nations Population Fund	Not specified	United Nations Population Fund	Number of cases reported to the Family Protection Administration	2589 cases	Number of cases reported to the Family Protection Administration	Number of cases reported to the Family Protection Administration	Number of cases reported to the Family Protection Administration	Number of cases reported to the Family Protection Administration	Number of cases reported to the Family Protection Administration	Number of cases reported to the Family Protection Administration
Safe pregnancy program	2018	2019	Maternal and Child Health Dir.	Korean Embassy	700 thousand	Korean Embassy	Number of referral centers for high risk pregnancies across governorates	0 centers	14 centers	20 centers				
Establish reproductive health and family planning services in health centers that don't provide such services (primary and peripheral)	2018	ongoing	Maternal and Child Health Dir.		50,000	MOH	Number of peripheral centers that provide these services	42	44	45	46	48	50	
Integrated child health care program (implement protocols to reduce under 5 child mortality)	2005	ongoing	Chest Diseases & Immigrants Health Dir.	UNICEF	150,000	UNICEF	Annual number of trainees on protocols of integrated child health care	140 doctors and nurses	150 doctors and nurses	150 doctors and nurses	150 doctors and nurses	150 doctors and nurses	150 doctors and nurses	150 doctors and nurses
The integrated health care program	2016	2021	Maternal and Child Health Dir.	USAID	57 million	USAID	Number of Maternity and Childhood Centers which received the Certificate of Excellence for Integrated Health Care Cooperatives	35	-	-	-	91		

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services												
Specific Objective	Limiting environment related health risks			Average percentage of environmental programs indicators			90,7%	91,7%	92,7%	93,7%	95%	96%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Enhancing and developing medical waste management program in health care institutions	1/1/2018	ongoing	Environment Health Dir. And health directorates across governorates	- Ministry of Environment - Royal Medical Services - Private Sector - Concerned universities	MOH budget	MOH	Percentage of health care institutions which safely manage medical waste	75%	78%	81%	84%	87%	90%
Establishing a new building for the Environment Health Directorate	2019	2020	Buildings and Maintenance Dir.	Ministry of Public Works	3 million	Not specified	A newly established building for the Environment Health Dir.	Not Available	Studies	Under construction	An established building		
Water quality control program –in all its phases	1/1/2018	ongoing	Environment Health Dir. and health directorates across governorates	- Ministry of Water and Irrigation - Private Sector	MOH budget	MOH	Control programs coverage rate for all types of potable water	98.5%	98.5%	98.5%	98.5%	99%	99%
Wastewater treatment, reuse and control program	1/1/2018	ongoing	Environment Health Dir. and health directorates across governorates	- Ministry of Water and Irrigation - Private Sector	MOH budget	MOH	Control programs coverage rate of wastewater treatment stations and usage of treated wastewater	98.5%	98.5%	98.5%	98.5%	99%	99%



Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services			Percentage of covered public schools			99%	99%	99%	99%	99%	99%	
Specific Objective	Promote all components of school health services			Percentage of covered schools and medical screening centers			90%	90%	91%	92%	93%	94%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Comprehensive medical examination of public school students	Beginning of the school year	End of the school year	School Health Dir. and health directorates across governorates	Ministry of Education	2,500,000	MOH budget	Percentage of targeted students who received comprehensive medical examination	99%	99%	99%	99%	99%	99%
Comprehensive medical examination of private school students	Beginning of the school year	End of the school year	School Health Dir. and the private sector	Ministry of Education		The MoH and private schools	Percentage of targeted students who received comprehensive medical examination	98%	No less than 90%	No less than 90%	No less than 90%	No less than 90%	No less than 90%
School Health Awareness Program Health awareness in schools, especially on the risks of drugs and smoking	Beginning of the school year	End of the school year	School Health Dir., health directorates across governorates	Ministry of Education	50,000	MOH	Percentage of students who received health messages	19%	22%	25%	28%	31%	35%
Project for distributing prescription glasses among public and military elementary school students	Beginning of the school year	End of the school year	School Health Dir., and health directorates across governorates	Ministry of Education	MOH budget	As needed (number of students)	Students benefiting from prescription glasses	6500 male and female students	As needed	As needed	As needed	As needed	As needed
Psychosocial guidance program for school students	Through out the school year	Through out the school year	School Health Dir., and health directorates across governorates	Ministry of Education	-	-	Percentage of public schools providing psychosocial guidance	around 60%		70%			80%
Oral and dental screening for public school students	Beginning of each school year	End of each school year	School Health Dir., and health directorates across governorates	Ministry of Education	-	MOH budget	Percentage of public school students covered with oral and dental screening	99%	99%	99%	99%	99%	99%
Dental prevention program	Beginning of each school year	End of each school year	School Health Dir., and health directorates across governorates	Ministry of Education	100,000 JD	MOH budget	Implemented prevention program coverage	Zero	5%	10%	15%	20%	25%
Build the capacities of MoH staff	Beginning of each school year	End of each school year	School Health Dir., and health directorates across governorates	Ministry of Education	30,000 JD	MOH	Number of trained MoH employees	150 trainees	200 trainees	200 trainees	200 trainees	200 trainees	200 trainees
Oral and dental screening for private school students	Beginning of each school year	End of each school year	School Health Dir., and health directorates across governorates	Ministry of Education		Ministry budget	Percentage of private school students covered with oral and dental screening	No less than 90%	No less than 90%	No less than 90%	No less than 90%	No less than 90%	No less than 90%
School cafeterias inspection program	Beginning of each school year	End of each school year	Health directorates across governorates	Ministry of Education, JFDA	Budget	-	Percentage of school cafeterias that are compliant with health requirements	60%	62%	64%	66%	68%	70%
Physical inspection of private centers and nurseries	Beginning of each school year	End of each school year	Health directorates across governorates	Ministry of Social Development (MoSD)	Budget	-	Number of inspected private centers	90%	90%	91%	92%	93%	94%

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services						29% in 2007						25%
Specific Objective	Promoting healthy practices in the community			Smoking rates in the population (18+ group)									
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Smoking control program/ implementing the national tobacco control program	2001	ongoing	Health Information and Awareness Dir.	Health Information and Awareness Dir.	750 thousand JD	MoH, WHO	Number of tobacco dependence treatment clinics	4	5	6	7	8	9
								1230	1500	2000	2500	3000	3500
Elderly health program	2003	ongoing	Awareness and Health Information Dir./ Elderly health program	Awareness and Health Information Dir./ Elderly health program	100,000 JD	MOH	Number of elderly friendly health centers	8	10	12	14	16	18
Healthy life style promotion program	2018	2022	Awareness and Health Information Dir./ Awareness Department	Awareness and Health Information Dir./ Awareness Department	100,000	Treasury	Number of courses	5 courses	5	5	5	5	5
Capacity building of remote villages program	1996	ongoing	Awareness and Health Information Dir./ Healthy Villages Section	Awareness and Health Information Dir./ Healthy Villages Section	125,000 JD	MOH	Number of healthy villages	66	68	70	72	74	76
Health information	2018	2022	Awareness and Health Information Dir./ Information and Communications Section	Media and concerned directorates	500,000	Treasury	Number of annual	Zero	3	3	3	3	3

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services						13%	14%	15%	16%	17%	18%	
Specific Objective	Promoting occupational health programs			Percentage of factories and establishments covered with occupational health services									
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Occupational health capacity building program	1/1/2018	ongoing	School Health Dir. and health directorates across governorates	Private Sector	50,000	MOH	Percentage of factories and establishments covered with occupational health services	13%	14%	15%	16%	17%	18%
Occupational health capacity building (training those concerned on occupational health in all sectors, and providing guidelines)	1/1/2018	ongoing	School Health Dir. and health directorates across governorates	WHO	15,000	WHO	Number of trainees from all sectors (cumulative)	0	400	800	1200	1600	2000

## First Theme: Health care services

### Secondary and advanced health care services

#### The current status:

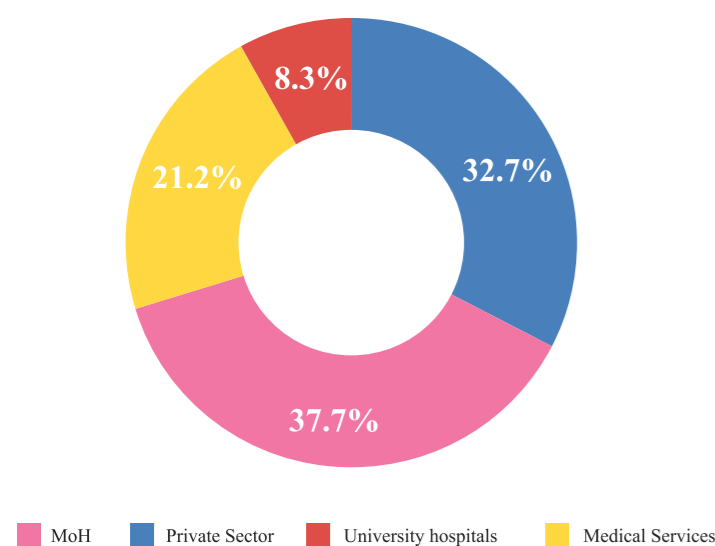
The Ministry of Health provides secondary health services and some advanced health services through its hospitals across the Kingdom, where it seeks to provide high quality, equitable, and comprehensive health services to all citizens.

The overall number of hospitals in the Kingdom in all health sectors reached around 110 hospitals in 2017; 32 of which are MoH hospitals (9 of them are educational) which are distributed among most governorates and districts of the Kingdom in order to achieve high coverage and provide universal of health services to citizens.

The number of beds in the Kingdom is around 13731 beds, 5177 beds of them are in MoH hospitals, representing a percentage of 37.7%.

It is also noteworthy that the average number of beds per 10,000 citizens has decreased significantly recently from 1810,000/ to around 1410,000/ (the lowest rate is in Jerash at 510,000/ and the highest rate is in Amman at 1710,000/). This is due to the growth in Jordan's population as shown in the 2015 Population Census, and the consecutive forced migrations which the country witnessed, especially the Syrian crisis.

Figure 4 shows the number of beds in various medical sectors in 2016



The Ministry spends most of its budget on secondary and advanced health services, with allocations reaching around 39.2% in 2017 (excluding drugs and medical consumables). This is due to the high cost of these services, and construction of new hospitals that is currently underway such as the New Al Salt Hospital, and the expansion of existing hospitals. All of this increased the costs of these services.

The Ministry is facing issues related to secondary health care and is working on addressing them during the upcoming phase. These include:

**First – Legislations:** In order for hospitals to develop their work and achieve their goals, some legislations and regulations need to be developed, especially financial and human resources regulations. In addition, decentralization should be implemented across governorates and hospitals, starting from large hospitals. The Ministry also reviewed the organizational structure and amended it in line with recent developments and in a manner that would reduce redundancy, and conflict of interests and responsibilities.

**Second - Infrastructure:** In order to achieve greater universality in providing services, and improve the quality of these services, the Ministry is working on establishing a number of new hospitals including: Al Salt

Hospital, Princess Basma Hospital, Tafilah Hospital, New Madaba Hospital, and Iman Hospital in Ajloun. In addition, it is expanding 4 existing hospitals: Princess Rahma Hospital, Al Nadeem Public Hospital, Ghor Al Safi Hospital, and Jerash Public Hospital.

A new emergency building is also being established in Al Bashir Hospital, and a number of studies and designs are being prepared to expand emergency departments in 9 other hospitals.

By the end of 2017, the Ministry completed the computerization of 15 hospitals in cooperation with Hakeem project.

There is still a need to better develop hospitals' infrastructure through maintenance, expansion and renovation.

### Third- Advanced Health Services:

**1. Medical treatment and specialized services:** MoH hospitals are performing an essential role in providing advanced treatment and rehabilitation services in terms of quality and quantity. In 2016, MoH hospitals had 4852 doctors, among them 1008 specialized doctors representing 20.7%, and 770 doctors representing 15.9% are qualified or finished their training. The Ministry intends to increase the number of doctors enrolled in the residency program in all specialties, especially rare ones (including emergency, and psychology), and increase the number of residents in family medicine in order to serve comprehensive and primary health care centers.

For the same year, the Ministry has 812 dentists, 16.4% of whom are specialized dentists.

The MoH is working on improving the technical performance of its doctors by increasing internal and external training, and increasing scholarships to fill in the gap in medical fields especially rare ones such as specialized surgery, cardio surgery, emergency medicine, psychology, family medicine, epidemiology and other fields.

The Ministry is also contracting with doctors from the private sector through a services procurement program and has established an external (Saudi Arabia) and internal (Maan and Queen Rania hospitals) visiting doctor program.

The Ministry attracts doctors through a training program that is accredited by the Jordanian Medical Council to acquire specialization, and by raising new doctors' income through the external visiting doctor program in Saudi Arabia, secondment, and increasing incentive points. In order to address the shortage in certain medical fields, comprehensive health centers in each governorate are covered by main medical specialties (internal, pediatrics, and gynecology) from nearby hospitals in the governorate.

In response to His Majesty Prince Al Hussain ibn Abdullah II initiative, the Ministry established a center for cochlear transplant in Al Bashir Hospital in cooperation with the JUST/ King Abdullah I University Hospital, and opened a diabetes and endocrinology center in Prince Hamza Hospital.

**2. Nursing services:** The Ministry of Health provides nursing care for all patients in hospitals, health centers, and specialized clinics through 11,181 nurses in all nursing fields in 2017, distributed as follows: legal nursing (5094), nurse midwifery (1504), associate nursing (5483). These nursing categories work with nursing partners to achieve our national goals. The Nursing Directorate enables leaders of the nursing profession to place plans and national policies that improve health care quality and enhance the performance of the nursing staff by: placing a specialty and technical categorization system at the highest standards and least costs; determining training needs - including internal and external courses, scholarships, and continuous learning activities - according to actual needs for service provision; developing continuous learning policies and programs for the nursing staff; conducting regular studies to define actual needs for nursing personnel in hospitals and health centers according to international and national standards, treatment units, and levels of health care; granting those who meet the requirements of the Civil Service Bureau an unpaid leave; and granting job titles. The Nursing Directorate also aims to promote scientific research in the Ministry, conduct studies on improving nursing care, use scientific research results to develop nursing practices, and help determine the needed number of nominated students for the Ministry nursing colleges.

**3. Emergency services:** The Ministry provides emergency medical services in hospital emergency departments and health center emergency rooms. Urgent medical care is considered the most important factor affecting human life, because time plays an important role in saving patients' lives. The Ministry seeks to build the capacity of emergency services by improving the infrastructure and medical environment. Hence, employees in these departments receive continuous training through specialized medical courses in the fields of basic and advanced heart resuscitation, advanced ambulatory services, emergency care, and critical or acute cases treatment. The Ministry also seeks to qualify employees working in emergency departments scientifically and academically to address traditional and non-traditional mass injuries and using evidencebased science, through joint workshops conducted by supporting countries and the Crises Management Unit. Certified trainers have been trained in this field.

The Ministry is also increasing the capacities of training programs, upon deciding to train all general practitioners before deploying them. It also seeks to substitute general practitioners with specialized emergency doctors. Hence, the emergency residency program has been expanded, and the Ministry will provide emergency departments with specialized doctors in order to raise the efficiency and quality of emergency services.

On the other hand, new principles were adopted regarding establishing emergency departments in cooperation with the emergency and accident medicine specialty; new ambulances were procured in accordance with international standards; and a plan was devised for the sustainability, maintenance and upgrade of around 200 ambulances that are divided into three categories: a) fully equipped, b) life support equipment c) basic equipment. The Ministry seeks to equip various patient transport vehicles to ensure the safe transport of patients between hospitals. It also adopted a clear policy for this purpose and assigned specialized paramedics in emergency departments to monitor the readiness of ambulances using a checklist that was prepared for this purpose.

However, emergency departments suffer from overcrowding and the unexpected increase in the numbers of patients due to wars in neighboring countries and consequent migrations to Jordan, especially the Syrian crisis. In addition, nonemergency patients represent an additional burden to these departments, where the percentage of non-urgent cases reached 58.8% in 2016, and is expected to increase, since going to the emergency room is the easiest way to receive medical service at night and due to lack of community awareness on emergency cases and their alternatives. This necessitates the establishment of triage clinics in emergency departments.

This helps improve medical services and reduces waiting time for urgent and critical cases. Hence, the Ministry seeks to establish these clinics along with family and general clinics to deal with the increasing number of ER patients. In addition, migration of specialized doctors represents a major issue that these services are facing.

**4. Lab services:** The Ministry provides clinical lab services in all hospitals and most comprehensive and primary health centers. These services are provided through 102 comprehensive health centers and 380 primary health centers, in addition to the service of the Central public Health Lab with 7 public labs across governorates. There is a need however for a central lab in each governorate.

In continuance of the efforts to enhance the quality and safety of these services and keep up with recent developments, the Ministry is working on supporting the laboratory infrastructure by providing hospital labs with some necessary machines to implement health strategies such as (diabetes tests and hepatitis B and C); and in order to conduct accurate and high quality blood tests, the comprehensive health centers were provided with advanced equipment.

In order to improve the neonatal medical examination program in terms of issuing quick and accurate results, an advanced lab machine was introduced to detect the following genetic disorders: hypothyroidism, PKU, and favism. The premarital testing program was amended to include sickle cell anemia in addition to beta thalassemia, where these two diseases are detected using very advanced lab machines that ensure accurate and sound results.

There are still some challenges to work on; most importantly: developing building infrastructures, machines and equipment based on approved standards and in a manner that ensures the safety of employees, accuracy of results, and time saving; providing central labs in the rest of the governorates; and continuing to build staff capacities and provide necessary lab specialties.

**5. Radiology services:** Radiology services are necessary services in diagnosis and treatment processes. The service is available in all Ministry hospitals and comprehensive health centers, but they do require assuring quality and the safety of both patients and workers. This can be achieved by applying radiology departments' guidelines and specifications; building personnel capacities; and providing workers with radiation sensors to ensure that radiation doesn't exceed the maximum allowed limits (20 mSv annually). Work is also underway to set the standards of radiology services through joint committees between the Ministry and all other concerned entities.

There is still shortage in radiology sensors provided to employees; training and awareness; and guidance brochures.

**6. Dental health:** Dental and specialized dental services are provided in around 560 dental clinics in all hospitals across the country and all comprehensive health centers, in addition to some primary health clinics. These services are provided by around 574 dentists and 118 specialized dentists.

The Ministry seeks to develop preventive and curative dental services and quality control and infection prevention procedures by building its staff capacities, and equipping dental clinics and other specialized clinics to train residents in all specialties according to the standards of the Jordanian Medical Council to receive the Jordanian Board Certificate; with the number of residents reaching 58 in 2016. The Ministry also participates in and supervises on residency tests in dentistry specialties and grants licenses to professions and clinics.

**7. Blood transport:** The Ministry of Health is responsible for provision services of blood and its components safely and sufficiently to patients, and supplying it to public and private hospitals through the Blood Bank Dir. and other regional blood banks in governorate hospitals according to international standards. The Ministry is also working on increasing the number of blood donors by encouraging voluntary blood donation in cooperation and coordination with civil society organizations. In order to ensure the safety of blood units, tests for the following infectious diseases are being conducted: HIV1, HIV2, HbsAg, HCV, RPR, and HBcAb.

Molecular biology technology was also introduced to some tests. A vehicle will also be procured to harvest blood as part of voluntary blood donation efforts.

There are some challenges facing blood transport services, most importantly rejected blood; the extent of blood validity after being transported from one location to another; motioning compliance with safety measures during blood transport; to what extent these measures are in line with safe transport standards; in addition to the need for capacity building in the field of blood transport services.

**8. Pharmacy and clinical pharmacy:** In 2016, the Ministry employed around 723 pharmacists across all hospitals and health centers. The Ministry is working on developing clinical pharmacy services by building the capacities of pharmacists working in hospitals and health centers; supervising and monitoring them; improving their work environment; updating pharmacy policies and procedures and monitoring their enforcement; updating 30 medicine protocols and publishing them on the Ministry website; in addition to drafting, implementing, monitoring and regularly updating plans to rationalize drug use. However, there is a need to increase the number of pharmacists in order to cover all health facilities sufficiently in addition to the need for capacity building.

The Ministry also employs 6170 employee in around 24 allied medical professions distributed among hospitals, health centers, health directorates and central directorates. This segment of employees requires constant training and deployment depending on the work load and needs in order to enhance the quality of provided services.

There are also programs to computerize hospitals, improve the quality of services, and accredit hospitals as mentioned in the knowledge management and universal health coverage themes.

### **Advanced Health Care:**

Advanced health care is health care related to advanced and specialized medical and health services which focus on certain human body systems, diseases or health conditions, such as cardiac diseases and surgeries, modern surgeries, organ transplants, psychiatry, and dialysis. The following are some of the currently available

#### **advanced health care services:**

**1. Dialysis:** Around 22 MoH hospitals provide these services to renal failure patients by providing dialysis sessions. The number of patients receiving dialysis sessions in Ministry hospitals reached around 1162 patients in 2016, at an average of 2.6 sessions per week. This service requires constant maintenance of the equipment in order to ensure their continued functionality and avoid their failure. The Ministry also seeks to provide this service in all parts of the Kingdom and increase the number of hospitals that work around the clock to save patients' lives and facilitate service access for them. This service is also provided by procuring it from private hospitals through agreements.

**2. Organ transplantation:** In order to develop this advanced service, the Ministry founded the National Center for Organ Transplantation in 2010. The Center works with hospitals and other stakeholders at a local and regional level to develop and organize the organ donation, transport and transplantation processes. The Center also determines standards controlling this service. Private hospitals are also monitored to ensure their commitment to approved procedures of organ transplantation, and enforce acquiring prior approval from the Directorate before performing any organ transplantation procedure.

In order to meet the needs of many patients who need organ transplantation, the Ministry and other concerned entities will activate the Diagnosis of Brain Death and Organ Donation program, and will also set up a waiting list for organ failure patients (kidneys, liver...). The list will be organized according to priorities approved in the general procedures guide.

In 2017, around 332 patients were registered in the liver or kidney transplant waiting list, while 196 patients received kidney transplants, and around 11 patients received general liver transplant procedures.

The Ministry also raises awareness on organ donation and encourages it among citizens. It provides a database on organ donation through the National Registry for Organ Donation and Transplantation. Information and expertise are also exchanged in this field through conferences, seminars and research.

Since this advanced service is still new, it is facing a number of challenges, especially in terms of organ transport and transplantation laws and regulations; religious Fatwa's on this matter (the degree of kinship between the donor and patient); availability of competent employees; and the need for more cooperation and coordination among all concerned entities in this field, especially in terms of data and information.

**3. Modern surgeries:** The Ministry performs some specialized surgeries such as open heart surgeries, kidney transplants, and catheterization. Most of these surgeries were performed in Prince Hamza hospital and to a limited extent in Al Bashir hospital.

**4. Forensic medicine:** Forensic services have a special importance because they determine people's fate. Hence, efforts are made to develop this service, including: monitoring and developing concerned legislations and regulating the forensic medicine profession; developing an information system to analyze data, extract information, and use it to inform decisions; adopting participatory approaches to minimize violence and its effects and victims in the community; building employee capacities; expanding services by opening forensic medicine centers in governorates and family protection centers as needed; exchanging experiences;

activating cooperation agreements with Arab and regional countries; and partnering with universities to train residents on forensic medicine.

However, these are some challenges and issues that need to be addressed in this field, including: developing the infrastructure of forensic medicine facilities, especially the building in Al Bashir hospital (the building, equipment, and trained employees), providing specialists in this field, and building staff capacities.

#### **Major issues in the fields of secondary and advanced health services:**

1. The need to improve the quality of provided services and the accreditation of hospitals.
2. The need for more specialized and experienced human resources in some rare specialties (especially in specialized surgery, laboratory sciences, dentistry, and clinical pharmacy), in addition to motivating and retaining these human resources.
3. The need to develop emergency services and limit migration of emergency expertise by providing them with additional allowances.
4. The need to approve specialized dental centers to train residents.
5. The need to provide high priority medical equipment and machines.

**National Goal according to Jordan 2025 vision:** Improve the quality of services provided to citizens and equity in their distribution

Strategic Objective: Provide equitable and high quality health care services

#### **specific objectives concerning secondary and advanced health care:**

1. Improving the quality and safety of secondary health services, and ensuring their sustainability (programs for this goal were addressed in quality and accreditation programs and the infrastructure theme).
2. Improve the emergency services in hospitals.
3. Improve nursing services in MoH facilities.
4. Improve the quality of dental health services provided by dental clinics in hospitals and health centers.
5. Promote pharmacy services provided to hospital patients.
6. Improve the quality of lab services in health centers and hospitals.
7. Ensure sustainability of a radiation-safe environment.
8. Constant and safe provision of blood units.
9. Improve the quality of advanced health services.

**National goal according to Jordan 2025 vision:** Improve the quality of services provided to citizens and equity in their distribution

Target type	Target description		Indicator			Baseline value	Projected indicator value						
						2017	2018	2019	2020	2021	2022		
MoH Strategic Objective Specific Objective	Provide equitable and high quality health care services		No. of specialized doctors in emergency medicine			7	9		15		20%		
	Improve emergency services in hospitals		Increase satisfaction with emergency services			No available studies	2%	5%	10%	12%	15%		
			No. of emergency beds in hospitals			523	550	570	580	590	600		
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Program to improve the infrastructure of emergency departments in hospitals	2018	2022	Head of Emergency and Accidents Specialty, Buildings and Maintenance Dir.	Partners inside MoH, MoPW, and Supporting entities	750 thousand JD	MoH, WHO	Number of tobacco dependence treatment clinics Number of clinic patients	Under consideration	Starting implementation		Developed emergency departments		
Establishing a new emergency building in Al Bashir Hospital	2018	2021	Buildings and Maintenance Dir.	Emergency Dir.	100,000 JD	MOH	A newly established emergency building in Al Bashir Hospital	Under consideration				A new emergency building in Al Bashir Hospital	
Program to improve the readiness of MoH hospitals to respond to emergencies and crises (building administrative and organizational capacities)	2018	2022	Head of Emergency and Accidents Specialty	Services Management, and Crisis Management Unit, other health sectors, and supportin entities	Not specified	International organizations	No. of supported hospitals in terms of readiness for emergency services (organization and capacity building) - cumulative	3	6	9	12	15	18
Forming medical response committees according to regions	2018	2022	Head of Emergency and Accidents Specialty	WHO	Not specified	WHO	Number of formed committees in the regions (cumulative)	0	0	1-2	2-3	3-4	4-5
Residency program in emergency medicine	2018	2022	Head of Emergency and Accidents Specialty, Human Resources Development Dir. and Medical Specialties Dir.	-	-	-	Number of new residents in emergency medicine	12	15	15	15-20	15-20	15-20

Target type	Target description		Indicator			Baseline value	Projected indicator value						
						2017	2018	2019	2020	2021	2022		
MoH Strategic Objective Specific Objective	Provide equitable and high quality health care services		No. of specialized doctors in emergency medicine			7	9		15		20%		
	Improve emergency services in hospitals		Increase satisfaction with emergency services			No available studies	2%	5%	10%	12%	15%		
			No. of emergency beds in hospitals			523	550	570	580	590	600		
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Deploying emergency medicine doctors in MoH hospitals (specialized doctors or qualified residents)	2018	2022	Head of Emergency and Accidents Specialty	-	-	-	Number of hospitals with at least one emergency medicine doctor (specialized or qualified resident)	2	6	8	10	12	15
The New Doctor Program (for emergency services)	2018	2022	Head of Emergency and Accidents Specialty	Human Resources Development and Education Dir.	000	000	No. of new trained doctors	All new doctors 171 doctors	All new doctors	All new doctors	All new doctors	All new doctors	All new doctors
Continuous training of emergency doctors	2018	2022	Head of Emergency and Accidents Specialty	-	500	Budget	No. of trained emergency doctors	100	100-200	-	100-200	-	100-200
Program for the care of patients waiting for admission	2018	2022	Head of Emergency and Accidents Specialty	-	-	-	Number of hospitals implementing the program for the care of patients waiting for admission	0	1-2	3-4	5-6	7-8	9-10
Building capacities of specialized emergency and accident doctors	2018	2022	Head of Emergency and Accidents Specialty	Funding entity	100 thousand annually= 500K	Looking for a funder	No. of trained doctors	0	10	10	10	10	10
Amend legislations concerned with nursing specialties	2018	2022	Nursing Dir.	Jordanian Nursing Council	-	-	Nursing specialties regulations amended and enforced	n/a	currently being amended	Amended and enforced			

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective Specific Objective	Provide equitable and high quality health care services												
	Improve nursing services in MoH facilities			Nurse/ bed rate				2.16%		2.3%			2.5%
			Satisfaction rate of nursing services recipients				unavailable	5% year to year increase	5% year to year increase	5% year to year increase	5% year to year increase	5% year to year increase	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Continuous training and learning program for nursing staff in hospitals, directorates, and health centers	2018	2022	Nursing Dir.	Human Resources Development and Education Dir.	1 million	Ministry budget	Percentage of nursing staff who received continuous training	4.9%	6%	8%	10%	15%	20%
The joint program with WHO (Leadership for Change)	2006	Continuous yearly	Jordanian Nursing Council Nursing Dir.	WHO	35,000	WHO	Number of nursing leaderships receiving training under the Leadership for Change program	34	44	54	64	74	84

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective Specific Objective	Provide equitable and high quality health care services												
	Improve the quality of dental health services provided by dental clinics in hospitals and health centers			Satisfaction rate of nursing services recipients			unavailable	5% annual increase unavailable	5% annual increase	5% annual increase	5% annual increase	5% annual increase	5% annual increase
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Updating the central oral and dental health database	January 2018	Continuous updating	Dentistry Dir.	Electronic Transformation and Information Technology Dir.	0	MOH	Updated and complete oral and dental health central database	Under implementation	100%	100% updated	100% updated	100% updated	100% updated
Holding training workshops and participate in local and international conferences	January 2018	ongoing	Dentistry Dir.	Human Resources Development and Education Dir.	100000	MOH	No. of participants in training workshops	300 dentists	500 dentists	10% additional doctors each year	10% additional doctors each year	10% additional doctors each year	10% additional doctors each year
Increasing the number of steam sterilizers in dental clinics across governorates	January 2018	Continuous updating	Dentistry Dir.	Medical Engineering Dir. Services and Supplies Dir.	150000	MOH	Percentage of clinics equipped with steam sterilizers	90%	2% annually	2% annually	2% annually	2% annually	2% annually
Increasing the number of rotary instruments in specialized dental clinics	January 2018	Continuous updating	Dentistry Dir.	Medical Engineering Dir. Services and Supplies Dir.	50000	MOH	Percentage of specialized clinics with rotary instruments	-	10% annually	10% annually	10% annually	10% annually	10% annually
Increasing the no. of residents in all dental specialties	January 2018	Continuous updating	Dentistry Dir.	Human Resources Development and Education Dir.	0	MOH	Increase in the number of residents in dentistry specialties	58	4-6 Annually	4-6 Annually	4-6 Annually	4-6 Annually	4-6 Annually
Expansion of the dentistry department in Al Bashir Hospital with a capacity of 22 dental units	January 2018	Continuous updating	Dentistry Dir.	Medical Engineering Dir Services and Supplies Dir. Al Bashir Hospital	100000	MOH	Number of dental units in Al Bashir Hospital	8 clinics		22 clinics			
Expansion of the dentistry department in Al Salt Hospital with a capacity of 10 dental units	January 2018	Continuous updating	Dentistry Dir.	Medical Engineering Dir Services and Supplies Dir. Al Salt Hospital	40000	MOH	Number of dental units	4 clinics	10 clinics				
Increasing the number of dentists in governorates	January 2018	Continuous updating	Dentistry Dir.	Human Resources Planning and Employee Affairs Dir.	50000	MOH	No. of Dentists	574	10 dentists annually				



Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective Specific Objective	Provide equitable and high quality health care services												
	Improve the level of pharmacy services provided to hospital patients			Establishing a unified reference for pharmacy services in the Ministry			In progress	Implemented	Implemented	Implemented	Implemented	Implemented	Implemented
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Training hospital pharmacists	1/1/2018	31/12/2018	Pharmacy and Clinical Pharmacy Dir.	-	n/a	n/a	10 workshops attended by 250 pharmacists	90%	100%	100%	100%	100%	100%
Hospital field visits	1/1/2018	31/12/2018	Pharmacy and Clinical Pharmacy Dir.	-	n/a	n/a	No. of visited hospitals	Visiting 15 hospitals	100%	100%	100%	100%	100%
Following up on implementing procedures of: - Job description; - Medicine prescription system in hospitals based on the single dose system - Implementing the “double check system”; - Commitment to writing all information related to the medicine and patient when dispensing medicines from pharmacies; - Pharmacy policies guide; - Providing pharmaceutical advice to patients, their families and the medical staff.	1/1/2018	31/12/2018	Pharmacy and Clinical Pharmacy Dir.	Pharmacy staff in hospitals	n/a	n/a	- No. of pharmacy departments implementing the procedures - No. of performance indicators which were monitored in hospitals	22 hospitals	100%	100%	100%	100%	100%
Continuous training and education: Holding workshops to build capacities on priority issues	1/1/2018	31/12/2018	Pharmacy and Clinical Pharmacy Dir.	Human Resources Development and Education Dir.	3930 annually	MOH	- No. of workshops	n/a	100%	100%	100%	100%	100%
Review and publish medicine circulars issued by the Jordan Food and Drug Administration (JFDA)	1/1/2018	31/12/2018	Pharmacy and Clinical Pharmacy Dir.	JFDA	n/a	n/a		14 medicine circulars published	100%	100%	100%	100%	100%
Prepare and adopt a plan to control medicine dispensing in emergency, anesthesia and recovery departments.	1/1/2018	31/12/2018	Pharmacy and Clinical Pharmacy Dir.	Hospitals	n/a	n/a	Hospitals that began implementing medicine dispensing control mechanisms in emergency, anesthesia and recovery departments. Discovering medicine consumption rates before and after applying the medicine dispensing control mechanisms	19 hospitals	100%	100%	100%	100%	100%
Monitor, prepare, mainstream and apply treatment protocols	1/1/2018	31/12/2018	Pharmacy and Clinical Pharmacy Dir.	The approved committee	n/a	n/a	Adopted protocols and hospitals applying them	30 protocols reviewed and updated	100%	100%	100%	100%	100%

**Labs:**

Target type	Target description		Indicator			Baseline value	Projected indicator value							
						2017	2018	2019	2020	2021	2022			
MoH Strategic Objective Specific Objective	Provide equitable and high quality health care services													
	Improve the quality of lab services in health centers and hospitals		Satisfaction rate of recipients of lab services provided in hospitals and health centers			Nonexistent	Tbd	3 -5% year to year increase	3 -5% year to year increase	3 -5% year to year increase	3 -5% year to year increase			
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value					
	Start	End						2017	2018	2019	2020	2021	2022	
Computerize the central medical lab and the public health lab	2019	2019	Labs Directorate and Hakeem	Electronic Transformation and Information Technology Dir.		Ministry of Planning budget	Progress rate of computerizing the central lab Progress rate of computerizing the Public Health Lab	0 0	0 0	100% 100%				
Maintenance of main units in the Public Health Lab (bacteria, leishmania, and viruses)	2018	2019	Labs Directorate	Buildings and Maintenance Dir.	50,000 - 60,000 JD	Ministry budget	Percentage of completed maintenance of main units	0	30	100%				
Introducing new lab tests (tests using PCS, sequencing and medical screening)	2018	ongoing	Labs Directorate	Communicable Diseases Dir., NCD Dir., and Health directorates across governorates	200-300 thousand JD	MOH budget	No. of newly introduced tests (cumulative)	1	2	2 - 4	4 - 5	5 - 6	6 - 8	
Expanding the use of the quality evaluation program (EQAS)	2019	ongoing	Labs Directorate	Health Directorates across governorates.	10000	MOH budget	No. of labs participating in the program from all sectors	2	4	20	20	30	30	
Preparation: 1- Continue providing lab equipment to labs in 70 comprehensive health centers 2. Provide Al Bashir Hospital and Al Karak Hospital labs with Full Automated PCR equipment 3. Provide the Labs Dir. with 2 chemiluminescence instruments for immunity tests	2019	2022	Labs Directorate	Medical Engineering Dir.		MOH budget	Percentage of providing 70 comprehensive health centers with automated lab equipment	-	16 comprehensive health centers	26 comprehensive health centers	36 comprehensive health centers	46 comprehensive health centers	56 comprehensive health centers	
							Al Bashir and Al Karak labs are provided with PCR instruments	-	-	100%				
							Two Chemiluminescence machines are available			100%	-	-	-	

## Radiology Services:

Target type	Target description		Indicator	Baseline value	Projected indicator value									
				2017	2018	2019	2020	2021	2022					
MoH Strategic Objective Specific Objective	Provide equitable and high quality health care services													
	Ensure sustainability of a radiation-safe environment		Percentage of personnel whose radiation sensors exceeded 20 mSv	Zero	Zero	Zero	Zero	Zero	Zero	Zero				
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value					
	Start	End						2017	2018	2019	2020	2021	2022	
Establishing radiology quality and prevention departments in hospitals	2017	2022	Allied Medical Professions Dir.	Institutional Development and Quality Dir.	-	-	Percentage of quality units in health centers	10%	100%	100%	100%	100%	100%	100%

## Blood Bank

Target type	Target description		Indicator	Baseline value	Projected indicator value									
				2017	2018	2019	2020	2021	2022					
MoH Strategic Objective Specific Objective	Provide equitable and high quality health care services													
	Constant and safe provision of blood units		Percentage of blood donation volunteers in the population	3.34%	3.4%	3.4%	3.5%	3.5%	3.6%					
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value					
	Start	End						2017	2018	2019	2020	2021	2022	
Implement blood donation campaigns	Annual	Continuous yearly	Blood Bank Dir.	-	-	-	Percentage of blood donation volunteers in the population	3.34%	3.4%	3.4%	3.5%	3.5%	3.6%	
Twining of the Blood Bank Dir. with the WHO	2018	2022	Blood Bank Dir.	WHO	Unknown	WHO	No. of Blood Bank Dir. employees who were sent to exchange information and experiences - cumulative	0	0	4	8	12	16	
Participating in the global EQAS program for serum blood tests.	2018	Continuous yearly	Blood Bank Dir.	WHO	Unknown	WHO	No. of tests in the EQAS for serum blood tests	0	2	4	6	6	6	
Introducing new techniques to the Blood Bank Dir. such as automating blood separation	2018	2019	Blood Bank Dir.	-	20,000	MOH	Blood Bank readiness to apply automated techniques to separate blood into its components	0	40%	100%				
Introducing the HLA typing technique	2018	2022	Blood Bank Dir.	WHO	Not specified	WHO	No. of personnel trained on applying the HLA typing technique	0	0	2	4	6	8	
Establish a residency program for doctors in all sections of clinical laboratory science	2018	ongoing	Blood Bank Dir.	The Medical Council	Cost of purchasing consultancy services in clinical laboratory science	MOH	No. of residents in all sections of clinical laboratory science	0	0	4 - 6	7 - 9	10-12	13 - 15	

Advanced (Tertiary) Health Care

Target type	Target description		Indicator			Baseline value	Projected indicator value						
						2017	2018	2019	2020	2021	2022		
MoH Strategic Objective Specific Objective	Provide equitable and high quality health care services												
	Improve the quality of advanced health services												
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Establishing cosmetics and burns departments	2018	2022	Secretary General Assistant for Technical and Health Affairs, Health Affairs Directorates, Buildings and Maintenance Dir., and concerned hospitals	Ministry of Public Works	-	Not specified	No. of hospitals with a cosmetics and burns department	2	2	3	3	4	4
Increase the number of hospitals with three shift kidney departments	2018	2022	Secretary General Assistant for Technical and Health Affairs, Health Affairs Directorates	Concerned hospitals, Nursing Dir.		Not specified	No. of hospitals with 3 shift dialysis departments	10	18	11	11	12	12
Establish a forensic medicine center in the capital	2019	2022	Buildings and Maintenance Dir., and the Forensic Medicine Dir.	Ministry of Public Works		Not specified	An established and equipped forensic medicine building in the capital	Not available	Studies		Begin implementation		An established forensic medicine building in the capital

## Second Theme: Human Resources Management

The Ministry realizes the importance of human resources as a main element in providing high quality and efficient services, and the backbone and main foundation of any health system seeking to achieve its goals. Hence, the Ministry is actively and continuously working on promoting human resources by attracting, motivating, and retaining them in addition to building their capacities. In particular, the Ministry is working on building personnel capacities, and introducing new and necessary medical professions. This is considered a major challenge in human resources management in light of the rapid population growth and the need for specialized health care.

Human resources management is facing a number of challenges, most importantly: the consequences of the unstable political situation in the region during the past two decades, including the significant damage to the national economy; the overuse of the health sector in Jordan; the continued growth of the population; the increase in NCD rates; high percentage of senior citizens; migration of health human resources; the increase in demand on health services which requires increasing and expanding hospitals and health centers, expanding services in terms of quantity and quality, and establishing new educational health institutions and supervising their management. All of this generated greater workload on human resources and caused major challenges in the fields of planning, education, training, and motivating health human resources.

**Table 3 shows the national human resources indicators in the Ministry of Health for the year 2016**

Indicator	Indicator value 2016
Average doctors/ 100,000 persons	14.1
Average dentists/ 100,000 persons	7.1
Average nurses (registered, associate, midwife, assistant) / 10,000	26.4
Average pharmacists/ 10,000 persons	15.5
Number of MoH human resources	31796
No. of specialized doctors/ Percentage of the total no. of doctors	1165 (24.3%)
Distribution of employees in the Ministry	
Central Directorates	7.7%
Health Zones	41.3%
Hospitals	51.2%

Source: MoH Annual Statistical Report 2016

Through its Employee Affairs Directorate, the Ministry is devising plans and procedures for the optimal and efficient use of human resources, which include: determining the needs for competencies and making them available through selection, appointment and distribution; correcting behaviors and professional performance; taking necessary measures based on an evaluation process; analyzing jobs and providing job descriptions; promoting, motivating and determining career paths of personnel; attending to employee affairs and needs according to regulations in force, especially the civil service regulations; promoting the concept of equal opportunity among employees in all human resources fields including training, promotions, access to supervisory roles, and the like.

The Ministry is giving great attention to training administrative and technical staff and building their capacities through short, medium and long terms plans which include purchasing services, residency programs, continuous education, delegation to attend courses and internal and external conferences as needed by the Ministry.

The Ministry receives support in some of these fields through the Human Resources for Health Program (HRH 2030).

The Ministry looks forward to expand and sustain internal and external delegation programs to address the shortage in specialties whether in employee working in the Ministry or outside the Ministry, especially granting scholarships for personnel in remote areas, such that they commit to return to their regions and serve them.

In addition, the Ministry aims to increase the number of doctors enrolled in residency programs, and complete the establishment of an advanced cardiopulmonary resuscitation center in cooperation with the American Heart Association (ACLS) and the Trauma Center in the Emergency Department (ATLS). Furthermore, the Ministry seeks to increase the number of family medicine programs to cover each primary and comprehensive health center with at least one doctor.

The Ministry also helps provide various health sectors in the Kingdom with trained and qualified nursing staff, including associate nursing, midwifery, and allied medical professions. It is worth mentioning that the vast majority of them are females, representing around 80%.

The Ministry gives special attention to students in public and private university and intermediate university colleges to build their scientific and practical capacities, whether during their university education or after graduation.

### Challenges and issues:

- The need to implement decentralization in human resources management
- The need to create tools to determine actual needs and shortage or excess in human resources according to accurate scientific standards suitable with the Ministry's situation.
- The need to redistribute human resources in order to optimally utilize them.
- The need for clear career paths for most professions in the Ministry.
- Develop employee succession plans.
- Actual connection between incentives and performance and productivity
- The need to limit migration of trained and qualified specialized expertise, and the difficulty of attracting new expertise and retaining them.
- The need to connect the training plan with performance evaluation, points of weakness, job description and the career path resulting from it.
- The need to further support continuous education.
- Develop administrative information systems and support their interconnection and integration to provide data that informs the decision making process.

**National goal according to Jordan 2025 vision:** Improve the quality of health services provided to employees and equity in their distribution

### MoH strategic objective related to this area: Increasing the efficiency and effectiveness of human resources management

#### Specific objectives and programs for each central objective:

- 1- Improve attraction of competent technical resources to the Ministry
- 2- Capacity building: improve the knowledge and skills of workers in the health sector based on current and emerging needs for medical services.
- 3- Place policies to motivate human resources in remote areas.
- 4- Improve efficient tools of human resources management and promote their use.

**MoH Strategic Plan Matrix for the years 2018 - 2022/ Human resources theme:**  
**National goal according to Jordan 2025 vision:** Improve the quality of services provided to citizens and equity in their distribution

Target type	Target description		Indicator			Baseline value	Projected indicator value						
						2017	2018	2019	2020	2021	2022		
<b>MoH Strategic Objective</b>	Increasing the efficiency and effectiveness of human resources management												
<b>Specific Objective</b>	Improve attraction of competent technical resources to the Ministry		No. of appointed general practitioners during the year			250	300	350	400	400	400		
			No. of procured doctors services (specialists)			110	250	300	200	150	150		
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
<b>Expanding the residency program by increasing the number of doctors enrolled in the residency program by 10%</b>	1/1/2018	31/12/2018	Human Resources Development and Education Dir.		-	-	No. of doctors enrolled in the residency program	300	330	363	400	440	484
<b>Delegating doctors and technical staff in remote areas</b>	1/1/2018	31/12/2018	Human Resources Development and Education Dir.		2.5 million	-	No. of delegated doctors and technical staff in remote areas	-	As available				
<b>Vocational Education Colleges Program (nursing, midwifery, and allied medical professions)</b>	1/1/2018	31/12/2018	Human Resources Development and Education Dir.	Balqaa University and the Civil Service Bureau	7.5 million	Budget	No. of students enrolled colleges	570	580	585	590	595	600
<b>A short term plan (determining the Ministry needs annually and reviewing agreements with all sectors in a manner that serves the Ministry's priorities)</b>	ongoing		Human Resources Planning and Employee Affairs Dir.	Civil Service Bureau + services procurement committee	Allocations in the budget	Budget	Percentage of appointed doctors to vacancies in the budget	100%	100%	100%	100%	100%	100%
							No. of doctors' services procurement	110	150	150	150	100	100
<b>Review and update job descriptions based on competencies</b>	2017	2022	Human Resources Planning and Employee Affairs Dir.	Civil Service Bureau and HRH 2030	-	-	No. of jobs with a clear job description and a description relevant to competencies and levels	10	50	100	150	250	All jobs
<b>Set the criteria of determining the needs for allied medical professions in the work place</b>	2017	2019	Allied Medical Professions Dir.	Health Affairs directorates in governorates	-	-	No. of allied medical professions with criteria set for determining their needs	6 allied medical professions	10 allied medical professions	8 allied medical professions			

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Increasing the efficiency and effectiveness of human resources management												
Specific Objective	Capacity building: improve the knowledge and skills of workers in the health sector based on current and emerging needs for medical services			No. of qualified trainees (cumulative)			Zero	Zero	5	10	15	20	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Establishing 3 simulation centers in cooperation with the American Heart Association	17 April	July 20	Human Resources Development and Education Dir. and Nursing Dir.	American Heart Association	1.7 million JD	MOH	No. of trainees	-	1200	1200	1200	1200	1200
Developing a training plan based on actual needs and monitor its implementation	1/1/2018	31/12/2018	Human Resources Development and Education Dir.	HRH 2030 Program	5 million	Ministry budget	Provide a training plan based on needs	Available	Available	Available	Available	Available	Available
							No. of employees sent for courses and conferences annually	17574	19330	21264	23390	25730	28300
							No. of doctors in medical subspecialties inside and outside the Ministry	15	17	19	21	23	25
Continuous professional development	1/1/2018	31/12/2018	Human Resources Development and Education Dir.	-	-	-	No. of certificates issued for courses held for Ministry employees in hospitals and health directorates	14004	15400	16100	16800	17500	18200
Review and evaluate professional education programs in the Ministry institutes, and connect them with practical skills/ the Professional Education Colleges Program (nursing, midwifery and allied medical professions)	2018	ongoing	Human Resources Development and Education Dir.	Balqaa Applied University			No. of reviewed programs	Not available		Begin the review	ongoing		
Training program to qualify mid management level employees to take leadership positions (132 hours across two years)	2017	ongoing	Human Resources Development and Education Dir.	HRH 2030 Program		HRH 2030 Program	No. of trainees completing the training program to qualify mid management level employees to take leadership positions (132 hours across two years) cumulative	Zero	Zero	76	126	176	226
Training program to qualify management staff and develop human resources (132 hours across 2 years)	2017	ongoing	Human Resources Development and Education Dir.	HRH 2030 Program		HRH 2030 Program	No. of trainees completing the training program to qualify management staff and develop human resources (132 hours across 2 years)	Zero	Zero	157	207	257	307

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Increasing the efficiency and effectiveness of human resources management												
Specific Objective	Set policies to motivate human resources			No. of policies prepared to motivate human resources			10	15	25	All policies	An approved and distributed policy guide		
				Percentage of supervisory roles assigned to females in the Ministry			33%	34%	35%	36%	37%	37%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Review incentives regulations and amend them to motivate employees in remote areas and rare specialties	1/1/2018	31/12/2018	Human Resources Planning and Employee Affairs Dir.		Budget allocations	Budget	Reviewed incentives regulations		Reviewed and approved incentives regulations	Reviewed and approved incentives regulations	Reviewed and approved incentives regulations	Reviewed and approved incentives regulations	Reviewed and approved incentives regulations
Employee succession plan for supervisory roles (short term) implemented	1/1/2018	31/12/2018	Human Resources Planning and Employee Affairs Dir.	HRH 2030 Program	Budget allocations	Budget	Implemented plan	-	List supervisory roles and determine possible successors	Determine the training path for each supervisory group	Implement an approved training plan for the supervisory roles	Implement an approved training plan for the roles	Implement an approved training plan for the roles
A succession plan for major health roles	1/1/2018	31/12/2018	Human Resources Planning and Employee Affairs Dir.	Civil Service Bureau	Budget allocations	Budget	Roles with a clear career path and a job description that is relevant to the competencies	10	50	100	150	250	All jobs
Set policies regulating employee affairs (while taking gender balance and equal opportunities into consideration)	1/1/2017	31/12/2022	Human Resources Planning and Employee Affairs Dir.	HRH 2030	Budget allocations	Budget	No. of completed policies	10	15	25	All policies	An approved and distributed policy guide is available	
Develop an incentive plan that is connected to individual and institutional performance	2021	2022	Human Resources Planning and Employee Affairs Dir.	Civil Service Bureau		Budget	An incentive plan that is connected to individual and institutional performance in available	unavailable	unavailable	unavailable	unavailable	Begin the plan	Implemented plan



Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Increasing the efficiency and effectiveness of human resources management												
<b>Specific Objective</b>	Improve efficient tools for human resources management and promote their use			Availability of a procedures guide on human resources management			-	Availability of an approved draft guide	An approved and distributed guide	The guide adopted for hospital	-	Adopted for all organizational units	
				Availability of job descriptions for all organizational units			-	A course for health centers	An approved and distributed guide for health centers	Guide for hospitals	-	Adopted for all organizational units	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
<b>Plan for implementing and developing the “needs tool” according to work load indicators</b>	ongoing		Human Resources Planning and Employee Affairs Dir.	HR 2030 Health Affairs in Governorates Dir	Budget allocations	Budget HRH 2030	Percentage of accomplished plan according to its schedule	Adopted tool	Tool implemented in health centers	Tool developed for hospitals	Tool implemented in health centers and hospitals	Tool developed for central directorates	Tool adopted for all MoH facilities
<b>Electronic transformation plan from current programs to the unified Human Resources Management Information System (HRMIS)</b>	1/1/2017	31/12/2020	Human Resources Planning and Employee Affairs Dir.	Civil Service Bureau HRH 2030	Budget allocations	Budget	Percentage of accomplished plan according to its schedule	Study current programs and adapt them to the new program	Compete adjusting data and their coding with the current and new	Complete the trial transfer to new programs + build an incentives program	Complete the pilot transfer with full load alongside the old programs	Final transformation and decommissioning the old programs	

### Third-Universal Health Coverage Theme ( Health Insurance and Quality)

According to the Jordan 2025 vision, the right of access health services is a basic human right that's guaranteed by the Jordanian Constitution. It is also a requirement of social welfare, and a main element of socioeconomic development at the individual, household and national levels. Hence, the target of providing universal health coverage to citizens has been a priority for the government and MoH. Universal health coverage implies providing insurance cover in addition to accessing high quality and affordable services.

#### First: Health Insurance

##### The current status:

The Civil Health Insurance Administration was established under the Health Insurance Regulations to cover civil employees and retirees and their dependents. Then, health insurance coverage began expanding gradually to include new groups such as children under 6, five-year insurance for family members of organ donors, and six month insurance for blood donors. In addition, in pursuance of Article 30, voluntary health insurance is offered to all citizens wishing to subscribe including pregnant women, senior citizens, and other individuals. And in pursuance of Article 31, voluntary insurance is offered to institutions, companies and entities wishing to subscribe. Poor households with an income less than 300 JD are also insured, in addition to 300,000 beneficiaries from the social security net, and individuals receiving aid from the National Aid Fund.

The Council of Ministers also decided in 2017 to cover non-insured Jordanians aged 60 and above with free health insurance.

In addition, the Ministry of Health provide some expensive treatments for free to patients who suffer from certain diseases (such as cancer, kidney diseases, AIDS, addiction to alcohol and drugs, anemia, and mass poisoning) regardless of their ability to pay. The Ministry also exempts civil servants and their dependents in addition to population groups that are categorized as poor by the Ministry of Social Development from health care fees.

It is noted that civil health insurance is mandatory for all civil servants. This insurance is unlimited for any type of service, and is provided for a subscription worth 3% of the employee's salary and doesn't exceed 30 JD, provided that the employee pays a small contribution when receiving direct services in outpatient clinics.

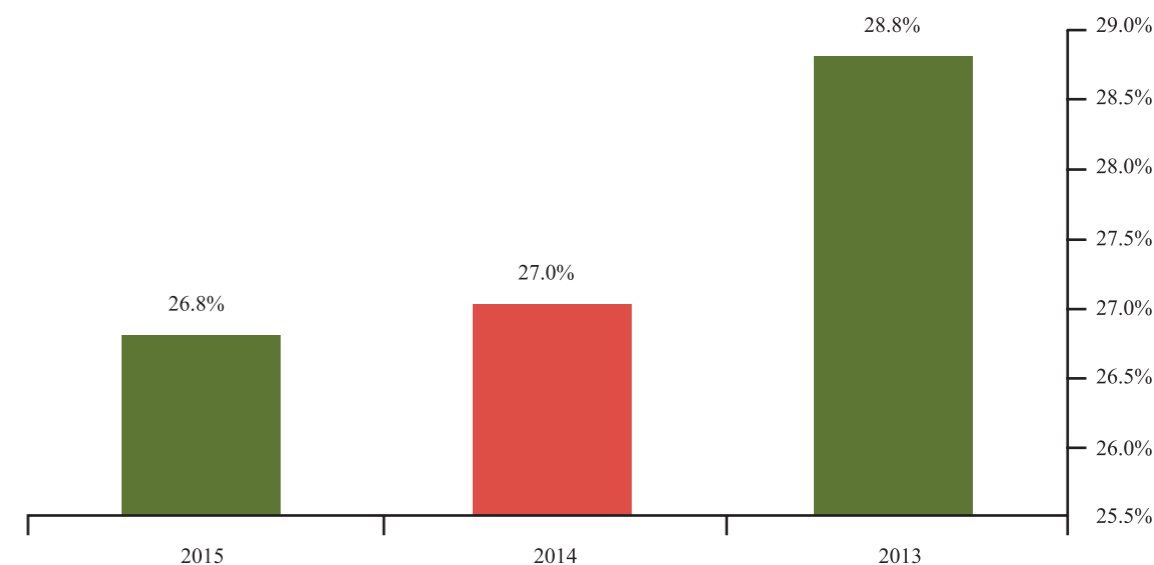
It is also worth mentioning that subsidized health services provided by the MoH through its centers and hospitals across the Kingdom are available for everyone at a cost that could be less than the contributions paid by insurance subscribers.

Populations with no health insurance (among which are people from Gaza) use MoH facilities at significantly subsidized prices, paying around (15 - 20%) of their treatment cost. All of this helps reduce out-of-pocket spending on health, as shown in the figure below.

In light of the growth of the aging population, it is expected spending on the health sector will increase to more than a double by 2020 (National Agenda).

Figure 5: shows the out-of-pocket spending as a percentage of total health expenditures in the years 2013 - 2015

The percentage of out-of-pocket spending from total health spending 2013-2015



Source: National Health Accounts

According to the 2015 census, the percentage of health insured population is (68%) among Jordanians and 55% among Jordan's population which reached 9.5 million people - 6.6 million of them are Jordanians and 42% are covered with civil health insurance.

The Ministry seeks to expand the universal health insurance coverage, separate between health insurance and the MoH, and create a unified health insurance coverage system (a health insurance council). It also seeks to gradually increase health insurance coverage based on the household monthly income (from 300JD to 500JD) gradually include uninsured non-Jordanian school students in health insurance coverage, and continue covering 60+ citizens.

In order to facilitate procedures for citizens, the Ministry is working on designing health insurance procedures, and establishing a new program to issue and renew cards at the Subscribers Directorate along with providing electronic connection, e-stations and electronic services.

**It is noted that there is a number of challenges facing universal health coverage, including:**

- The values of financial contributions to the Fund are very low in comparison with the costs of health coverage. Contributions are deducted from employees and retirees, despite the fact that civil health insurance covers other population groups that don't contribute to the fund's resources; hence, contributions are much less than expenses.
- Many chronic and epidemic diseases are covered for uninsured people such as cancer, AIDS, and hepatitis.
- The Fund's financial resources are neither stable nor sustainable and are tied to government budgets that seek to implement austerity measures.
- Civil health insurance services which are unavailable through MoH facilities are provided through contracts with the private, university and military sectors, which increases the cost of medical cover.
- Health insurance provided to uninsured Jordanians by the Royal Court hinders increasing the number of voluntary subscribers to the health insurance fund.
- Lack of a single entity to follow up on everything related to health insurance in all sectors in order to calculate the percentage of insured people and generate statistics that are important to achieving universal health insurance.
- Lack of equity and equal opportunities in the provided health services, which decreases uptake of health insurance.
- The number of employees is insufficient and they are not well qualified in light of the high turnover.
- The Health Insurance Administration suffers from a worn down building which is also unsuitable in terms of its area and location considering the number of employees and the large number of people receiving its services on a daily basis.
- Electronic management in the administration is minimal and no electronic services are provided. In this regard, there is an opportunity to consolidate information and operational systems of the whole insurance system to establish a proper health information management system in Jordan, which is also a prerequisite for universal health coverage.

**It is noted that there are a number of factors affecting the high civil health insurance bill, including:**

- Increase in the number of those covered in the third tranche with civil health insurance. This tranche includes National Aid Fund beneficiaries, persons with disabilities, poor households, beneficiaries of the social security net whose annual individual income doesn't exceed 300 JD and Petra residents.
- The expansion in services provided to the second and third tranches, which include individuals, institutions, senior citizens, children under 6, pregnant women, blood donors and organ donors.
- High treatment costs at contracted health facilities (University, military and private health facilities).
- Low treatment fees paid in MoH hospitals and centers by those able to pay and non-Jordanians.
- The large number of cases referred by the MoH and cases directly going to other more costly health facilities.

**A number of measures are suggested in order to control expenses on people covered by the Civil Health Insurance Fund, including:**

- Implementing the unified fees list issued in pursuance of the Council of Ministers' decision.
- Forcing all sectors, institutions and councils to subscribe to compulsory health insurance.
- Including uninsured community members with any type of health insurance.
- Controlling exemptions provided for needy people based on specific criteria.
- Forcing referred uninsured patients to pay 20% of the treatment bill.
- Placing a unified protocol to treat cancer patients in cooperation with the Ministry, Royal Medical Services, universities, and King Hussain Cancer Center.

**National goal according to the Jordan 2025 vision in which the Ministry participates and is related to this theme:**

Reduce poverty and unemployment rates, and build an efficient social protection system.

Strategic objectives related to universal health coverage:

1. Increase inclusion of citizens in the universal health coverage
2. Improve effectiveness and efficiency of knowledge management based on digital transformation and technology
3. Improve effectiveness and efficiency of infrastructure management.

**Specific objectives related to this area:**

- 1- Continue providing health insurance services to beneficiaries from the third tranche based on the specified allocations.
- 2- Gradual expansion in the health insurance system to include all Jordanian employees (gradual inclusion of uninsured school students, gradual adoption of household monthly income to expand the universal health coverage, and gradual inclusion of people from the (60 - 70) age groups.
- 3- Contribute to the restructuring of current insurance models to increase their efficiency and reduce their financial risks.
- 4- Computerize civil health insurance management.
- 5- Develop the infrastructure of the health insurance administration.

**Second: Quality and accreditation**

**The current status:**

The quality improvement process is considered a priority for global health strategies and a priority for the Ministry in the upcoming phase, because it has a direct impact on citizens' lives and is a major element in the universal health coverage which the Jordan 2025 Vision seeks to achieve. Hence, the Ministry seeks to continuously improve the quality of health care and health services provided to citizens within its capabilities, and in 1999 it institutionalized the quality improvement process in health centers and hospitals by establishing a Quality Directorate and quality units at the health directorates and hospitals levels, in addition to forming quality assurance and patient safety teams in hospitals and health centers.

Since the late 90's, the Ministry began implementing quality improvement programs, the Reward And Excellence Program, the Stars Program for Health Centers. Then it participated in the national accreditation program, where the Quality Dir. helps plan and organize quality related activities in hospitals and health centers, disseminates quality standards, and helps build the capacities of hospital and health center employees through continuous training, in addition to monitoring the performance of all health employees in order to improve it as planned. The main foundations of improving health care and services are: patient safety, ease of access, effectiveness, focus on patients, efficiency, and continuity of health care.

**Quality and accreditation are defined as follows:**

**Quality: Compliance with standards and proper performance in a manner that is safe and affordable for the community and leads to continuous improvement of health care outputs and compatibility with patients' expectations.**

**Accreditation as an input of quality improvement means: a process of evaluating health care institutions performed by a neutral and independent entity, and deciding if the institution subject to evaluation has met the requirements set to maintain the quality and safety of health services and continue improving them.**

**In order to improve the quality of provided services, the Ministry performs a number of activities through the Quality Dir.:**

- 1- Continue preparing and supporting hospitals and health centers to acquire accreditation and reaccreditation from the HCAC. In pursuance of His Majesty King Abdullah II to accredit a public hospital in each governorate and with the support of the Royal Court (initiative to prepare an accredited hospital in each governorate), the number of accredited hospitals and health centers in 2017 was 12 hospitals, 97 health centers, and 8 mammogram units.
- 2- The Ministry is working on monitoring these hospitals through field visits to support them, ensure that they meet accreditation criteria, and determine their needs in order to meet these criteria.
- 3- In order to improve quality and develop institutional work, the Ministry participates in King Abdullah II Award for Excellence in Government Performance and Transparency, and teams and committees are formed for all of the Award's activities; where all formed committees cooperate with the Ministry directorates to meet the Award requirements and provide better services for the health and benefit of citizens.
- 4- Prepare a policies and procedures guide for hospitals, health centers and central directorates and form specialized committees for this purpose. These policies are also reviewed regularly every two years or as needed.
- 5- Participate in implementing the WHO program (Patient Safety Program), where two hospitals were chosen to implement the initiative. The Ministry is training the hospitals' staff on the initiative standards, and is preparing relevant documents to meet its requirements and monitors their implementation.
- 6- In pursuance of the Public Health Law and other legislations, the Ministry licenses and regulates all health professions and institutions in the country. Professional associations and other health councils and independent public institutions (the Jordanian Medical Council, the High Health Council, the High Nursing Council, Jordan Food and Drug Administration, Private Hospitals Association, and others) are working with the Ministry to regulate and monitor the performance of the health sector.
- 7- The Ministry received the ISO 90 certificate for medical equipment management and maintenance.
- 8- Jordan was one of eight locations in the world that participated in the second WHO initiative on patient safety (Safe Surgery Saves Lives) which was implemented in Prince Hamza Hospital.
- 9- The Ministry signed a pledge to commit to the first WHO challenge on patient safety (clean and safe care) and participates in the activities of May 5<sup>th</sup> (Global Handwashing Day) every year at a national level, in order to promote hands cleanliness.
- 10- The MoH signed a pledge to commit to the third regional WHO challenge for patient safety (Medication without Harm).

The Ministry is looking to continue the accreditation of Ministry hospitals and health centers and renew their accreditation, and continue implementing the requirements of King Abdullah II Award for Excellence in Government Performance and Transparency, and other requirements enforced by the Ministry in order to increase its ISO certificates.

Despite the government's commitment to provide quality health care services and make them accessible to all citizens, the Ministry is facing major challenges in improving effectiveness, containing costs, and maintaining quality and safety of services provided to patients. However, high performance of primary health care is essential to a well performing health system. Hence, applying the quality and patient safety program will improve the quality, equity and rational use of resources, which will in turn help achieve the universal health coverage goal.

**A study conducted by the World Bank in 2017 found that accountability is key to providing quality health services, and recommended moving towards accountability systems based on performance in four main fields:**

- The need to choose and set sufficient indicators to measure the performance of service providers.
- Unify and regulate service providers' performance indicators.
- The need to design and connect award systems with performance indicators of service providers. The need to establish mechanisms that hold health center managers responsible for providing the required training, and grant them enough administrative independence in order for them to perform their supervisory roles more properly.

**There also still some challenges to be addressed in the next phase, including:**

- Expanding the implementation of accreditation and re-accreditation programs for all MoH hospitals and health centers, in light of the disparity in the quality of services provided in various health care institutions.
- Continuing renewing the accreditation of health facilities.
- Continuing to set new policies and procedures in hospitals and health centers and update existing ones.
- Building the capacities of employees in terms of quality and institutional excellence.

**Second MoH strategic objective related to this theme:  
Provide equitable and high quality health care services**

**Specific Objectives:**

- Expand the accreditation of hospitals
- Expand the accreditation of health centers
- Expand the accreditation of mammogram units
- Continue the implementation of "King Abdullah II Award for Excellence in Government Performance and Transparency" requirements and participation in the Award.
- Measure performance in hospitals.

## Universal Health Coverage/ Health insurance

**National goal:** Reduce poverty and unemployment rates, and build an efficient social protection system.

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Increase inclusion of citizens in the universal health coverage			*** Percentage of Jordanian citizens covered with civil health insurance from the total Jordanian population according to the 2015 census.			42%	46.2%	51.2%	55.77%	60.12%	62.63%	
Specific Objective	Continue providing health insurance services to beneficiaries from the third tranche from the specified allocations			The percentage of out-of-pocket spending from total health spending			26.8% in 2015		26%			24%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Allocate a certain amount of the MoH budget to treat uninsured Royal Court patients	1/2018	12/2018	Budget Dir.	Royal Court General Budget	500 million	General Budget	Amount allocated to treat the Royal Court uninsured Jordanian patients	100 million	100 million	100 million	100 million	100 million	100 million

\*\*\*No. of persons covered with civil insurance with children and above sixty senior citizens is 3,002,703; and the number of those eligible for health care inside and outside the Kingdom is 7,209,669 persons

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Increase inclusion of citizens in the comprehensive health coverage			Percentage of Jordanian citizens covered with civil health insurance from the total Jordanian population.			42%	46.2%	51.2%	55.77%	60.12%	62.63%	
Specific Objective	Gradual expansion of the health insurance system to include all Jordanian citizens			The percentage of out-of-pocket spending from total health spending			26.8% in 2015		26%			24%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Include the (6 - 17) age group and allocate funds from the Ministry of Finance (MoF) to cover the inclusion of public schools Jordanian students	January 2018	December 2021	Civil Health Insurance Administration	MoF and MoE	18 million every 5 years	MoF	Percentage of yearly increase in the number of insured persons upon insuring Jordanian public school students	0	1.107%	0.985%	0.837%	0.615%	0
Insure poor households with an income ranging from 300 - 500 JDs and allocate funds from the MoF to cover their inclusion	January 2018	December 2022	Civil Health Insurance Administration	MoF and MoSD	62 million every 5 years	MoF	Percentage of increase in the number of health insured persons upon insuring household members with a monthly household income of 300500- JDs	0%	1.8%	1.64%	1.597%	1.221%	0
Help increase the number of persons covered with civil insurance at a 5% annual rate	January 2018	ongoing	Civil Health Insurance Administration	Ministries, National Aid Fund, MoSD	-	According to the covering entity	Increase in the percentage of insured citizens of total Jordanian citizens	5%	1.3%	2.22%	2.3%	2.39%	2.51%
Monitor enforcing Article 3/f of the Social Security Law on compulsory subscription to civil health insurance	January 2018	ongoing	Civil Health Insurance Administration	Social Security Corporation	Not estimated	Not specified	Enforcing Article 3/F of the Social Security Law	Not enforced	Enforced	Enforced	Enforced	Enforced	Enforced

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Increase inclusion of citizens in the universal health coverage			A consolidated public health insurance law			n/a	n/a	Studies	Begin implementation	Implementation in progress	A unified public health insurance law	
<b>Specific Objective</b>	Contribute to restructuring current insurance models to increase their efficiency and reduce their financial risks												
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
<b>Participate in issuing a public health insurance law for all civil, university and military insurance tranches</b>	December 2019	December 2022	Health Insurance Administration	Military Insurance Fund Public universities	Not estimated	Not specified	A unified public health insurance law	0	0	Studies	Begin implementation	Implementation in progress	A unified public health insurance law

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Improve effectiveness and efficiency of knowledge management based on digital transformation and technology			Satisfaction rate among beneficiaries of civil health insurance services			67%	80%	-				
<b>Specific Objective</b>	Computerize Civil Health Insurance Administration												
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
<b>Redesign processes of the Technical Affairs Dir. and Subscribers Dir.</b>	January 2017	April 2018	Computer Dir./ Health Insurance Administration	Ministry of Communications + Ministry of Public Sector Development	180000 JD	General Budget	No. of redesigned processes	27	44				
<b>Electronic linkages with service partners; providing electronic data</b>	November 2017	April 2018	Computer Dir./ Health Insurance Administration	Ministry of Communications	28000 JD	General Budget	No. of linked service partners	5	5				
<b>Computerize the Financial Affairs Dir.</b>	July 2017	August 2019	Health Insurance Administration	Ministry of Communications	400000	Health insurance budget	Computer system available	10%	50%	100%			
<b>Project to electronically issue and renew insurance cards</b>	September 2017	November 2018	Health Insurance Administration	Ministry of Communications	500000	General Budget	Electronically issue and renew cards	30%	100%				
<b>Automate services of the Technical Affairs Dir. and Subscribers Dir.</b>	April 2018	November 2020	Health Insurance Administration	Ministry of Communications	500000	Health insurance budget	No. of automated services	0	0	22	22		
<b>Establish a new building for the Health Insurance Administration</b>	2018	2021	Health Insurance Administration and Buildings and Maintenance Directorate	Ministry of Public Works Financing partner	4 million	Not specified	A new building for the Health Insurance Administration is established	Studies	Begin implementation	Implementation in progress	Implementation in progress	An established building	A new building for the Health Insurance Administration is established

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services			Satisfaction rate among beneficiaries of health services provided in hospitals			84%		85%				86%
Specific Objective	Expand the accreditation of hospitals			Number of accredited hospitals			12	18	18	19	19	25	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
First batch: prepare 6 hospitals for accreditation	4/2017	12/2018	Institutional Development and Quality Dir.	Health Care Accreditation Council	215,760	MOH	Number of accredited hospitals	12	18	-	-	-	-
Prepare Al Bashir for accreditation	1/2018	6/2020	Institutional Development and Quality Dir.	Health Care Accreditation Council	191,912	MOH	Accreditation of Al Bashir Hospital	Not accredited	Not accredited	Not accredited	Accredited	Accredited	Accredited
Second batch: prepare 6 hospitals for accreditation	1/2020	12/2022	Institutional Development and Quality Dir.	Health Care Accreditation Council	300,000	MOH	Number of accredited hospitals	12	18	18	19	19	25
Renew accreditation of hospitals	1/2018	12/2022	Institutional Development and Quality Dir.	Health Care Accreditation Council	400,000	MOH	No. of hospitals with renewed accreditation	6	6	6	12	6	13

### Universal Health Coverage Theme/ improving the quality of services

**National goal according to Jordan 2025 vision:** Improve the quality of services provided to citizens and equity in their distribution

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services			Satisfaction rate among beneficiaries of provided health services			84%		85%				86%
Specific Objective	Expand the accreditation of health centers			Number of accredited health centers			97	117	117	117	147	147	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
First batch: Prepare 20 health centers for accreditation	12/2017	12/2019	Institutional Development and Quality Dir.	Health Care Accreditation Council	215,157	MOH	Number of accredited health centers	97	97	117	-	-	-
Second batch: prepare 30 health centers for accreditation	1/2020	12/2022	Institutional Development and Quality Dir.	Health Care Accreditation Council	320,000	MOH	Number of accredited health centers	97	97	117	117	117	147
Renewing accreditation of health centers	1/2017	12/2022	Institutional Development and Quality Dir.	Health Care Accreditation Council	850,000	MOH	No. of re-accredited health centers	47	50	47	70	47	70

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services			Satisfaction rate among beneficiaries of provided health services			84%		85%				86%
Specific Objective	Expand the accreditation of mammogram units			No. of accredited mammogram units			8	14	14	14	14	22	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
First batch: qualify 6 mammogram units for accreditation	1/2017	12/2018	Institutional Development and Quality Dir.	National Breast Cancer Program	50,000	National Breast Cancer Program	No. of accredited mammogram units	8	14	-	-	-	-
First batch: qualify 8 mammogram units for accreditation	1/2019	12/2022	Institutional Development and Quality Dir.	National Breast Cancer Program	75,000	National Breast Cancer Program	No. of accredited mammogram units	8	14	14	14	14	22
Renew the accreditation of mammogram units	1/2018	12/2022	Institutional Development and Quality Dir.	Health Care Accreditation Council	55,000	MOH	No. of re-accredited mammogram units	4	4	4	10	4	10

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services			Satisfaction rate among beneficiaries of provided health services			84%		85%				86%
Specific Objective	Continue implementing the requirements of "King Abdullah II Award for Excellence in Government Performance and Transparency" and participating in the Award.			No. of employees trained on quality, accreditation and the criteria of King Abdullah II Award for Excellence in Government Performance and Transparency			500	1150	1750	2250	2700	3200	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Training employees on applying the concepts of quality and accreditation	1/2018	12/2022	Institutional Development and Quality Dir.	Health Care Accreditation Council	20,000	MOH	No. of employees trained on issues related to quality and accreditation	430	850	1250	1650	2000	2400
Training employees on the Excellence in Public Services Award	1/2018	12/2022	Institutional Development and Quality Dir.	King Abdullah II Award Center	20,000	MOH	No. of employees trained on the Excellence in Public Services Award	100	200	300	350	400	450
Training employees on the Innovation in Public Sector Award	1/2018	12/2022	Institutional Development and Quality Dir.	King Abdullah II Award Center	15,000	MOH	No. of employees trained on the Innovation in Public Sector Award	50	100	200	250	300	350



Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Provide equitable and high quality health care services			Satisfaction rate among beneficiaries of provided health services			84%		85%				86%
<b>Specific Objective</b>	Measure performance in hospitals			No. of reported performance indicators of hospitals			24	28	32	36	40	45	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
<b>Develop a central reporting system for performance indicators (technical, administrative, and operational) in hospitals</b>	7/2017	12/2022	Institutional Development and Quality Dir.	The Health Finance and Governance Project	20,000	Health Financing and Governance Project	No. of reported performance indicators in hospitals	24	28	32	36	40	45
<b>Develop the National Plan for Quality and Patient Safety</b>	1/2018	9/2018	Institutional Development and Quality Dir.	WHO	20,000	WHO	Availability of a national plan for quality and patient safety	Plan not available	Plan available and implemented	Plan available and implemented	Review the plan	Plan available and implemented	Plan available and implemented
<b>Conduct surveys and studies to measure satisfaction of service recipients, partners, suppliers, and workers and the overall impression</b>	1/2018	12/2022	Institutional Development and Quality Dir.		45,000	MOH	No. of conducted surveys and studies	4	5	5	5	5	5

## Fourth-Infrastructure Theme

This theme includes buildings, transportation, medical equipment, and hospitality

### The current status:

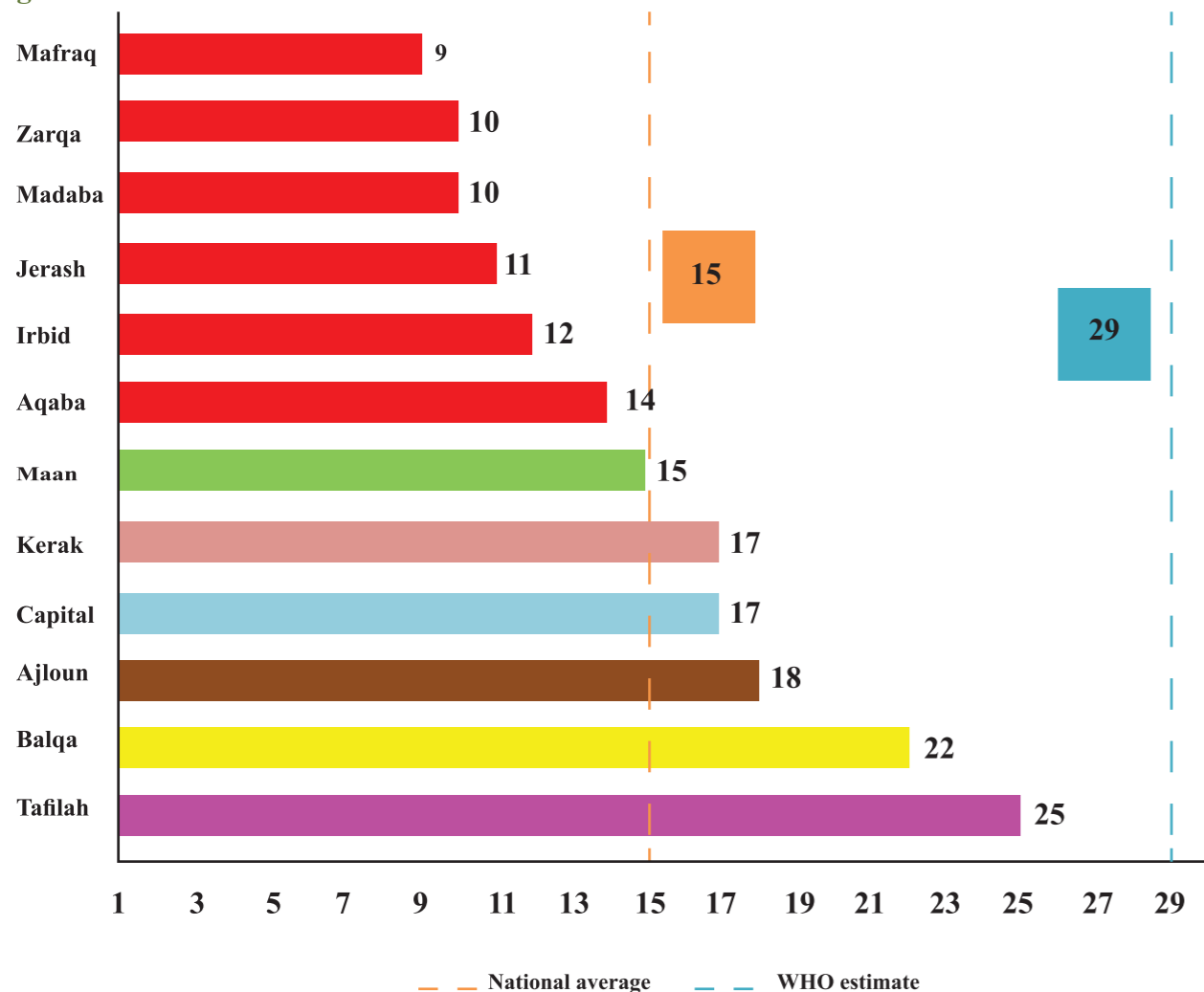
The MoH enjoys a good and widespread infrastructure in all governorates of the Kingdom, especially in terms of health centers providing primary and secondary health care, which amount to 109 comprehensive health centers, 374 primary health centers, and 193 peripheral health centers in 2017. In addition, maternity and childhood services are provided through 464 centers, and the average number of health centers per 100,000 people is around 9/ 100,000, which is close to the WHO estimate of 10 centers/ 100,000 as shown in figure 7.

The Ministry provides secondary health services in its 32 hospitals which have 5177 beds representing 37.7%

of the overall number of beds in the Kingdom in all health sectors across the Kingdom.

In addition, the expansion of the following 4 hospitals was completed: Princess Rahma, Al Karak, Ghor Al Safi, and Jerash Public hospitals. The establishment of Al Salt New Hospital will be completed and work is currently underway to establish Princess Basma New Hospital, Al Tafilah Public Hospital, and expand Al Iman Hospital in Ajloun. In addition, studies and designs are being prepared for Madaba New Hospital, 20 health centers are being expanded or established, and studies and designs are prepared to expand emergency departments in 9 hospitals.

Figure 6 shows the distribution of hospitals and beds per 100,000 citizens in 2016 according to governorates



**National goal according to Jordan 2025 vision:**

Improve the quality of services provided to citizens and equity in their distribution.

**Strategic objective related to the infrastructure field:**

Provide equitable and high quality health care services

**Specific objective:**

1. Develop the infrastructure of Ministry facilities.
2. Provide highly efficient medical equipment.
3. Develop medical and administrative transportation means.
4. Develop hostelry services.

**Infrastructure Theme Matrix - Buildings**

**National goal according to Jordan 2025 vision:** Improve the quality of services provided to citizens and equity in their distribution

Target type	Target description		Indicator				Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services												
Specific Objective	Develop the infrastructure of Ministry facilities		Percentage of owned health facilities				53%	55%	57%	58%	59%	60%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Purchase and allocate land. Establish new health facilities to replace rented ones.	ongoing	ongoing	Buildings and Maintenance Directorate	Directorates, ministries, Department of Land and Surveys	Depending on the area	Budget	No. of land plots allocated to the Ministry	24	28	32	36	40	45
Purchase requested lands for establishing building according to needs	ongoing	ongoing	Buildings and Maintenance Dir. Concerned health directorates	Directorates, ministries, Department of Land and Surveys			No. of land plots purchased annually	Purchase requested according to needs	Purchase requested according to needs	Purchase requested according to needs	Purchase requested according to needs	Purchase requested according to needs	Purchase requested according to needs
Establishing health centers to replace rented ones	2018	2022	Buildings Dir.			Partnership, treasury or grants	No. of centers established to replace rented ones.	0	6	12	18	24	32

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Provide equitable and high quality health care services												
<b>Specific Objective</b>	Develop the infrastructure of Ministry facilities			No. of beds/ 10,000 people			15	16	17	18	19%	20	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
<b>Establish new hospitals</b>	2018	2022	Buildings and Maintenance Directorate	Ministry of Public Works and a financing partner		The Ministry and private sector	No. of hospitals	32	33	33	34	35	38
<b>Expanding existing hospitals</b>	2018	2022	Buildings and Maintenance Directorate	Ministry of Public Works			Number of expansion campaigns	6	10	12	18	20	22
<b>Prepare studies, designs and tender documents</b>	2018	2020	Buildings and Maintenance Directorate	Ministry of Public Works		Partnership, treasury or grants	No. of projects that were completely studied	5	6	12	18	24	32
<b>Issue implementation and supervision tenders</b>	2018	2020	Buildings and Maintenance Directorate	Ministry of Public Works	Depending on the area	Partnership, treasury or grants	No. of referred projects, implementation and supervision tenders	1	10				
<b>Implementation, receipt, furnishing, and operation</b>	2018	2022	Buildings and Maintenance Directorate	Ministry of Public Works		Partnership, treasury or grants	No. of completed projects	2	4	6	8	9	10

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services												
Specific Objective	Develop the infrastructure of Ministry facilities			No. of health centers/ 100000 people			9	9	10	10	11	11	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
<b>Establish new health centers</b>													
Conduct studies and prepare designs and tender documents	2018	2021	Buildings and Maintenance Directorate	Ministry of Public Works		Partnership, treasury or grants	No. of health centers the studies of which are completed	12	16	20	24	28	32
Issue implementation and supervision tenders	2018	2021	Buildings and Maintenance Directorate	Ministry of Public Works	Depends on the area	Partnership, treasury or grants	No. of referred projects, implementation and supervision tenders	6	15	20	32		
Implementing and receiving the project	2018	2022	Buildings and Maintenance Directorate	Ministry of Public Works	-	Partnership, treasury or grants	No. of centers that were completed	6	12	18	24	28	32

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services												
Specific Objective	Develop the infrastructure of Ministry facilities			Percentage of maintained buildings			40%	50%	60%	70%	80%	90%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
<b>Maintenance of hospitals, health centers and administrative buildings</b>													
Hospital buildings maintenance and renovation	2018	2022	Buildings and Maintenance Directorate	-	million 7 JD annually	General Budget	No. of maintained hospitals	Continuous urgent and periodic maintenance works throughout the year	Continuous urgent and periodic maintenance works throughout the year				
Conduct urgent and periodic maintenance works for health facilities and the electromechanical and civil systems of these civil establishments	ongoing	ongoing	Buildings and Maintenance Directorate	-	million 1 annually	General Budget	Number of maintained centers	Continuous urgent and periodic maintenance works throughout the year					

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services												
Specific Objective	Provide highly efficient medical equipment			Percentage of covering the needs of health facilities for medical equipment			91%	***85%	90%	93%	94%	95%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Purchase medical equipment for 3 health centers with funding from the Korean grant	1/1/2018	31/12/2018	Medical Engineering Dir.	Special Tenders Unit	75,6714	Korean government	No. of health centers the studies of which are completed	20 %	80 %				
Purchasing an MRI machine for Al Bashir Hospital	1/1/2018	31/12/2018	Medical Engineering Dir.	General Supplies Department	1,000,000	Ministry of Planning/ Governorates Development Program	No. of referred projects, implementation and supervision tenders	20 %	80 %				
Furnish the Regional Blood Bank of Maan	1/1/2018	31/12/2018	Medical Engineering Dir.	General Supplies Department	20,0000	Ministry of Planning/ Governorates Development Program	No. of centers that were completed	40 %	60 %				
Supply Al Bashir Hospital with linear accelerators for the radiology department, and a gama camera machine for the nuclear medicine department with funding from the Saudi Fund	1/1/2018	31/6/2019	Medical Engineering Dir.	Al Bashir Hospital + Special Tenders Unit	4,970,000	The Saudi Fund	Percentage of supplying, installing, and operating the medical equipment in Al Bashir Hospital	10 %	40 %	50 %			
Purchase a CT scan machine for Al Yarmouk Hospital and 5 digital X-ray machines for the MoH Chest Diseases Dir.	1/1/2018	31/12/2019	Medical Engineering Dir.	JICS	65,0000	The Japanese Government	Percentage of supplying, installing, and operating the medical equipment in their respective locations	5 %	45 %	50 %			
Furnish and equip Al Salt New Hospital	1/1/2018	31/12/2018	Medical Engineering Dir.	Special Tenders Unit	16,500,000	Budget	Percentage of supplying, installing, and operating the medical equipment in the hospital	10 %	70 %	20 %			
Yearly service and maintenance of medical equipment in MoH hospitals and centers	1/1/2018	31/12/2018	Medical Engineering Dir.	Local medical equipment agents	6,500,000	Budget	Percentage of medical equipment readiness (availability>=95%)	95 %	95 %	95 %	95 %	95 %	95 %

\*\*\* The percentage is expected to go down due to decentralization of governorates

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services			-									
Specific Objective	Develop medical and administrative transportation means			Percentage of supplying modern and suitable transportation means that haven't been operated for more than ten years and of 2008 models and up			40%	43%	46%	49%	52%	55%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Introduce new administrative and service vehicles	2018	2022	Transportation Dir.	General Supplies Department	2 million JD	Budget and foreign grants	No. of newly introduced administrative and service vehicles	10 cars	15	15	15	15	15
Introduce new equipped ambulances	2018	2022	Transportation Dir.	General Supplies Department	6 million JD	Budget and foreign grants	No. of ambulances added to service	0	15	15	15	15	15
Decommissioning old ambulances	2018	2022	Transportation Dir.	- Customs Department - Vehicle Licensing Department	-	-	No. of cars that were decommissioned because they are economically infeasible	23 cars	20	20	20	20	20
Regular maintenance program for operational vehicles	2018	2022	Transportation Dir.	Car agencies and approved car repair shops	3.9 million JD	Budget	Average yearly maintenance expenses for each vehicle	1100 JD	1100	1100	1100	1100	1100

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Provide equitable and high quality health care services			-									
Specific Objective	Develop hostelry services			Percentage of service recipientsatisfaction with the quality of offered hostelry services			70%	75%	80%	85%	90%	95%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Provide high quality hostelry services (cleaning, communications, security, and accommodation)	1/1/2018	31/12/2022	Hostelry Services Dir.	Financial Affairs Dir., Supplies and Procurement Dir. General Supplies Department, Military Retirees Association, JFDA	188,400,000	MoF	Percentage of locations covered with hostelry services	90%	92%	95%	98%	99%	100%
							No. of field visits to sites covered with hostelry services	100	150	170	200	200	250
							No. of violations by companies during the implementation tender period	975	500	200	150	100	50
							No. of locations covered with security by the Public Security forces	24	26	28	29	30	34

## **Theme Fifth-Knowledge Management**

In its pursuit to accommodate urgent demands and needs, keep up with the age of knowledge and its fast transfer, and achieve its vision and strategic goals; the Ministry developed a knowledge management strategy for the years 2018 - 2022. It also dedicated a strategic and central objective to knowledge management and the technology of transferring, creating and sharing knowledge such that it realizes its vision of an educated institution (knowledge based institution) and maximize its utilization of knowledge assets, whether through explicit knowledge, which is the Ministry's documented information and data, or implied knowledge, which is the skills, experience and undocumented ideas of individuals.

### **Electronic infrastructure:**

The Kingdom recently witnessed increasing interest in digital transformation based on the Royal vision as an inevitable and necessary result of keeping up with developments and updates in information technology and communication, due its important role in increasing the competency and efficiency of services and their effect on improving citizens' lives.

And to realize this pursuit, a number of digital transformation initiatives were launched in the health sector; such as Hakeem initiative to computerize medical and financial patient files, and the Paperless Government Initiative.

The Electronic Health Solutions Co (EHS), which is a nonprofit company that implements and maintains Hakeem through its qualified and highly trained staff on the system, was able in cooperation with MoH stakeholders and other health sectors to implement Hakeem in about 70% of public hospitals and around 30% of primary and comprehensive health centers.

E-Health is a concept that means the health sector's utilization of available technologies and tools of information and communication within a digital world with all its various applications.

The Ministry is looking to computerize all MoH hospitals and health centers.

It will also implement the Patient Billing System in all computerized hospitals and health centers, complete the implementation of the E-Claim System such that it includes all insurance companies and medical service providers, and complete the computerization process of the Ministry itself as planned.

Furthermore, in order to complete the electronic transformation process, the Ministry prepared an electronic transformation plan, by designing procedures for the services it provides through its central directorates, starting with licensing health professions and institutions and health insurance. Two licensing services -licensing pharmacies and the nursing professions- were computerized.

### **Health research:**

The MoH realizes the importance of health research, statistical reports and various bulletins in providing accurate information necessary for planning policies and decision making. Projects funded by foreign aid covered an important aspect of supporting and funding the studies and research, since the Ministry provides minimal cover for its basic and urgent needs.

In support of health research, the Ministry added -through the Information Dir. - the Electronic Medical Library ([www.elm.jo](http://www.elm.jo)) to its website, which includes free electronic books and journals, enabling users to access modern medical information electronically in order to keep up with the continued development in the world of medicine, and provide equal opportunities to access modern medical information from all parts of the Kingdom, especially governorates. This reinforces scientific research and continuous education and raises the quality of health care. A national committee including representatives from the Ministry and outside the Ministry was formed to provide consultations and necessary guidance on all matters related to this library.

## **Statistical reports and registries**

An annual statistical report is prepared by the Information and Studies Dir. on a yearly basis to present activities and services provided by the Ministry and other medical sectors. The report includes most of the information concerned with health activities in Jordan and a comparison between the indicators of these activities across five years. The Ministry also publishes mortality newsletters and several important registries such as the Cancer Registry, Renal Failure Registry, and Maternal Mortality Registry, which help inform decision making, planning and taking suitable measures.

### **Despite these initiatives, the implementation of the knowledge management and electronic transformation plan is facing a number of challenges that limit its progress, including:**

1. The need to prepare a knowledge management strategy for the Ministry based on its new concept.
2. Lack of expertise, competencies and skills to institutionalize knowledge management.
3. The urgent need to complete the electronic infrastructure of all Ministry locations.
4. Scarcity of plans, programs and initiatives supporting the upgrade and sustainability of the infrastructure and IT and communication systems and raising their capacities.
5. Relatively high cost of digital transformation which requires modern IT and communications solutions.
6. Mainstreaming digital initiatives in all other health sectors and not just the public sector.
7. The need to develop an electronic information storage system that is comprehensive and offers fast and confidential storage and retrieval of information.
8. Lack of an organizational unit in the organizational structure to manage knowledge and its applications.

### **Jordan 2025 vision national goal related to the knowledge management theme:**

Improve the quality of services provided to citizens and equity in their distribution

### **Strategic MoH objective related to the knowledge management theme:**

Improve effectiveness and efficiency of knowledge management based on digital transformation and technology

### **Specific Objectives:**

1. Complete the construction of the infrastructure required to create integrated information and knowledge systems
2. Increase the rate of adopting institutional and individual knowledge management practices in the Ministry



**Jordan 2025 vision national goal related to the knowledge management theme:** Improve the quality of services provided to citizens and equity in their distribution

Target type	Target description		Indicator				Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
<b>MoH Strategic Objective</b>	Improve effectiveness and efficiency of knowledge management based on digital transformation and technology		-										
<b>Specific Objective</b>	Complete the construction of the infrastructure required to create an integrated information and knowledge system		Electronic transformation project implementation rate				10%	50%	70%	90%	95%	100%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
<b>Redesigning procedures of licensing health professions and institutions</b>	2017	2020	Electronic Transformation and Information Technology Dir., Licensing Professions and Health Institutions Dir.	Ministry of Communications + Ministry of Public Sector Development	108100	General Budget/ Ministry of Communications	Implement redesigning recommendations	5%	100%				
<b>Develop electronic services to license pharmacy and a nursing professions</b>	2017	2018	Electronic Transformation and Information Technology Dir., Licensing Professions and Health Institutions Dir.	Ministry of Communications	588,000	General Budget/ Ministry of Health	Implement the service	20%	100%				
<b>Develop electronic services for the Ministry of Health</b>	2018	2020	Electronic Transformation and Information Technology Dir., Licensing Professions and Health Institutions Dir.	Ministry of Communications	2000000	General Budget/ Ministry of Health	Implement the service	0%	20%	60%	100%		
<b>Complete the implementation of unified government systems (vehicle tracking system, correspondence system, unified government stock system, unified human resources system, and unified procurement system).</b>	2017	2020	Electronic Transformation and Information Technology Dir. and other concerned directories	Ministry of Communication, civil service, general supplies, Ministry of Transport	300,000	General Budget/ Ministry of Health	Implementing linkages with the unified systems	20%	50%	70%	100%		
<b>Procure human resources services for electronic transformation projects</b>	2018	2020	Electronic Transformation and information Technology Dir., Human Resources Planning and Employee Affairs Dir.	Ministry of Communications	200,000	General Budget/ Ministry of Health	No. of employees	0	0	4	4		
<b>Update the MoH website, Jordanian Government portal and other sub-websites of directories and hospitals</b>	2017	2022	Electronic Transformation and Information Technology Dir.		0	-	Locations available and ongoing	Available	ongoing	ongoing	ongoing	ongoing	ongoing
<b>Update the health map electronic website and other geographic locations of hospitals and health centers</b>	2017	2022	Electronic Transformation and Information Technology Dir. and the implementing company		35,000	General Budget/ Ministry of Health	Health map available and updated	Available	ongoing	ongoing	ongoing	ongoing	ongoing
<b>Prepare and maintain the infrastructure equipment to connect networks and machines, actual linking equipment, and computers</b>	2017	2022	Electronic Transformation and Information Technology Dir.	Local companies	1,500,000	General Budget/ Ministry of Health	Infrastructure readiness percentage	30%	50%	70%	90%	100%	
<b>Maintenance and sustainability of applied systems, programs and databases licenses</b>	2017	2022	Electronic Transformation and Information Technology Dir.	Local companies	500,000	General Budget/ Ministry of Health	Applied systems work efficiently		ongoing	ongoing	ongoing	ongoing	ongoing
<b>Building the capacities and competencies of employees (ICDL) - cumulative</b>	2014	2022	Electronic Transformation and Information Technology Dir.	-	300,000	General Budget/ Ministry of Health	No. of participants	1200	1350	1800	2300	2800	2300

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Improve effectiveness and efficiency of knowledge management based on digital transformation and technology			No. of computerized hospitals			18	21	23	26	29	32	
Specific Objective	Complete the construction of the infrastructure required to create an integrated information and knowledge system			No. of computerized comprehensive and primary centers			142	143	233	308	393	478	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Complete the computerization of public hospitals	2017	2021	Electronic Transformation and Information Technology Dir.	EHS	51 million	General Budget/ Ministry of Planning	No. of computerized hospitals	18	21	23	26	29	32
Complete the computerization of health centers	2017	2021	Health Affairs Dir. in governorates and the EHS Transportation Dir.				No. of computerized centers	142	143	233	308	393	478
Computerize central directories	2017	2022	Electronic Transformation and Information Technology Dir.		400,000	General Budget Ministry of Health	No. of computerized locations	15	17	19	21	22	
Complete, develop and implement the electronic monitoring system	2017	2020	Health Care directorates and Electronic Transformation and Information Technology Dir.	WHO		Funded by WHO	No. of reporting centers	539			689		

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Improve effectiveness and efficiency of knowledge management based on digital transformation and technology			No. of computerized hospitals			18	21	23	26	29	32	
Specific Objective	Complete the construction of the infrastructure required to create an integrated information and knowledge system			No. of computerized comprehensive and primary centers			142	143	233	308	393	478	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Establish an organizational unit to implement and monitor knowledge managements plans and activities	2018	2018	Leadership	-	-	-	An organizational unit responsible for knowledge management is available	Not available	Available	Available and active	Available and active	Available and active	Available and active
Prepare and implement a strategic plan for knowledge management	2018	2018	Entity responsible for knowledge management	Financing and Governance Project	-	-	A strategic plan is available and implemented	Not available	Available	Available and implemented	Available and implemented	Available and implemented	Available and implemented
Build institutional and individual knowledge management capacities	2018	2022	Entity responsible for knowledge management	Financing and Governance Project	-	From the budget and the Financing and Governance Project	Percentage of trainees on knowledge management (working leaders)	-	10%	20%	30%	40%	50%
The Knowledge Assets Management Project	2018	2022	Entity responsible for knowledge management	Financing and Governance Project	-	Finance and Governance Project	Progress rate of listing explicit knowledge assets	Not available	10%	30%	60%	80%	100%
							Progress rate of listing implicit knowledge assets	Not available	10%	30%	100%	100%	100%
							Progress rate of publishing listed knowledge assets	Not available	20%	50%	70%	100%	100%
							Utilization rate of published knowledge assets	Not available	10%	30%	60%	100%	100%
Sustain the accuracy, modernity, and security of information and data (in explicit and implicit Ministry knowledge assets)	2018	2022	Entity responsible for knowledge management	Finance and Governance Project	-	Finance and Governance Project	Accuracy of information and data	Not available	10%	25%	50%	75%	100%
							Modernity of information and data	Not available	10%	25%	50%	75%	100%
							Security of information and data	Not available	10%	25%	50%	75%	100%
moh statistical annual report	2018	annual	Studies and information depart.	-	-	-	Indicator availability of annual statistical report	Availabe 2016	Availabe 2017	Availabe 2018	Availabe 2019	Availabe 2020	Availabe 2021

## Sixth-Financial Management Them

### The current status:

Jordan is ranked as a lower middle income country, and despite its small area and limited resources, it features a good and modern health services infrastructure in the Middle East.

Based on the Jordan 2025 Vision and its strategic priorities and initiatives, and in line with the government's directions in the upcoming period towards austerity policies in public spending - especially recurring expenses - and focusing on capital projects and equal distribution of projects while considering the geographic aspect to include all governorates according to governorates development priorities; the Ministry has taken a number of spending control measures in pursuance of the Prime Ministry decision to implement financial discipline measures, focus on development projects, promote motoring, evaluation and accountability concepts, optimal utilization of resources, controlling operational expenses especially on fuel, water, electricity, phones, and the like, commit to implementing the national program for financial and economic reform and address emerging economic and political conditions.

It is noted that the Ministry was able to reduce its expenses on fuel from 1.6% in 2012 to 1.4% in 2015, despite the increase in the number of facilities and their locations. It also launched a number of solar energy projects in order to utilize solar energy to generate electricity in all MoH facilities.

Under the framework of the financial reform project, the Ministry is also working with other ministries to participate in the E-Government project, and continue implementing the results-driven strategy in order to realize its strategic goals. Is also implementing a project to align human resources with the institutional roles and responsibilities of ministries and government departments, in order to achieve optimal utilization of available financial and human resources. All of this will help control spending.

The Ministry is conducting some economic studies that will help make decisions related to pricing advanced medical services, and determining fees for health insurance subscriptions. These studies also include cost studies in MoH hospitals and centers. The Ministry also participates in preparing the National Accounts Report on health sectors in Jordan, and determining the sources of health funding and spending according to functions and items in all health sectors.

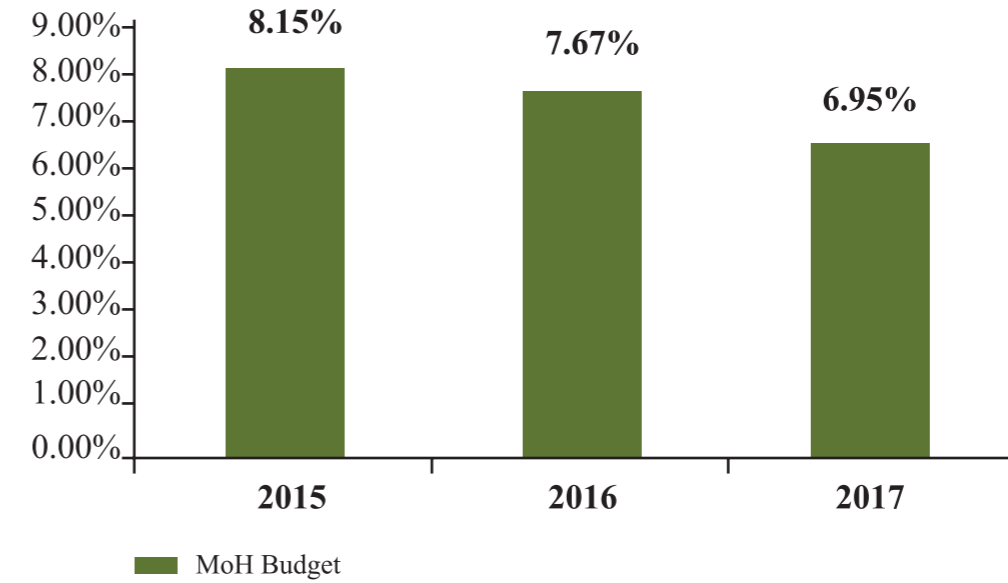
The Ministry also monitors the decentralization process, especially delegating some responsibilities from the Ministry center to health directorates in governorates; implementing self-management of large public hospitals such as Prince Hamza Hospital, and achieving its goals using available resources and at a minimal cost.

### The most important financial challenges facing the Ministry include:

- The Ministry budget was reduced from 8.15% of the state budget in 2015 to 6.59% in 2017. This is due to the government's general direction towards decreasing spending in order to lower the public debt. This budget represents the minimal limit sufficient for the Ministry to perform its activities normally, which increases the difficulty of implementing a number of high cost capital projects including the construction, equipment and expansion of a number of hospitals and health centers and appointing human resources in them.

Figure 8: MoH budget as a percentage of the state budget for the years 2015 - 2017

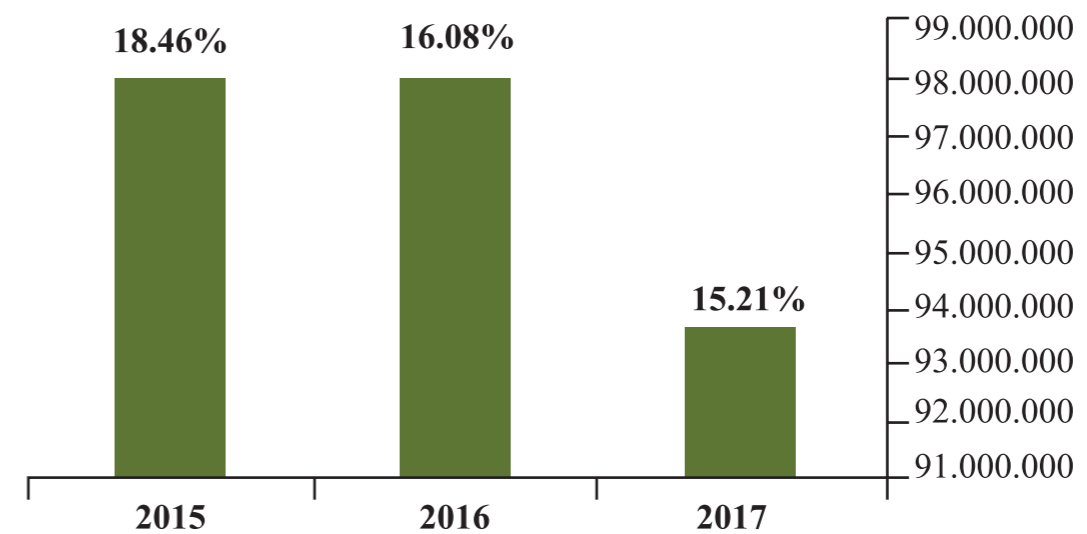
### MoH Budget as a percentage of the state budget



- Spending on secondary health care represents the highest percentage, at 39.2% (excluding medicine and treatment) of the Ministry budget in 2017, while the spending rate on primary health care increased from 14% in 2012 to 18% in 2017 (excluding medication and treatment). This goes in line with global trends, especially the WHO recommendations on increasing spending on primary health care because it's more cost efficient. It is also worth mentioning here that the percentage of primary health expenses including medicines and serums reached 24.5% of the Ministry's total expenses in 2017.
- Spending on medicine in 2017 reached 98,012,278 JD, representing 18.4% of the total Ministry spending, and it is increasing.

Figure 9: shows spending on medicine, consumables, vaccines and serums as a percentage of the total Ministry budget

### Spending on medicine, consumables, vaccines and serums as a percentage of the total Ministry budget



**In order to control medicine spending, the Ministry took a number of measures, including:**

1. Computerizing medicine warehouses in hospitals and health centers and connecting them to the main warehouses to avoid redundancy in medicine prescription. This will reduce the medicine bill by 15.2%.
2. Completing the computerization of the Ministry of Health during the next five years, including hospitals and health centers.
3. The optimal usage of human resources and raising their capacities.
4. Continuing to use the health centers map to merge some of the centers.
5. Ensure the application of the standards of establishing new hospitals and health centers.
6. Increase the number of dialysis units in MoH hospitals to limit treatment outside the Ministry.
7. Ensure the application of a unified price in the public sector and private universities.

In line with the government's plans, the Ministry made several partnerships with the private sector under contractual agreements between the state and private sector to implement huge projects which require significant funding, such as infrastructure projects, including the establishment of Al Tafilah Hospital and Madaba Hospital. Partnerships would in the capital, revenue, and risks at various levels depending on the contract. These partnerships help improve quality of services, economic growth and development in general.

There are also partnerships with the private sector in terms of procuring necessary services for the Ministry such as dialysis, or specialized or rare services.

**There are also several reasons that drove the government and government institutions for make such partnerships, most importantly the following:**

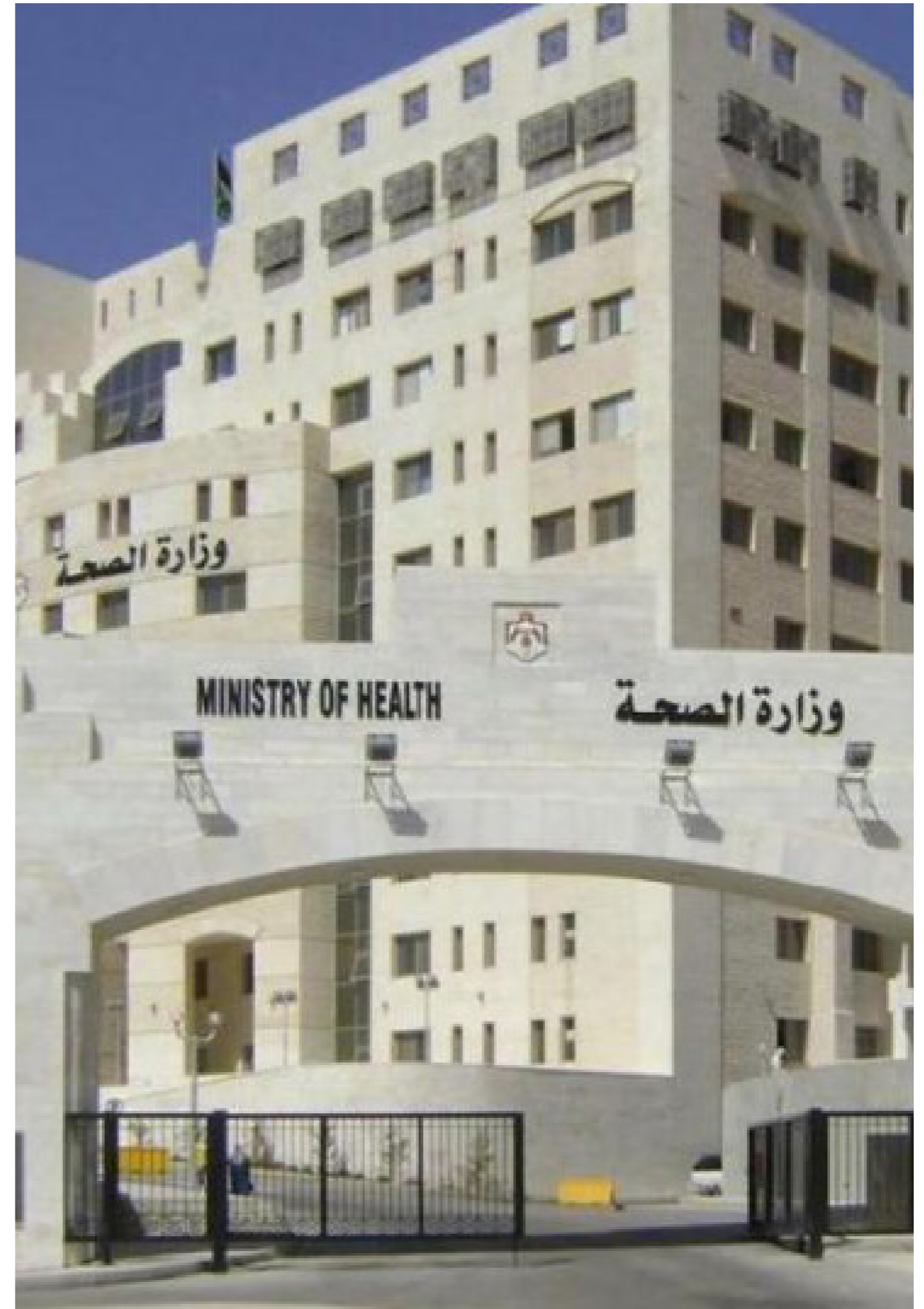
- Increasing state debt and government budget deficit.
- Limited financial and human resources in the public sector and inability to keep up with technological advancements.
- Insufficient government investments in many countries, especially in high cost infrastructure projects, despite increasing demand on them due to increasing population growth exasperated by forced migration.
- The urgent need for good, investment-attracting infrastructure that contributes to economic growth and sustainable development.

**Important strategic issues related to financial management:**

1. Improving spending control by undertaking supportive initiatives such as commitment to full the electronic transformation - instead of using paper, stationary and ink - according to regulations and instructions in force in this phase; and following financial models that promote spending control, such as public-private sector partnerships, especially in big infrastructure projects such as hospitals.
2. Controlling operational spending on fuel byproducts, electricity, and medical liquid gas, which represent a financial burden on the health sector budget. Rational spending can be applied to these fields by moving towards alternative energy projects, liquid gas and medical oxygen in different health facilities.
3. Direct spending towards development priorities and projects, by redistributing available financial resources and focusing on improving the quality of service and increasing spending on primary health care in light of the high spending rate on secondary health care.
4. Studying and addressing causes of wasting drugs.
5. Retrieving the cost within the next five years and conducting feasibility studies on services.
6. Providing a financial information system and database.
  - National goal according to the Jordan 2025 vision to which the Ministry participates and is related to the theme of financial management: maintaining financial and monetary stability, reducing budget deficit, and building an effective low risk financial system.
  - Strategic MoH objective related to the financial management theme: improve effectiveness and efficiency of financial resources management.

**- Specific objectives to achieve the strategic goals of financial management:**

1. Controlling and rationalizing expenditures.
2. Investing in material and non-material assets, and building partnerships.



**Theme: Financial Management**

**National goal according to Jordan 2025 vision:** Maintaining financial and monetary stability, reducing budget deficit, and building an effective low risk financial system.

Target type	Target description		Indicator				Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Improving effectiveness and efficiency of financial resources management.		Degree of commitment to implementing a results driven budget				98.7%	97.5%	98%	98%	98%	98.5%	
			Spending on medicines outside the scope of tenders				5 %	5.5 %	4 %	3.5 %	3 %	2.5 %	
Specific Objective	Control and rationalization of expenditures		No. of renewable energy projects in MoH establishments and facilities				Zero	1	1	2	3	5	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Expand the scope of accountability and transparency procedures (publish the Ministry budget and financial services)	2018	2022	All directorates	Ministry of Public Sector Development	-	-	No. of financial services published on the Ministry website (cumulative)	1	5	7	8	10	10
	2018	2022	Expenditures and Contracts Dir./ Audit Department	-	-	-	Percentage of financial transactions returned for correction	10.5%	10%	9%	7%	5%	3%
Health services cost analysis	2018	2022	Institutional Development and Quality Dir/ Health Economy Section	-	-	-	Building a comprehensive database to analyze costs of MoH sites	Zero	1	3	4	5	6
Rationalize expenses on medicine and medical consumables (promote purchasing generic and local products, implementing medicinal protocols, and establishing electronic linkages to all entities concerned with dispensing medicine).	2018	2020	Procurement and Supply Dir.	1- Electronic Transformation and Information Technology Dir. 2- Joint procurement 3- Medical entities	125,000	Ministry budget	Percentage of medical entities connected to Procurement and Supply Dir.	6%	12%	50%	95 %		
Computerizing the Procurement and Supply Dir. and connecting entities to the Directorate's system	2017	2018	Procurement and Supply Dir.	Electronic Transformation and Information Technology Dir.		Ministry budget	Progress rate of linking concerned entities with the Procurement and Supply Dir.	6%	100%				
Security plan for the Procurement and Supply Dir.	ongoing	ongoing	Procurement and Supply Dir.			Ministry budget	No. of robbery, damage or fire incidents	Zero	Zero	Zero	Zero	Zero	Zero
Strategic stock of medicine and medical supplies	ongoing	ongoing	Procurement and Supply Dir.	Joint Procurement/ General Supplies	4,867,000	Ministry budget	Uninterrupted availability of strategic stock	unavailable	Available		Available	Available	Available
Continue implementing a results driven budget	ongoing		Budget Dir.	General Budget	-	-	Percentage of performance indicators which progressed or achieved their intended targets	52.5%	55%	56%	57%	60%	65%

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Improve effectiveness and efficiency of financial resources management.												
Specific Objective	Invest in material and non-material assets, and build partnerships			Percentage of spending on partnerships compared to the budget			0.3%	0.5%	0.8%	1.6%	3%	4%	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Expanding partnership agreements with the private sector for infrastructure projects	2018	2022	Secretary General Assistant for Services, and Assistant for Financial and Administrative Affairs	Ministry of Public Works, Budget Department		MoF	No. of projects (agreements)	Zero	1	2	4	5	7
Investment in purchasing necessary, rare and distinguished professional services	2018	2022	Secretary General Assistant for Services and Assistant for Financial and Administrative Affairs	Budget Department	7,500,000	Budget Department	No. of contracts	115	120	130	110	100	70

## Seventh-Governance and Decentralization

This theme includes:

**First: The application of governance principles and practices in Ministry activities**

**Second: Implementing Decentralization**

**Third: Leadership, organizational and monitoring role of the MoH**

### The current status

Governance is the group of legislations and organizational structures and controls that affect and form the way a government department is run and directed in order to achieve its targets professionally and morally, with integrity and transparency, and according to monitoring and evaluation mechanisms and a strict accountability system to ensure the effectiveness, efficiency and sustainability of performance on one hand, and provide equitable government services on the other. This would lead to managing the program and providing quality, effective and efficient services with the engagement of all concerned parties, which in turn would reinforce citizens' trust and satisfaction.

The Ministry commits to the government's direction towards reinforcing governance and applying its basic principles, such as the rule of the law, transparency, accountability, engagement, integrity, equity, efficiency, effectiveness, and sustainability through the following practices: legislations regulating its work; the organizational structure and strategies; human and financial resources managements; providing all types of health services; managing procurement and partnerships; outcomes of human and financial resources; providing services; and general outcomes. (According to the guide to evaluating and improving governance practices in the public sector)

Figure 9 shows the principles of good governance



### Governance in the Ministry:

The Ministry organizes and monitors workers' technical and administrative performance, and matches that with laws and regulations regulating its work and its approved standards. The Ministry also adopts a clear and published policy to manage complaints in all ways possible and commits to follow up on citizens' and workers' complaints and investigate them the soonest possible through an active portal on the Ministry's website and a hotline setup for this purpose. The Ministry initially sends an electronic response and then works on addressing the complaint the soonest possible.

The Ministry is looking to evaluate governance practices and principles and identifying their gaps in order to prepare and implement an executive plan to promote governance in the Ministry and the health sector; starting from raising awareness to building capacities, implementation, and increasing governance principles and practices in all fields, including:

#### 1. Legislations:

The Ministry reviews relevant legislations and updates them. In 2017, around 35 legislations were amended to conform to developments and directions in the Ministry. They were published in the Official Gazette and the Ministry's website.

**These legislations include:** agreeing with the House of Representatives Health Committee with regards to the medical accountability law and drafting it in a suitable manner; instructions on issuing judicial medical reports and their related forms, publishing and following up on their implementation; and monitoring hospitals and other medical institutions.

#### 2. Organizational structure:

The Ministry amended and developed the organizational structure based on some obstacles discovered in the previous phase and the emerging needs for administrative units, such as institutional development and knowledge management, while taking into consideration effectiveness, efficiency, sustainability, and avoiding redundancy. It is worth noting that the current structure has been in force since 2008.

#### 3. Strategy:

Since 2003, the Ministry has been preparing its strategies in line with national and global health policies which were adopted by the government, in partnership with all entities inside and outside the Ministry, including national sectors and entities and international institutions with common interests. To ensure keeping up with the latest development, the Ministry periodically reviews and develops its vision, mission and strategic goals or whenever needed.

The Ministry adopts a group of core values to which it clearly commits in its policies and achieving its goals.

These values include ones that are in line with the values of governance: respecting the rights of patients and service providers, excellence, quality, equity, partnership, integrity, transparency, team work, and committing to professional ethics. These values are connected to the Ministry's vision, mission and goals, in addition to a number of projects and activities which are established for its employees and service recipients. The Ministry also works on promoting a culture based on these values through training workshops, instructions, and incentives for its employees; and works on disseminating and mainstreaming this culture through all possible tools, in addition to supervision and monitoring in order to ensure its application.



The Ministry monitors and evaluates progress in achieving the goals of its strategic plan through indicators for institutional targets and targets of its directorates' annual operational plans. The results of the evaluation is presented to concerned decision makers in the Ministry through workshops or discussion sessions, improvement measures are recommended, then their implementation is monitored. The Ministry also works on developing a system to monitor and evaluate progress of implementing this strategy and other various MoH strategies.

However, there are some challenges that face strategic planning and institutional development, the most important of which is the high number of sub-strategies and the need to monitor and evaluate their implementation; which requires more effort, coordination and time than what would be required if all strategies were included under one framework. In addition, there is a lack of accountability on the progress of implementation, goals determinations and targeted values, and lack of funding necessary to achieve those targets.

#### **Financial resources management**

Under the frame of the fiscal reform project, the Ministry joined the rest of the ministries in the GFMIS to ensure transparency and accountability. It also published some of the financial services provided to employees (pay slips, taxes, incentives and financial updates in addition to the Ministry budget). It also continues to implement the result-driven budget to ensure effectiveness and efficiency, and implements the project for aligning human resources with roles and institutional functions of ministries and government departments in order to achieve optimal utilization of human and financial resources. All of this helps control spending through transparency and accountability procedures, decentralization of health institution management, placing a system to analyze the costs of health services in hospitals and health centers in the public sector, and the optimal utilization of available technologies in order to apply the principles of governance.

#### **Human resources management**

The Ministry will move to the HRMIS system adopted by the Civil Service Bureau to apply the principles of transparency, effectiveness and equity. Authorities will be regularly reviewed and expanded in order to move towards decentralization, especially delegating authorities related to human resources in the governorates.

Work is also underway to develop, approve, publish and mainstream human resources policies in order to apply the principles of governance. And to motivate human resources, the Creativity and Excellence Committee was formed to encourage staff in all levels to propose creative initiatives that would help develop and improve the quality of services provided to employees or help stimulate economic growth.

#### **6. Service delivery**

The Ministry is seeking to implement the principles of governance through service delivery. By providing health services in general and primary health services in particular in all governorate and districts, it ensures justice, sustainability and efficiency in service delivery. However, the quality of services varies from one location to another and that is an issue that the Ministry is addressing.

Furthermore, the Ministry enforces laws regulating administrative and technical procedures in all fields in a manner that would ensure the rule of law, and is currently trying to apply decentralization as a national interest.

#### **7. Procurement and Partnerships Management**

Work is underway to develop financial policies that would set certain mechanisms to: determine the quantities of procured drugs and medical consumables by specialized technical committees, determine the quantities of drugs for patients based on health insurance regulations in the public sectors, activate protocols for treatment and medical prescription using scientific names, collecting the cost of medical prescriptions according to health insurance regulations from all covered segments including higher tranches, control medical exemptions and grant them to patients who deserve them, and choosing procurement tenders committees according to the members criteria and conditions and changing them regularly. Based on the principle of shared responsibility and the importance of coordination and cooperation to achieve goals, and in order to ensure the optimal utilization of available resources and opportunities, the Ministry is establishing partnerships with a number of sectors, entities, and institutions to ensure coordinated and regulated action. This is evident in a number of programs and projects with a number of government ministries and institutions, international organizations and the private sector, in addition to cooperating with the HCAC.

Cooperation also includes signing cooperation agreements and MOUs to achieve shared targets.

The Ministry has prepared and implemented a policy to deal with partners, and a partners matrix which determines the shared goals and features of each partner and has been recently to be a reference for monitoring, evaluating and developing this aspect. The Ministry also seeks to gain the satisfaction of its partners in order to ensure efficient action and realizing shared interests. Hence, it conducts a partner satisfaction study, and based on the study, it determines the obstacles facing working with partners and addresses them accordingly.

#### **8. Results:**

The Ministry sets progress indicators for its goals in its strategy and measures the progress on a yearly basis. It records indicators which haven't reached their targeted values, and the reasons for that; then it would address the obstacles and provide recommendations for all concerned parties. It also monitors its achievements through a yearly statistical report which is published on its website and distributed among its partners.

#### **Challenges of implementing governance in the Ministry:**

- The need to evaluate the extent of applying governance principles and determine major gaps of implementation and main priorities, then prepare a plan and implement it to promote governance, raise awareness, and build capacities on the issue. It also needs to determine an administrative entity or committee for governance such that it monitors implementation and progress.
- Lack of a national comprehensive health information system that covers all health sectors.
- The need to promote the training process in the fields of governance, management, and strategic planning.
- Not activating institutional performance evaluation systems in the public sector.
- Adopting a centralized system.

#### **Second: Apply decentralization to the management of health institutions**

Studies and experience have shown that applying decentralization (which means transferring authority from higher government levels to lower levels or from the center to governorates) helps solve a number of financial, technical, social, and administrative issues facing health institutions. It also affects achieving envisioned targets using available resources and at a minimal cost.

Hence, the Ministry is trying to adopt this government decision, activate the role of peripheral administrations in the country's governorates, expand the authority at the local level, and in particular, grant some authorities related to human resources management. Health directorates also participate through decentralized committees in each governorate in determining infrastructure priorities of each governorate. The Ministry is also going to replicate the self-management experience, which was adopted in Prince Hamza Hospital, in all large hospitals, including Al Salt New Hospital and Zarqa New Hospital. However, the experience is still fresh and needs more evaluation and research.

**Third:** The leadership, supervisory and monitoring role of the MoH

### 1. Licensing professions and health institutions

Probably one of the most important monitoring and organizational roles of the Ministry lies in licensing health professions and institutions, due to its effect on controlling such institutions and ensuring their compliance to proper regulations and terms of action, and its direct effect on citizens' health and safety. Hence, the Ministry is drafting a number of laws, regulations and instructions related to the health specifications and conditions system for institutions, clinics, and health centers, hospitals and special medical labs.

The Ministry also regularly monitors health institutions in the private sector to ensure their compliance to regulations, and takes necessary measures against violations according to the Public Health Law and its regulations.

It is also worth noting that there are currently a number of requirements to license medical professions, and licensing is connected to continuous medical education, where the professions of temporary paramedics and dentists are now renewed every five years, and work is underway to require relicensing of the rest of professions.

The Ministry also issues licenses through its Professions and Health Institutions Directorate to practice medical professions for all health professionals in the Kingdom. It also prepares and participates in preparing professional practice tests for some health professions such as pharmacy, nursing and others; and licenses pharmaceutical institutions, various health centers, hospitals and labs in the private sector. In order to better monitor and organize health institutions, the Ministry receives complaints regarding health institutions and professionals in the private sector and participates in investigating and following up on complaints and making decisions regarding them in cooperation with monitoring directorates and health directorates in governorates.

In order to facilitate processes for citizens and save effort and time, the Ministry provided the Professions and Health Institutions Licensing Directorate with equipment in the years 2014 - 2015 to connect it to the electronic government program in 2016, so that citizens can receive electronic services. The Ministry will begin with licensing pharmacies and nursing professions electronically, and all other licensing services will be redesigned for 87 services in preparation for their automation.

The number of licenses granted in 2017 is as follows: health professions (12523) and health institutions (795).

Licensing professions and health institutions faces a number of challenges, including:  
Delays in issuing some laws, regulations and legislations.  
Providing transportation to implement monitoring activities.  
The Public Office (current staff, location and equipment) is inadequate to provide full services.

### 2. Crisis and Disaster Management:

Crisis and disaster management receives international and local interest, because crises have negative health effects on citizens and cause suffering, in addition to their consequences from all aspects, especially in light of the notable increase in disasters internationally and regionally.

For purposes of dealing with probable crises and disasters, the Ministry relies on the Law of Public Health and other regulations in force in the Kingdom (the Law of the Supreme Council of Civil Defense, and the National Center for Security and Crisis Management for 2015 regulations).

Since the Ministry is responsible for the health and safety of citizens in the Kingdom - as stated in the Public Health Law - in cases of natural disasters or emergencies in addition to its leadership and coordination of all health sectors, the Ministry established a Crises Management Unit in 2008, which helped in cooperation with all concerned national sectors draft a national health strategy for the years 2009 - 2013 to prepare for health disasters, and updated it in 2015.

The national health strategy to prepare for crises and disasters aims to prevent and minimize the number of mortalities, injuries, patients, and disabilities among people affected by disasters, sustain the operations of health institutions and ensure continuous service provision during crises and disasters.

### The strategy followed three policies:

- 1- Preparedness for health disasters and dealing with them as a national demand and responsibility of all members and institutions of the community.
- 2- Consolidating strategic plans regarding preparedness for health disasters with sustainable development.
- 3- Managing health disasters from a comprehensive; dealing with all types of risks in all phases (before, during and after a disaster) with the participation of all partners.
- 4- Adopting an event management system through the emergency operations center in the Ministry.

With the cooperation of partners, MoH builds the capacities of its staff to competently manage crises and disasters. It also prepares operational plans for health directorates, hospitals and comprehensive health centers to manage crises and disasters; where a national response plan was prepared for health emergencies, and other operational plans are prepared in coordination with the National Center for Security and Crises Management for the following situations: epidemics, terrorism, earthquakes, protests and social violence, fires, refugees, environmental pollution, and energy crises.

Crises drills were also conducted to ensure good implementation of the plans. The Ministry also fully prepared an emergency operations center to be activated when necessary for 24 hours or as needed. The center will also be prepared to become an emergency operations center at the national and regional levels.

### There are however some issues that require more efforts, including:

- Building capacities in emergency response.
- Preparing the important requirements of the emergency center in the Ministry and preparing small operations centers in the governorates then connect them to the main center.
- Prepare the infrastructure including computer systems, electronic links to the crises management system inside and outside the Ministry and other concerned parties at the national level.

### 1. Medical Tourism

Jordan is considered an advanced medical hub and attracts patients from neighboring Arab and other countries to receive treatment in Jordanian hospitals.

The Ministry established a Medical Tourism Directorate in 1998, and it plays an important role in regulating and facilitating the attraction, entry, and distribution of patients from Arab and other countries among hospitals of the private sector through its supportive services (communication with foreign embassies, categorizing cases according to severity, facilitating granting visas, and the airport service office), in addition to receiving Arab and foreign patients in private hospitals, following up on their issues and resolving them.

The Medical Tourism Directorate was closed down in 2008 upon full restructuring of the Ministry, and the Private Hospital Association undertook the task of attracting patients for treatment in Jordan and promoting Jordanian hospitals' distinguished services. The Ministry however kept its organizational and monitoring role, provided a supportive environment for medical tourism in Jordan, and protected the rights of visiting patients.

But upon the Ministry's observation of the status and development of medical tourism in the country and Jordan's medical reputation in the past few years in light of the emergence of competitive Arab medical centers, the Ministry decided to undertake its responsibilities in preserving Jordan's elite status in the field of medical tourism, and established the Medical Tourism Directorate once again.

The Ministry is putting great efforts to support medical tourism, putting it as a main section in all medical cooperation agreements, meetings and negotiations with other countries. An operational plan was also prepared for medical tourism, and it will be amended based on the national strategic plan.

A study was also conducted on medical tourism and foreign patients' satisfaction with treatment, in order to identify gaps in service, and recommendations for improvement. In addition, the Ministry participated in launching the Jordan Portal for Medical Tourism and began facilitating entry procedures for medical tourism patients by dedicating a special line for their entry in the airport.

The Ministry envisions to: encourage the establishment of excellence centers in the private sector (such as a stem cell treatment center, King Hussain Cancer Center and others); attract new markets besides Arab markets in cooperation with the Ministry of Tourism and the Private Hospital Association and sign new international agreements; tighten control and supervision on hospitals in the private sector to preserve their good reputation; and keep facilitating patient entry procedures into the Kingdom, their transportation and their treatment.

**However, medical tourism services are facing a number of challenges which the Ministry and all other stakeholders are addressing, including:**

- The Medical Accountability Law hasn't been passed.
- Not passing laws that would regulate medical tourism in order to bring in patients and receive treatment.
- Lack of structured coordination with various stakeholders in medical tourism (Ministry of Tourism, Ministry of Health, Private Hospitals Association, and the tourism private sector).
- The need for basic data and information about medical tourism services.
- There is no dedicated budget for medical tourism.

## **2. Organ transplantation:**

In order to develop this advanced service (organ, tissue and cell transplant) in the Kingdom, the Ministry established the Jordan Center for Organ Transplant Directorate in the early 2010. The Center works with other hospitals and concerned parties locally and regionally to develop and regulate the organ donation transport and transplantation process, and set standards for this service. Private hospitals are also monitored to ensure their compliance with approved procedures in the field of organ transplantation, and oblige them to get prior approval from the Directorate before performing any organ transplantation surgery.

In order to meet the needs of many patients who need organ transplantation, the Ministry and other concerned entities will activate the "Diagnosis of Brain Death and Organ Donation" program, and will set up a waiting list for organ failure patients (kidneys, liver...). The list will be organized according to priorities approved in the general procedures guide.

In 2017, around 332 patients were registered in the liver or kidney transplant waiting list, around 196 patients received kidney transplants, and around 11 patients received general liver transplant procedures, in addition to regular checkups to stay updated on their conditions after surgery.

The Ministry also raises awareness on organ donation and encourages it among citizens. It provides a database on organ donation through the National Registry for Organ Donation and Transplantation, and exchanges information and expertise in this field through conferences, seminars and research.

Since this advanced service is still new, it is facing a number of challenges, especially in terms of organ transport and transplant laws and regulations, availability of competent employees, and the need for more cooperation and coordination among all concerned entities in this field, especially in terms of data and information.

**National goal related to this theme: Improve the quality of health services provided to employees and equity in their distribution.**

**National goal related to this theme: Maximize governance and supervisory role of the Ministry and implement decentralization**

**Specific Objectives:**

1. Institutionalize the application of governance principles and practices in the work of the Ministry
2. Apply decentralization to the management of health institutions
3. Reinforce the leadership, organizational and monitoring role of the Ministry

- Licensing professions and health institutions
- Possible crises and disasters
- Medical Tourism
- Organ transplantation

## Governance and Decentralization Matrix

**National goal related to this area: Improve the quality of health services provided to employees and equity in their distribution**

Target type	Target description		Indicator		Baseline value	Projected indicator value								
					2017	2018	2019	2020	2021	2022				
<b>MoH Strategic Objective</b>	Maximize governance and the supervisory role of the Ministry and implement decentralization													
<b>Specific Objective</b>	Institutionalize governance practices in the Ministry		Percentage of governance principles application		Unknown	10% annual increase	10% annual increase	10% annual increase	10% annual increase	10% annual increase	10% annual increase			
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value					
	Start	End						2017	2018	2019	2020	2021	2022	
<b>Presence of an entity in the Ministry that is responsible for implementing the principles of governance</b>	2018	2018	Leadership Institutional Development and Quality Dir., Internal Audit and Control Dir.	-	-	-	Provide an entity that is responsible for governance application	-	Available and active	Available and active	Available and active	Available and active	Available and active	Available and active
<b>Study the extent of applying governance practices (rule of law, efficiency, and effectiveness)</b>	6/2018	12/2018	Secretary General Assistant for Services and Assistant for Financial and Administrative Affairs	Ministry of Public Sector Development	-	-	Provide a report on the results and recommendations of the study	-	Underway	Available				
<b>An operational plan for governance (rule of the law, efficiency and effectiveness principles)</b>	1/2019	6/2019	Institutional Development and Quality Dir., and Internal Audit and Control Dir.	Ministry of Public Sector Development	-	-	An approved and implemented operational plan based on the study recommendations	-	Being prepared	Available and under implementation	Available and under implementation	Available and under implementation	Available and under implementation	Available and under implementation
<b>Build the capacities for applying governance practices</b>	2018	2022	Institutional Development and Quality Dir. and Internal Audit and Control Dir.	Ministry of Public Sector Development	25,000	Not specified	No. of leaders trained on governance	-	50 - 100	100 - 150	150 - 200	200 - 250	250 - 300	
<b>Follow up on applying governance principles</b>	2019	2022	Institutional Development and Quality Dir. and Internal Audit and Control Dir.	Ministry of Public Sector Development	-	-	Increase rate of governance practices	Depending on the study results						
<b>Accelerate response to resolve complaints</b>	2018	2022	Internal Audit and Control Dir.	-			Average waiting time to respond to complaints	-	48 hours	48 hours	48 hours	48 hours	48 hours	
<b>Procedures to improve partner satisfaction</b>	2018	2022	Institutional Development and Quality Dir./ International Relations Planning Section	-			Partner satisfaction rate	78.6%	79%	79%	80%	80%	80%	
<b>Prepare an efficient Ministry strategic plan, and prepare and implement annual operational plans for directorates based on the strategic plan, such that they get evaluated annually</b>	2018	2022	Institutional Development and Quality Dir./ Planning Section	All directorates			An effective strategic plan that is updated every two years	Available and updated 2013 - 2017	Available 2018 - 2022	Available 2018 - 2022	Available and updated	Available and updated	Available and updated	
							Availability of an implemented yearly operational plan for the Ministry based on the 2018 - 2022 Strategic Plan - and the availability of an annual evaluation report	An executive plan 2013 - 2017	An implemented executive plan for 2018, and an available yearly evaluation report	An implemented executive plan for the year 2019	An implemented executive plan for the year 2020	An implemented executive plan for the year 2021	An implemented executive plan for the year 2022	
<b>Build capacities in strategic and operational planning (training, meetings for employees from all directorates, follow up on preparing operational plans based on the strategic plan)</b>	2018	2022	Institutional Development and Quality Dir./ Planning Section	All MoH administrations and directorates	25,000	Not specified	No. of workshops and meetings	8	3 - 4 workshops annually	3 - 4 workshops annually	3 - 4 workshops annually	3 - 4 workshops annually	3 - 4 workshops annually	

**Governance Matrix/ Decentralization Application**

**National goal: Achieve balanced development among governorates in light of implementing decentralization**

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Maximize governance and the supervisory role of the Ministry and implement decentralization												
Specific Objective	Apply decentralization to the management of health institutions			No. of applied decentralization procedures			-	2	2	3 - 4	3 - 4	5 - 6	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Prepare a plan to implement decentralization in the Ministry (includes information analysis, tasks and responsibilities, capacity building, and amending laws and regulations)	2018	2018	Follow up on decentralization and financial affairs in governorates	Health Finance and Governance Project	-	Health Finance and Governance Project	No. of tasks delegated to peripheral administrations	-	-				8 - 10
Expand delegating authority from the central to local and peripheral levels. Engage peripheral directorates in decisions related to human resources.	2018	ongoing	Leadership in the Ministry	Civil Service Bureau	-		No. of decisions delegated to local and administrative levels regarding human resources	-	2				All decisions related to human resources
Expand self-management of major hospitals in the public sector as applied in Prince Hamza Hospital	2018	ongoing	Leadership in the Ministry	General Budge	-		No. of self-managed hospitals (having their budget)	Prince Hamza Hospital	-	1	2	3	4

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Maximize governance and the supervisory role of the Ministry and implement decentralization												
Specific Objective	Reinforce the leadership, organizational and monitoring role of the Ministry\ licensing professions and health institutions			No. of licenses granted to health professions and institutions			13163	16500	-	-	-	-	
				Percentage of professionals and institutions that were fined among the total number of licensed professionals and institutions			.024	.027	-	-	-	-	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Place, amend, and apply laws and regulations related to licensing current and new professions and institutions	2018	2022	Licensing Professions and Health Institutions Dir.	Legal Affairs Dir., Ministry of Public Sector Development, Legislation and Opinion Bureau, and professional associations	-	-	No. of laws and regulations that were introduced or amended	4	7				
Readiness of the Licensing Professions and Health Institutions Dir. to connect to the E-government Program	2018	2022	Electronic Transformation and Information Technology Dir.	17 partners	2,500,000	MoF	No. of designed services	-	2	Zero	Zero	Zero	Zero
							No. of services provided electronically	Zero	2	23	53	9	-

Target type	Target description		Indicator			Baseline value	Projected indicator value						
						2017	2018	2019	2020	2021	2022		
MoH Strategic Objective	Maximize governance and the supervisory role of the Ministry and implement decentralization		No. of regional simulation drills			5	10	10	10	10	10		
Specific Objective	Reinforce the leadership, organizational and monitoring role of the Ministry\ possible disasters and crises		No. of employees trained on responding to emergencies and crises			604	1000	1200	1400	1600	1800		
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Prepare an emergency operations center in the Ministry building	2012	2022	Crises Management Dir.	CDC WHO	Not specified	CDC WHO	Availability of an emergency center	Center available and prepared but not linked to centers in governorates	Center available, prepared, and linked to governorates centers	Center available, prepared, and linked to governorates centers	Center available, prepared, and linked to governorates centers	Center available, prepared, and linked to governorates centers	Center available, prepared, and linked to governorates centers
Prepare small operations centers in governorates and link them to the main center	2012	2022	Crises Management Dir., health affairs directorates in the governorates, Electronic Transformation and Information Technology Dir.	CDC WHO National Center for Security and Crises Management Civil Defense Department	Not specified	CDC WHO	Small operations centers available in governorates	Small operations centers not prepared prepared	Small operations centers in governorates and prepared and linked to the main center				
Availability of updated emergency plans for health directorates in governorates and hospitals	2012	annual	Crisis Management Dir. And hospitals	National Center for Security and Crises Management Private Hospital Association	-	-	Emergency plans available for health directorates and hospitals	Annual emergency plans available and updated	Annual emergency plans available and updated				
Conduct simulation drills in the fields of preparedness, readiness and response	2012	annual	Crises Management Dir. Health directorates in governorates	CDC WHO National Center for Security and Crises Management General leadership Civil Defense Department	Not specified	General leadership, Civil Defense Department, CDC WHO	Conduct simulation drills	5 drills conducted	10 drillsconducted				
Training program to build capacities in the Ministry on preparedness and readiness	2012	annual	Crises Management Dir. and health directorates in governorates	CDC WHO National Center for Security and Crises Management General leadership Civil Defense Department		CDC WHO GPP BBK	A training program for MoH employees on preparedness and readiness is available	604 trainees - cumulative	1000 trainees - cumulative				
Provide concerned parties with equipment and machines to respond to emergencies and crises	2018	2022	CDC WHO GPP BBK	CDC WHO GPP BKK, National Center for Security and Crises Management General leadership Civil Defense Department		CDC WHO GPP BBK	Tools and machines are available to address emergencies and crises	Some machines and equipment are available to address CBRN injuries	Provide personal protection gear and equipment to address various accidents and emergencies				

**Governance Matrix/ Medical Tourism**

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Maximize governance and the supervisory role of the Ministry and implement decentralization												
Specific Objective	Reinforce the leadership, organizational and monitoring role of the Ministry/ Medical Tourism			No. of medical tourism patients in hospitals annually			60,000	80,000	90,000	100,000	120,000	140,000	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Place an operational plan for the Ministry based on the national strategic plan for medical tourism	1/1/2018	1/6/2018	Medical Tourism Dir.	Jordan Tourism Board, Ministry of Tourism, and the Private Hospitals Association	-	-	A medical tourism operational plan for the Ministry based on the national plan is available	-	Available and under implementation	Available and under implementation	Available and under implementation	Available and under implementation	Available and under implementation
Build supervision capacities in the Medical Tourism Dir. and its airport office (training and providing supporting tools)	2018	2022	Medical Tourism Dir.	Human Resources Development and Education Dir.	25,000	Not specified	No. of held training workshops	0	4 workshops annually	4 workshops annually	4 workshops annually	4 workshops annually	4 workshops annually
Facilitate the procedures to access medical tourism centers in Jordan (provide sufficient and clear guiding signs to the Ministry office of medical tourism in the airport) Continuous notifications from Royal Jordanian regarding the tourism office. Provide registered transportation specifically to transport medical tourism patients.	1/1/2018	30/11/2018	Medical Tourism Dir.	Airport, private hospitals, and the Military Retirees Association	5,000	Budget	An information portal for medical tourism is available to serve medical tourism patients	Not available	Available and active	Available, active and updated	Available, active and updated	Available, active and updated	Available, active and updated
							Availability of sufficient information bulletins for patients	Available	Constantly available	Constantly available	Constantly available	Constantly available	Constantly available
							Availability of newsletters on the rights and duties of patients	unavailable	Constantly available	Constantly available	Constantly available	Constantly available	Constantly available
							Availability of safe transportation	unavailable	Constantly available	Constantly available	Constantly available	Constantly available	Constantly available
Providing a hot-line for medical tourism related complaints. Facilitate visa procedures for more countries in order to attract patients from new countries.	1/1/2018	30/10/2018	Medical Tourism Dir. Electronic Transformation and Information Technology Dir.	-	4,000	Not specified	Availability of an active hot line for medical tourism related complaints	Not available	Available	Available and active	Available and active	Available and active	Available and active
Computerize the directorate and provide a database	6/2018	12/2018	-	-	-	Not specified	Medical tourism database is available	Not available	Available	Available	Available	Available	Available
Raise awareness on and promote medical tourism services inside and outside Jordan (medical conferences, TV and radio shows, website, social media, publications)	1/1/2018	13/12/2022	Medical Tourism Dir.			Not specified	No. of awareness and promotional programs on medical tourism - yearly	2	4 - 5	10	10	12 - 15	12 - 15
Continued updating and amending of laws regulating medical tourism (approving the Medical Accountability Law, and placing regulations and instructions for medical tourism agencies)	1/1/2018	31/12/2022	Medical Tourism Dir.	The Ministry, professional associations, the Private Hospital Association, parliamentary committees	-	-	An approved and enforced medical accountability law	Draft under consideration	Draft under consideration	Approved and enforced law			

## Organ Transplantation

Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Maximize governance and the supervisory role of the Ministry, and implement decentralization												
Specific Objective	Reinforce the leadership, organizational and monitoring role of the Ministry/ organ transplant			Amended legislations and laws that support organ transplant services			Available but need amending	Available and amended	Available amended and in force	Available amended and in force	Available amended and in force	Available amended and in force	Available amended and in force
				No. of registered people who hold organ donation cards			600	800	1000	1250	1500	2000	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Establish a national registry for organ donation along with a database that is linked to hospital and health centers concerned with organ donation, transport and transplantation	2013	2019	Jordan center for Organ Transplant Dir.	All hospitals Patients' families	-	-	Availability of an active and developed national registry for organ donation	Available, amended and needs to be linked to hospitals	Available, active and developed	Available, active and developed	Available, active and developed	Available, active and developed	Available, active and developed
Prepare a national waiting list for organ failure patients and set it according to priorities adopted in the general procedures guide	2013	ongoing	Jordan center for Organ Transplant Dir.	Civil Service Bureau	-	-	National waiting lists available and prepared according to priorities in the procedures guide	Available and in force	Available amended and in force	Available amended and in force	Available amended and in force	Available amended and in force	Available amended and in force
Amend legislations regulating organ transplantation	2018	2022	Jordan center for Organ Transplant Dir.	Prime Ministry, Legislation and Opinion Bureau, and hospitals	-	-	Amended legislations that support organ transplant services	Available and in force	Available and in force	Available amended and in force	Available amended and in force	Available amended and in force	Available amended and in force
Prepare specifications of establishing organ transplant centers in health areas of the Kingdom	2015	2022	Jordan center for Organ Transplant Dir.	Prime Ministry, Legislation and Opinion Bureau, and hospitals engaged in organ transplant	-	-	A general procedures guide is available for organ donation in addition to regulating laws and legislations	Available and in force	Available and in force	Available amended and in force	Available amended and in force	Available amended and in force	Available amended and in force
A periodic program to evaluate hospitals engaged in organ transplant	2014	ongoing	Jordan center for Organ Transplant Dir.	Hospitals engaged in organ transplant	-	-	Number of inspection visits to hospitals engaged in organ transplant	14	1 - 2 visits monthly and whenever needed	1 - 2 visits monthly and whenever needed	1 - 2 visits monthly and whenever needed	1 - 2 visits monthly and whenever needed	1 - 2 visits monthly and whenever needed
Regional and international cooperation in the field of organ transplantation (agreements, conferences, workshops, etc.)	2010	ongoing	Jordan center for Organ Transplant Dir.	All hospitals engaged in organ transplant and local community sectors	-	-	No. of agreements on a regional and international level	4	4				
							No. of workshops in the field of organ transplantation	25	25	25	30	30	30
							No. of workshops in the field of organ transplantation	12	15	20	20	25	25
Participating in raising awareness of the medical staff in hospitals and the local community on the organ transplant program	2012	ongoing	Jordan center for Organ Transplant Dir.	All local community sectors and media outlets	-	-	No. of training workshops on brain death diagnosis	2	1 - 2 annually	1 - 2 annually	1 - 2 annually	1 - 2 annually	1 - 2 annually
							No. of scientific awareness activities in hospitals	22	1 - 2 monthly or whenever needed	1 - 2 monthly or whenever needed	1 - 2 monthly or whenever needed	1 - 2 monthly or whenever needed	1 - 2 monthly or whenever needed



Target type	Target description			Indicator			Baseline value	Projected indicator value					
							2017	2018	2019	2020	2021	2022	
MoH Strategic Objective	Maximize governance and the supervisory role of the Ministry, and implement decentralization												
Specific Objective	Reinforce the leadership, organizational and monitoring role of the Ministry/ organ transplant			Amended legislations and laws that support organ transplant services			Available but need amending	Available and amended	Available amended and in force	Available amended and in force	Available amended and in force	Available amended and in force	
				No. of registered people who hold organ donation cards			600	800	1000	1250	1500	2000	
(Program or project)	Implementation time frame		Responsible entity	Partners	Activity cost/ five years	Funding entity	Program indicator	Baseline value	Projected indicator value				
	Start	End						2017	2018	2019	2020	2021	2022
Participating in raising awareness of the medical staff in hospitals and the local community on the organ transplant program	2012	ongoing	Jordan center for Organ Transplant Dir.	All local community sectors and media outlets	-	-	No. of awareness activities for the local community on organ transplantation	28	1 - 2 monthly	1 - 2 monthly	1 - 2 monthly	1 - 2 monthly	1 - 2 monthly
							Media participation (TV, radio, press, etc.)	23	30	35	40	45	50

## Monitoring and Evaluation of the Ministry of Health Strategy 2018 - 2022

### This section includes:

1. Evaluation of the previous strategy for the years 2013 - 2017
2. Monitoring and evaluation approach of the current strategy for the years 2018 - 2022

### Evaluation of the previous strategy for the years 2013 - 2017:

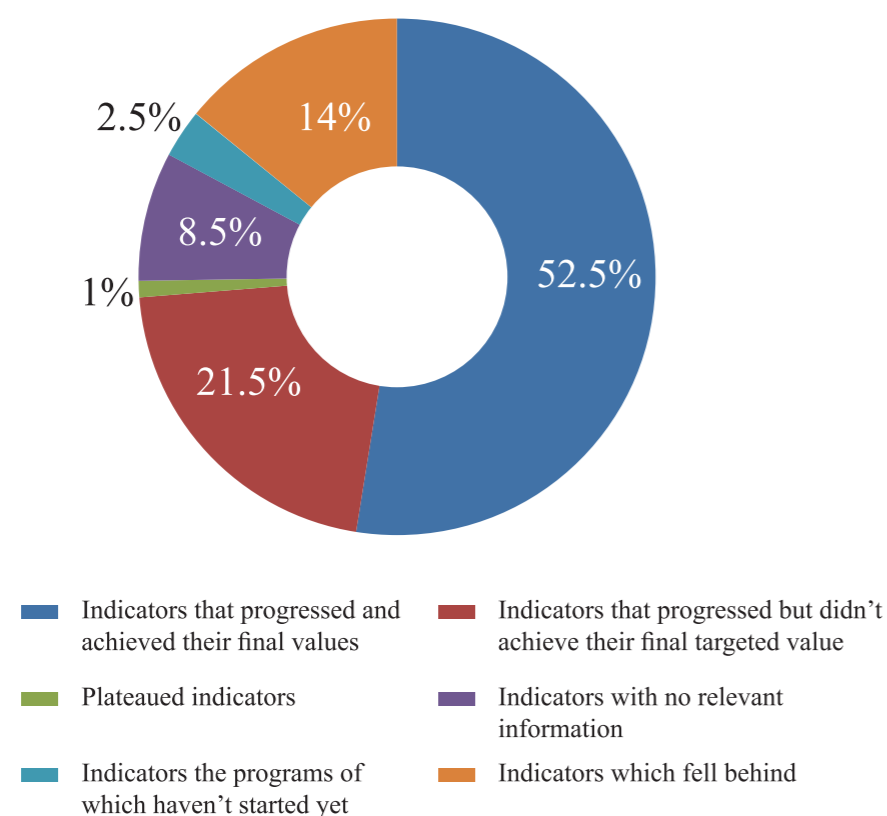
The Ministry based its evaluation of the previous strategy for the years 2013 - 2017 on comparing the annual and final year values of the target and program indicators to their baseline values.

The accomplishments of the previous plan were analyzed and used to develop the new strategy; where 52.5% of the indicators achieved their targeted values, however, around 14% of the indicators fell back.

These indicators are listed below and need require taking extra measures in the upcoming strategy.

### Figure 10 shows the results of the final progress of the strategy indicator values for the years 2013 - 2017

Progress of indicators' values in the 2013 - 2017 Ministry Strategy towards the targeted value until year 2017



The evaluation showed that a number of indicators fell behind and they are:

#### 1. Primary health care services

##### - Smoking Program indicators:

Smoking prevalence rate among young people from the 13 - 15 age group.

Number of tobacco dependence treatment clinics.

No. of visitors in the tobacco dependence treatment clinics.

##### - Maternal and childhood health:

No. of couples protected from pregnancy.

##### - Controlling non-communicable diseases:

Control rate of diabetes among diabetes patients.

Thalassemia incidence rate per 10,000 people.

##### - School health:

Comprehensive regular health screening rate/ schools and private centers.

##### - Lab Services:

No. of public central health labs.

#### 2. Secondary Health Care:

- Mortality rates in MoH hospitals.

- Nurses rates (registered, assistant, associate).

#### 3. Human Resources Management:

- Availability of an adopted procedure and policy guide on human resources management.

- Yearly rate of lost registered nurses.

- MoH college students who passed the comprehensive test yearly among as a percentage of the total number of students.

- Students applying from the Ministry.

#### 4. Financial Management:

- Percentage of spending on medicine and medical consumables from the budget.

- Percentage of generic drugs of overall purchased drugs

- Percentage of actual MoH spending from the budget.

- Percentage of the training allocations from the Ministry budget.

#### 5. Knowledge management:

- No. of trainees on knowledge management (noting that the indicators of institutionalizing knowledge management were removed from the second version due to the lack of an administrative entity taking responsibility for following up on the activities except for the Award committee).

#### 6. Quality control:

No. of hospitals with the National Quality and Safety Objectives Program.

#### 7. Regulation and Control:

- Percentage of MoH building records that were audited by the Audit Bureau.

- No. of fines issued yearly against companies according to contractual terms.

- Licensing Professions and Health Institutions Dir. is connected to the E-government Program.

## 8. Planning and Evaluation:

- Percentage of directorates that prepare annual operational plans based on the strategic plan.
- Percentage of performance indicators which progressed or achieved their intended targets.
- Availability of an institutional performance report.
- Availability of orders to disseminate the report and its recommendations among stakeholders.
- Availability of an updated strategic plan to manage risks.
- Availability of an updated operational plan to manage risks.

## 9. Medical Tourism:

- A computer system that complements medical tourism.
- The Medical Accountability Law.

### Causes that led to the fall back of some indicators or not achieving their targeted values:

- Lack of a program to control NCDs.
- Suspension of funding to some projects, such as tobacco dependence medications.
- The burden of Syrian refugees on Ministry facilities and the consumption of its resources.
- Weak training and activation of some programs.
- Lack of organizational structures required to follow up on some activities such as knowledge management, and limiting the responsibilities to the Award Committee.
- Shortfall in evaluation and the need for support, activation and accountability.
- Shortage in studies and information on current or emerging indicators, especially national ones.
- Shortfall in follow up, especially after the retirement and shortage in staff and expertise, and lack of an employee succession plans.

### Learned lessons

1. Determine indicators on all levels (at the effects, results and processes levels).
2. Determine an annual target at the projects and programs level.
3. Lack of new funded projects to achieve some targets such as controlling non-communicable diseases.
4. Defining the indicator card according to the form shown below.
5. Determining the weight of indicators of achieving targets based on the following characteristics:
  - Main action indicators of the Ministry have higher weights than other indicators
  - Indicator level
  - Financial allocations for the program
  - Time frame of the program or project
  - Clearly and directly contributes to achieving strategic and central objectives of the Ministry

### Approach of Monitoring and Evaluating the Current Strategy for the Years 2018 - 2022

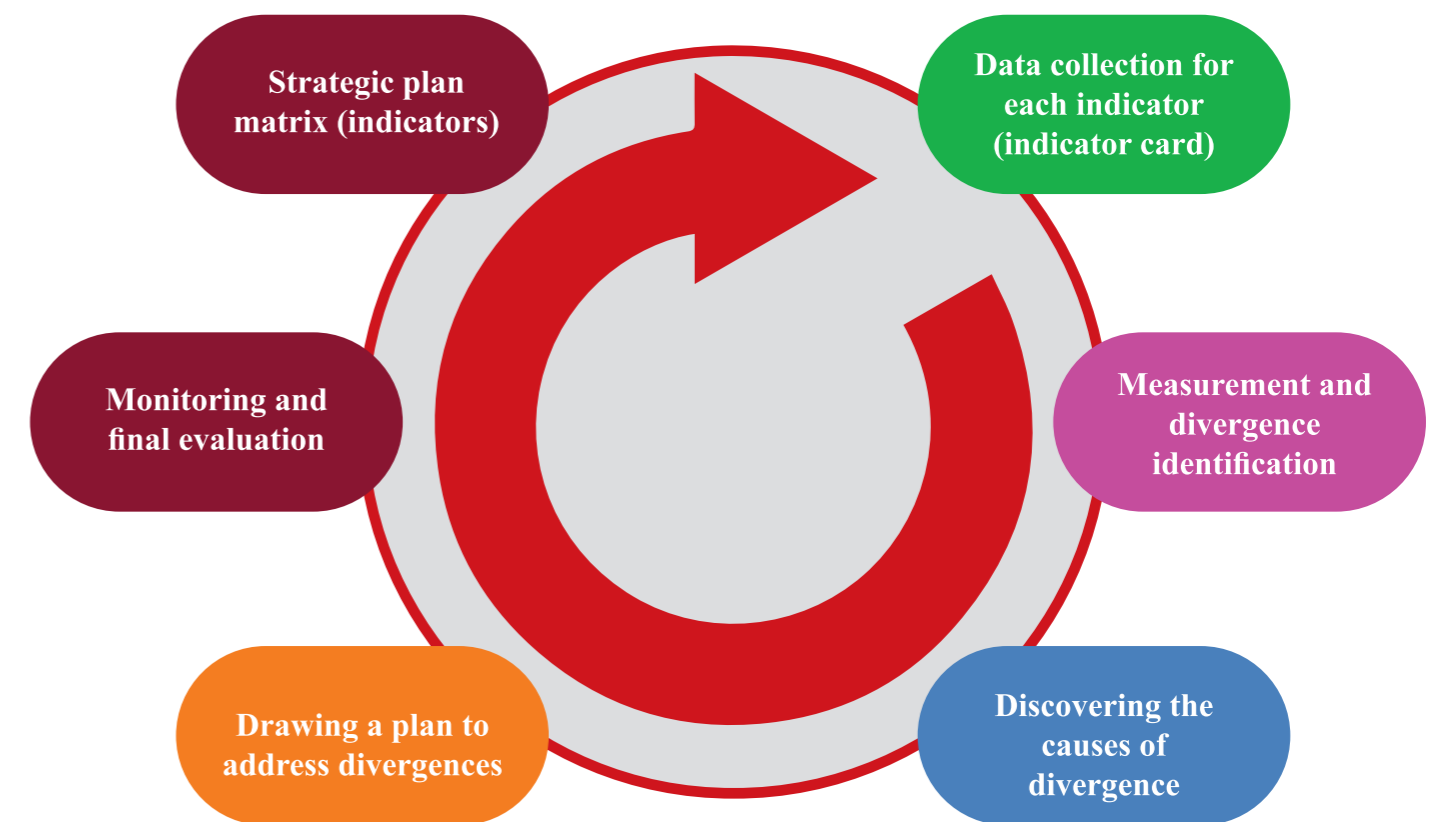
#### First: Determining indicators

##### Ensuring the actual relevance of the indicator to strategic and specific objectives:

- Indicators are determined for each target at all levels (strategic and institutional objectives and programs)
- A sufficient study is conducted for the current indicator values with the cooperation of all concerned parties and the planning team by referring to data sources (evaluation of the previous strategy, surveys and studies, general statistics, periodic reports and others)
- Determine the targeted indicator values on a yearly basis, depending on the interventions (programs and projects), development record of the indicator, national values, or values mentioned in national plans.
- Adopting a unified form as an indicator card that includes all information related to the indicator, provided that the Planning Dir. reviews it and ensures that it includes all information(Annex 1).
- The Ministry holds awareness workshops or meetings about the new strategy and its components, how to prepare operational plans and the adopted form for drafting them, and providing assistance and support in this field.

- The Ministry provides a printed version of the strategic plan and a copy through its website for each directorate.
- Developing annual operational plans for each directorate according to the strategic plan and its objectives and indicators.
- The Institutional Development and Quality Dir. / Planning Section along with concerned directorates shall coordinate financial affairs with the Ministry of Planning and International Cooperation to provide support for new projects.
- The Institutional Development and Quality Dir. / Planning Section shall review the operational plans and ensure that they meet all requirements according to a list that is prepared for this purpose(Annex 2).
- Regular follow up on the progress of operational plans (semi-yearly or whenever needed) and any obstacles of implementation are identified and reports to leadership along with recommendations to address these obstacles.
- Data is collected for follow up in order to measure the actual progress of main indicators in the strategy. Changes shall be updated once they occur, and progress shall be electronically calculated based on the difference between the targeted value and the baseline value. The percentage of the indicator progress shall also be calculated to provide the indicator values and charts.
- Identifying the causes of gaps and divergence in order to achieve targeted indicator values.
- Provide feedback and notes to concerned directorates electronically.
- Devise a plan to address the causes of gaps and divergence in targeted indicator values.
- Submit a detailed report on the progress of each indicator and its respective objective, including the required plan, and then submit it to leaderships. In addition, identifying procedures that can be addressed and following up on the improvement plan (Annex No.)
- The Strategy shall be updated every two years or when there are developments that require making changes or amendments to its activities or indicators.

Figure 11 Monitoring and Evaluation Plan



**Terminologies used in monitoring and evaluation:**

- **Indicator:** a quantitative and verbal measurement tool that expresses the extent to which a target was achieved.
- **Baseline value:** the value of the indicator before implementing the strategy, which is also used to determine the targeted value and find out how much progress was made in the indicator value.
- **Targeted value:** the value which the indicator is supposed to reach by the end of the strategy.
- **Indicator weight:** percentage of the indicator’s effect on achieving the target which is calculated according to the following equation:  
Indicator progress rate \* weight = effect on achieving the target
- **Determining the indicator weight is based on the criteria:**
  - Main action indicators of the Ministry have higher weights than other indicators.
  - Indicator level (at the level of the strategic objective, central objective or program).
  - Financial allocations for the program.
  - The program or project timeframe.

**Tools and mechanisms of monitoring and evaluation:**

- A strategic plan is available and active.
- An indicator card for all major indicators mentioned in the strategy is available and agreed upon.
- Developing an electronic program to monitor progress of the strategy indicators.
- Identifying liaison officers in each directorate to provide their respective indicator values.
- Train liaison officers on the electronic program.
- Provide each directorate with a user name and password.
- Each manager will be the person verifying and approving the indicator values.
- The matrix of targets and indicators and their values as mentioned in the strategy.
- Criteria of determining indicator weights.
- An informative indicator card.
- A card for verifying and monitoring operational plans.
- Using mathematical calculations to figure out indicator progress rates and average progress rates of all indicators of each objective.
- A final report with the results and recommendations to be submitted to decision makers.
- A follow up report on implementing the approved recommendations.

**Annex 1: Indicator card**

No	Indicator data	Data description
1.	The institutional or central objective or program related to the indicator	
2.	Method of calculating the indicator	
3.	Measurement unit	
4.	Verification method	
5.	Cases that were introduced or excluded	
6.	Indicator weight	
7.	Expected risks to the data accuracy and how to address them	
8.	Source of data/ method of accessing it	
9.	Data frequency (monthly, quarterly, yearly)	
10.	Entity responsible for providing data	

**Annex 2**

**Evaluation Form for Central Directorates’ Operational Plans**

1. Using the adopted form, on which representatives from the directorates have been trained, for operational plans.
2. Connecting national goals with institutional and sub-objectives as mentioned in the strategy.
3. If there is an objective for the directorate it shall be linked to the objectives mentioned above.
4. Connecting the aforementioned with one main objective indicator as mentioned in the strategy.
5. Using a targeted value for the indicator among the targeted values determined in the strategy.
6. Expressing any notes or justifications for any changes not mentioned in the strategy you want to add to your plan.
7. Activities for each objective should directly serve achieving the objective and its indicator
8. The activity indicator, its current value and targeted value for the year’s plan is determined.
9. The indicator value for each program or objective is determined according to its progress history or as nationally required or according to available and supportive programs which contribute to its progress.

**Annex 3: Annual Monitoring and Evaluation Form for the Strategic MoH plan 2018 - 2022**

**Year included in the evaluation:**

**Name of concerned Department/ directorate:**

**Data source:**

**Name of employee/ person who filled the form:**

Central objective	Name of indicator	Weight of indicator	Value of indicator		Value achieved		Causes of deviation	Recommendation for improvement	
			Base line value	Target value	% achieved	Weight achieved			

