



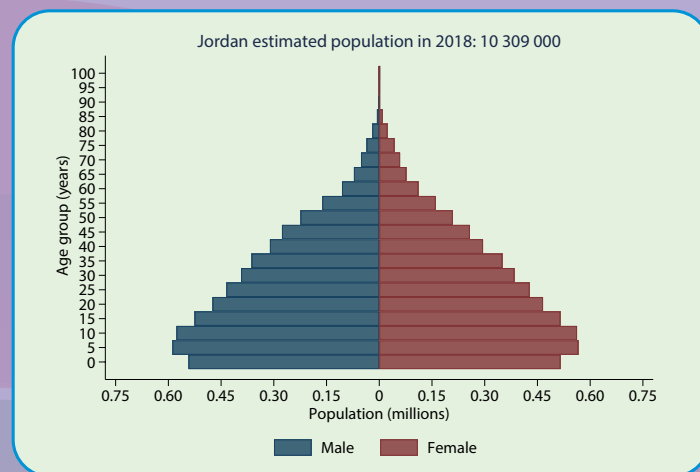
Universal health coverage

UHC service coverage index (2017)	76
Primary health care facilities per 10 000 population (2018)	7.0
Hospital beds per 10 000 population (2018)	14.0
Demand for family planning satisfied with modern methods (%) (2017)	61.9
Antenatal care visits (4+ visits) (%) (2018)	83.2
Measles immunization coverage among 1-year olds (%) (2018)	92
Tuberculosis treatment success rate and relapse TB cases notified (%) (2017)	56
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2018)	96
Out-of-pocket expenditure (OOPS) as percentage of current health expenditure (CHE) (2016)	28.0
Domestic General Government Health Expenditure (GGHE-D) as % of General Government Expenditure (GGE) (2016)	12.0

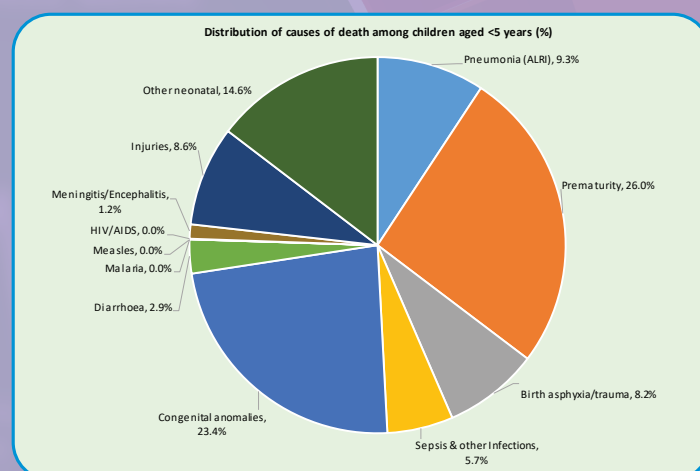
Selected determinants of health

Population living in urban areas (%) (2018)	90
Annual GDP growth (%) (2018)	1.9
Population growth rate (%) (2018)	2.4
Children aged < 5 years with pneumonia symptoms taken to a healthcare provider (%) (2012)	77.2

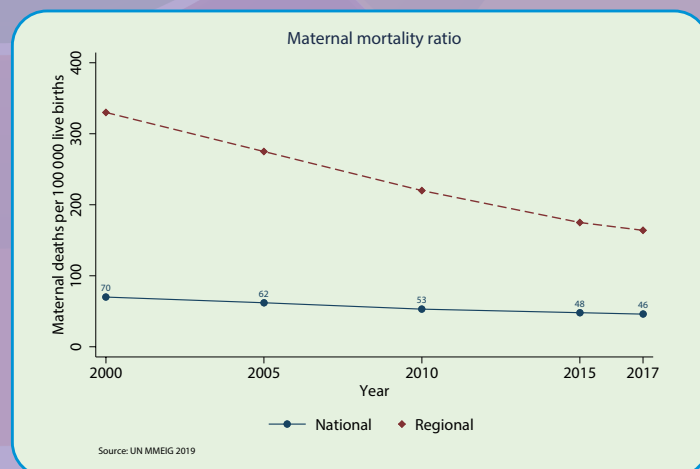
Estimated population in 2018



Distribution of causes of death among children aged <5 years (%)



Trends in estimates of maternal mortality ratio



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2018) % 18.6

Proportion of employed population below the international poverty line (ILO estimate, 2019)

Male %	0.2
Female %	0.1

2 ZERO HUNGER

Children under 5 who are (2013)

stunted	%	7.7
wasted	%	2.4
overweight	%	4.4

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2018)

Total %	95
Male %	97
Female %	93

Net primary school enrolment ratio per 100 school-age children (2018)

Total ratio	100
Male ratio	100
Female ratio	100

7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (Global Health Observatory, 2017) % >95

6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2018) % 98

Access to improved sanitation facilities (World Health Statistics, 2018) % 98

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2019)

Total %	15.0
Male %	13.2
Female %	22.9

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) ($\mu\text{g}/\text{m}^3$) (WHO/CEHA, 2016)

Total	32.1
Urban	...

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2012-2016) <0.1

*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2018)	72.7	76.0	74.3
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2017 estimate)	—	—	46
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	10
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	15
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	17
Tobacco use among persons 15+ years (%) (2015)	65.5	10.2	38.4
Overweight (18+ years) (%) (2016)	...	...	69.6
Obesity (18+ years) (%) (2016)	...	...	35.5
Raised blood pressure among persons 18+ years (%) (2014)	...	...	21.0
Raised blood glucose among persons 18+ years (%) (2015)	...	...	16.8
Raised cholesterol among persons 18+ years (%) (year)	...	...	...
Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, (%) 2016	...	...	19.2
Cancer incidence per 100 000 (2018)	...	...	157.8

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review, include year(s) and link(s)

Completed in 2017: <https://sustainabledevelopment.un.org/content/documents/16289Jordan.pdf>

National Focal Point for 2030 Agenda

Mr Mutasim M.D. Zaid Al-Kilani, Head of Sustainable Development Division, Ministry of Planning and International Cooperation

National Focal Point in Ministry of Health for health related SDGs

Dr Niemat Barawi

1. What efforts have been made to agree on national targets for SDG3+?

Parliamentarians play a key legislative and oversight role to strengthen health system response and improve equitable access to available, affordable, quality health care services with dignity and without discrimination. Effective participation and regulatory oversight is essential to ensure effective and efficient use of domestic resources and promote accountability. WHO Jordan organized a high level policy dialogue in August 2017 engaging parliamentarians and civil society in advancing towards universal health coverage (UHC) and achieving Sustainable Development Goals (SDGs) in Jordan. Key recommendations from this workshop was to promote the role of Parliamentarians in advancing towards UHC and achieving the SDGs, engaging with different stakeholders and enhancing health equity. In addition to this, WHO Jordan was part of development of the health Sector Reform Action Plan 2018-2022 and supported desk review of UHC and Public Private Partnership in Jordan.

2. How is Jordan incorporating SDG 3 targets in health policy, strategy, and planning?

The National Strategy for the Health Sector in Jordan 2018-2022 is derived from the Jordan National Vision and Strategy 2025, and is aligned with the 2030 Agenda. It focuses mainly on good governance of the health sector, patient-centered services, providing services and financial protection to achieve UHC. The indicators in the strategy were aligned with the indicators of the Executive Development Programmes.

3. Are there any major partnerships for advancing the 2030 Agenda?

The UN SDG Group promotes strategic collaboration among the UN Country Team (UNCT) members to support the implementation of the 2030 Agenda in Jordan. They embarked on developing the UN Sustainable Development Framework (UNSDF) 2018-2022 as a key element in advancing 2030

agenda. In addition, Jordan presented its first Voluntary National Review at the High Level Political Forum in July 2017 as part of the effort to encourage national engagement on the SDGs, further strengthen national ownership of the 2030 Agenda and accelerate its implementation.

The process of preparing the voluntary review was led by the Ministry of Planning and International Cooperation, as the focal point for SDG implementation, with support from the UNCT in Jordan, including non-resident agencies. The National Higher Committee on Sustainable Development provided overall strategic guidance and supervision.

4. Are there any major partnerships for advancing the health-related SDGs?

Other than the SDG group and the UNSDF, which support the implementation of the 2030 Agenda in general, WHO is leading the initiative to establish a network for advancing the health-related SDGs. The network will include parliamentarians, media, academia, private and public sectors and civil society organizations. Their focus will be to support initiatives in transforming the health system by identifying key policy enablers that might be needed to accelerate steps towards UHC and SDGs as well as advocate for Health in All Policies approach. The Government of Jordan signed UHC2030 Global Compact during 2017 as an opportunity to promote a comprehensive and coherent approach for collective commitment to UHC. This ensures coordination and alignment of health system strengthening efforts at global, regional and country levels and appropriate linkages with other sectors.

5. Describe a success story or an example of efforts to accelerate action on the health-related SDGs.

Under the patronage of H.E. the Prime Minister Dr Omar Al-Razzaz, the Jordan Ministry of Health in collaboration with WHO conducted a consultation meeting on 19 January 2019 with a wide range of stakeholders to agree on pragmatic steps towards reaching comprehensive coverage of all Jordanians specifically, and of UHC and health development more broadly. Bringing together other sectors, partners and stakeholders, the Ministry of Health demonstrated leadership for this ambitious and transformative agenda. This leadership was needed not only to generate and sustain support for a range of critical policy systems in the coming months; it was also critical to ensure that ordinary Jordanians will indeed get to enjoy the benefits of UHC. Building on the momentum of the intense and interactive dialogue, H.E. the Minister of Health concluded the consultation identifying the next steps for moving forward including strengthening of Primary Health Care, redesigning the essential health package, shifting from passive purchasing to strategic purchasing, and operationalizing the full autonomy of the Civil Insurance fund from the MOH.