



**Country Cooperation Strategy
for WHO and Jordan
2021–2025**



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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CONTENTS

ACRONYMS AND ABBREVIATIONS	v
EXECUTIVE SUMMARY	1
SECTION 1. INTRODUCTION	3
SECTION 2. HEALTH AND DEVELOPMENT SITUATION	4
2.1 Sociopolitical, demographic and economic context.....	4
2.2 Health sector overview and health status	6
2.3 Health system governance.....	7
2.4 Health service delivery.....	7
2.5 Health financing	8
2.6 Human resources for health	9
2.7 Impact of Syrian refugees on the health system.....	9
2.8 COVID-19 – current situation, its impact and lessons learnt.....	10
2.9 Inequal access to health services	12
2.10 Inadequate human resource capacity	13
2.11 Increasing health expenditure	13
2.12 Re-emergence of communicable diseases.....	14
2.13 The increased burden of NCDs and the need for managing lifestyle risk factors..	14
2.14 Increasing interdependency in health security and emergencies	15
2.15 Antimicrobial resistance.....	15
SECTION 3. PARTNERSHIP ENVIRONMENT	16
3.1 Main health and development partners in Jordan.....	16
3.2 WHO collaboration with the United Nations and international partners.....	17
SECTION 4. WHO COLLABORATION WITH JORDAN	18
4.1 Country presence.....	18
4.2 Technical focus.....	18
4.3 Key achievements	18
4.4 Lessons learnt and opportunities	18
SECTION 5. STRATEGIC PRIORITIES	19
5.1 Priority areas	19
5.2 Strategic priority 1: Strengthen the health system to advance towards UHC	21
5.3 Strategic priority 2: Promote health and well-being	23
5.4 Strategic priority 3: Build health system resilience and capacity to prepare, and respond to health emergencies.....	25
5.5 Strategic priority 4: Strengthen data and innovation capacity	26
5.6 Country results framework.....	27
SECTION 6. IMPLEMENTATION: CONTRIBUTION FROM WHO and PARTNERS	29
6.1 Key contributions to the four strategic priorities	29
6.2 Financing the strategic priorities	34
SECTION 7. MONITORING AND EVALUATION	34
REFERENCES	36

Annexes

1. KEY HEALTH INDICATORS FOR JORDAN	39
2. OUTCOMES OF GPW 13	40
3. SIGNATURE PAGE	ERROR! BOOKMARK NOT DEFINED.

ACRONYMS AND ABBREVIATIONS

AECID	Spanish Agency for International Development Cooperation
AMR	Antimicrobial resistance
BRM	Biosecurity risk management
CCS	Country Cooperation Strategy
EPI	Expanded Programme on Immunization
EUTF	European Union Trust Fund
EWARN	Early Warning and Response Network
GDP	Gross domestic product
GPW	General Programme of Work
HiAP	Health-in-All-Policies
HIV	Human Immune Deficiency Virus
HRH	Human resources for health
HSS	Health system strengthening
IERS	Interactive Electronic Reporting System
IHR	International Health Regulations
ILO	International Labour Organization
IOM	International Organization for Migration
JEE	Joint external evaluation
JOD	Jordanian Dinar
KOICA	Korea International Cooperation Agency
mhGAP	Mental Health GAP Action Programme
NCDs	Noncommunicable diseases
NGO	Nongovernmental organization
PHC	Primary health care
PHEOC	Public Health Emergency Operation Centre
RMS	Royal Medical Services
SDGs	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal health coverage
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNSDF	United Nations Sustainable Development Framework
USAID	United States Agency for International Development
UNRWA	United Nations Relief and Works Agency
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

EXECUTIVE SUMMARY

This Country Cooperation Strategy (CCS) covers the period 2021–2025 and has been developed at a time when the country was already experiencing growing socioeconomic challenges due to the global financial crisis, regional instability, and an influx of refugees as a result of the protracted Syrian crisis. All of these challenges have been exacerbated by the COVID-19 pandemic that has impacted overall development gains in Jordan.

The goal of the CCS is to strengthen and guide cooperation between the Government of Jordan and the World Health Organization for the next five years on mutually agreed priorities to improve the health of all people in the country. This CCS is built on the broader Jordan's Vision 2025, the Executive Indicative Programme (2021–2024), national health policies, strategies and plans, the United Nations Sustainable Development Framework for Jordan (UNSDF) 2018–2022, WHO's Thirteenth General Programme of Work (GPW 13) and WHO's Strategy for the Eastern Mediterranean Region, (2020–2023). It was developed through a series of comprehensive consultations with ministries, development partners and donors, as well as with other United Nations agencies, among other partners.

Jordan has made significant progress in recent years in reducing maternal, infant and child mortality and expanding and improving health infrastructure, putting Jordan as a regional leader in health. However, Jordan's healthy future as in all nations depends on a strong and sustainable health system. Jordan has committed to achieving universal health coverage (UHC) and the Sustainable Development Goals (SDGs) by 2030 and is exploring mechanisms to improve health services coverage and financial protection that focuses on poor and vulnerable populations. A reinvigorated emphasis is being placed on primary health care (PHC) as the backbone for an effective, efficient, and equitable health system. As an indicator of its commitment, the Government set a 95% target of health insurance coverage in Jordan's Vision 2025 and reiterated its commitment in 2018, pledging to reach 80% of Jordanians by the end of 2020 as a key milestone towards UHC.

The demographic and epidemiological transition, the increasing rates of determinants of poor health, and rising health care costs has led the health sector in Jordan to face increasing needs and vulnerabilities with expanding demand for services for Jordanians and non-Jordanians. Determinants of poor health such as tobacco use, obesity, and other unhealthy behaviours are becoming increasingly prevalent in Jordan and are contributing to the increased incidence of noncommunicable diseases (NCDs).

The Jordanian health care system is relatively fragmented and hospital-centric. The 2019 Jordan National Health Accounts for 2016–2017 fiscal years, reported out-of-pocket expenditure of around 83% and 84% of total households' expenditures in 2016 and 2017, respectively, which indicates the need to strengthen financial risk protection to reach UHC goals.

The role of WHO in implementation of this CCS will be to support the Government to overcome these prevailing health challenges and in support enacting ongoing health reforms and improvements to ensure a better quality of life for every citizen, especially the vulnerable and the poor. As the health system in Jordan evolves, WHO will gradually shift its focus from providing on-the-ground support in planning, implementing and monitoring specific health programmes to a greater emphasis on providing high-level policy guidance and advocacy.

WHO's support to the Government of Jordan in the next five years will be focused under the following four strategic priorities summarized in Fig. 1.

Strategic priority 1: Strengthen the health system to advance towards UHC	Strategic priority 2: Promote health and well-being	Strategic priority 3: Build health system resilience and capacity to prepare for and respond to health emergencies	Strategic priority 4: Strengthen data and innovation capacity
Health system strengthening Health workforce Governance Primary health care Health financing Immunization	Noncommunicable diseases Tobacco control Mental health Health-in-All-Policies Antimicrobial resistance Health and climate change	COVID-19 One Health International Health Regulations capacities Emergency Operations Centre and disease surveillance Biosafety and biosecurity	Health information system SCORE for Health Data Technical package Data warehouse/data repository

Fig 1. Strategic priorities

Strategic priority 1: Strengthen the health system to advance towards UHC

Strategic priority 1 focuses on strengthening the health system with a focus on PHC to ensure equitable access to health service delivery. Starting from the implementation of Jordan’s health sector reforms – aimed at enhancing health sector governance towards achievement of UHC by expanding access to quality primary PHC services, ensuring an adequate health workforce and providing financial protection, particularly to the most vulnerable population while improving the quality of specific health programmes, such as immunization.

Strategic priority 2: Promote health and well-being

Promoting health and well-being is the second identified strategic priority which addresses prevalent risk behaviours such as tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and air pollution. It also addresses the social determinants of health through multisectoral implementation of Health-in-All-Policies (HiAP). Special attention will be given to address antimicrobial resistance (AMR) through improved surveillance and reporting, training on infection prevention and control and good prescription practices at health care facilities, and on surveillance of antibiotic use.

Strategic priority 3: Build health system resilience and capacity to prepare, and respond to health emergencies

Strategic priority 3 encompasses public health surveillance and outbreak detection and response. It includes strengthening the country’s institutional capacity for implementation of the International Health Regulations (IHR 2005); expanding the implementation of “all-hazards event-based surveillance” at the Ministry of Health Emergency Operation Centre for early detection of events of public health concerns and increasing response capacity. This strategic priority also addresses the implementation of the National Action Plan for Health Security (2018–2022) and enhancing the biosecurity risk management through a more integrated and coordinated multisectoral approach. In the context of the ongoing COVID-19 pandemic, efforts will be made to ensure equitable and fair access to COVID-19 vaccines, diagnostics, and therapeutics.

Strategic priority 4: Strengthen data and innovation capacity

Strategic priority 4 aims at reinforcing capacity for quality data generation, management and use at different levels of the health system to produce adequate information and intelligence for decision-making. In this regard this priority supports facilitating access to health indicators by strengthening the unified digital repository platform to enhance monitoring and

reporting of SDG targets. It also aims at streamlining the evidence base for informed health policy-making as reflected in the regional Vision 2023. The four identified strategic priorities do not cover the full range of WHO's work with the Government of Jordan in the next five years, but the Organization remains committed to responding and adapting to any changing needs as they arise. The budget estimated for implementation of this CCS is US\$ 61 527 940. Considering the anticipated funding, there is an estimated 37.6% (US\$ 23 111 048) funding gap that will require additional resource mobilization efforts from the three levels of WHO, as well as from national authorities and international partners.

Considering the dynamic health situation in the country and ongoing impact of COVID-19, WHO and the Ministry of Health will closely monitor the implementation of the CCS during its five-year period to adjust its workplans and country office's capacity, if required. The CCS will be evaluated at mid-term and at the end of the period and the lessons learnt and recommendations will be shared within WHO and with the Government of Jordan, national stakeholders and development partners to further strengthen future collaboration.

SECTION 1. INTRODUCTION

The Country Cooperation Strategy (CCS) 2021–2025, outlines the medium-term framework for WHO cooperation with the Government of Jordan. This CCS provides a roadmap for WHO country office support to the Government of Jordan to improve the health of its population over the next five years.

The CCS responds to the national health and development agenda and identifies a set of agreed joint priorities for WHO collaboration in accordance with WHO's mandate and core functions. It also addresses the global health strategic priorities as set out in WHO's Thirteenth General Programme of Work (GPW 13), covering those priority areas where the Organization has a comparative advantage to assure a strong public health impact.

In Jordan, WHO had a CCS (2008–2013) that expired in 2013, which was extended up to 2016 considering that the strategic priority areas identified were still relevant. Joint collaboration programmes (JCPs) covering the 2016–2017 and 2018–2019 biennia were signed by the Minister of Health and the WHO Representative, which identified 10 priority areas of work accounting for 80% of the country office planned budget. Currently, the collaboration of WHO and the Government of Jordan is mandated by the Country Support Plan (2020–2021), jointly developed by WHO and the Ministry of Health based on GPW 13.

This CCS is built on the broader Jordan Vision 2025, the Executive Indicative Programme (2021–2024), and the country's national health policies, strategies and plans, as well as on the United Nations Sustainable Development Framework for Jordan (UNSDF) 2018–2022 and WHO's Strategy for the Eastern Mediterranean Region, (2020–2023). The CCS also correlates with the Jordan Response Plan (2021–2023) to address the humanitarian efforts to effectively mitigate the impact of the protracted Syrian crisis, highlighting the importance of the humanitarian-development nexus in building resilience and reducing the country's dependency.

One important innovation of this CCS is to be more strategic, containing a clear results chain designed as a country-level impact framework that includes targets related to expected outcomes and the triple billion targets of GPW 13 and the SDGs. Also, it contains an overview of resources needed and potential shortfalls so that the Organization can mobilize additional resources to address priorities identified.

The development of the CCS happens at a critical moment in which the country, the Region and the world are facing the COVID-19 pandemic that poses a significant challenge for the country, creating an unprecedented need for national and international solidarity and a strong and resilient coordinated response.

This CCS sets out four broad strategic priorities and directions for WHO support for the next five years, namely:

- Strategic priority 1: Strengthen the health system to advance towards UHC;
- Strategic priority 2: Promote health and well-being;
- Strategic priority 3: Build health system resilience and capacity to prepare, and respond to health emergencies;
- Strategic priority 4: Strengthen data and innovation capacity.

These strategic priorities reflect the goals and priorities of Jordan's national health documents. However, the four identified strategic priority areas of intervention do not cover all of WHO's work with the Government of Jordan, but the Organization remains committed to responding and adapting to any changing needs as they arise.

SECTION 2. HEALTH AND DEVELOPMENT SITUATION

2.1 Sociopolitical, demographic and economic context

Jordan is an upper middle-level income country (1) with a total area of 89 342 square kilometres divided into 12 governorates. The country has a constitutional monarchy with a Prime Minister as head of Government appointed by His Majesty the King. Jordan began decentralization in 2017, which is a key objective of the Government's development agenda to move powers and resources to local governments.

According to the 2019 Human Development Report, Jordan's Human Development Index (2) value for 2018 was 0.723 – which places the country in the high human development category – positioning it at 102 out of 189 countries and territories. Between 1990 and 2018, Jordan's life expectancy at birth increased by 4.5 years and gross national income per capita by about 40.6%.

The country is approaching demographic transition. According to the Department of Statistics the population in Jordan is estimated to be 10 554 000 (3) with 90.3% living in urban areas with a population density of 115 per km².

The population expanded from 5.4 million in 2003 to 10.5 million in 2019, largely due to the influx of refugees and a relatively high birth rate. Currently, the population growth rate (Jordanian) stands at 2.3, while the fertility rate reached 2.7 children per woman in 2018 (4).

The percentage of the population aged ≥65 years was estimated as 3.7 in 2019 (5) and is expected to reach 10.3 in 2050, while the dependency ratio, calculated as the percentage of people aged <15 years and >65 years, was as high as 71 in 2003, but decreased to 61.4 in 2019 and is expected to fall steadily to 33% by 2050, (6) according to projections by the Department of Statistics.

Nine years into the Syrian crisis, more than 5.6 million Syrian refugees have sought asylum in Jordan and other neighbouring countries. Since 2011, Jordan alone is hosting more than 1.36 million Syrians, more than 80% are living among host communities, mainly in Amman and northern governorates, while nearly 18% opted to live in camps. Out of 1.36 million, there are 655 435 Syrian refugees (7) who have registered with the United Nations High

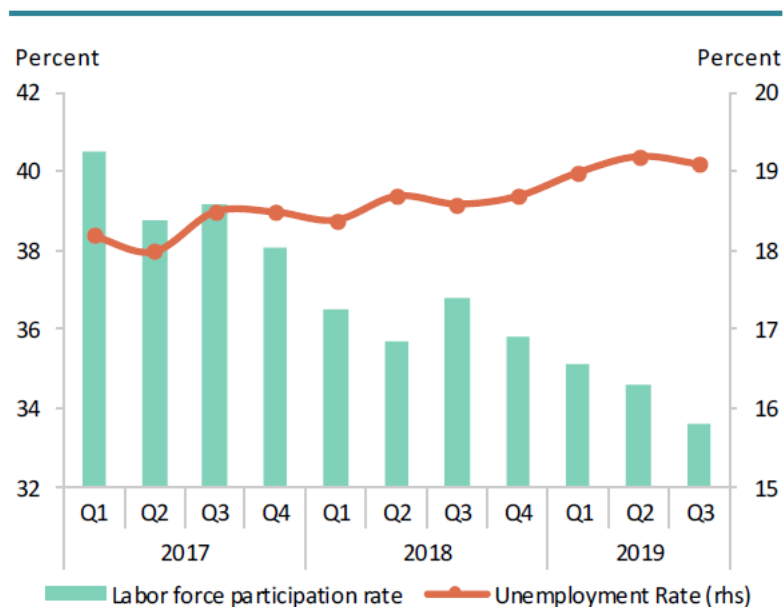
Commissioner for Refugees (UNHCR). It is expected that the population of Syrian refugees in Jordan will grow by 3% annually (8). In addition, Jordan also has more than two million Palestinian refugees and 90 000 Iraqi refugees registered. In 2017, the International Labour Organization (ILO) estimated there were 1.2 million migrants in Jordan.

Jordan's economy is among the smallest in the Middle East, with scarcity of water, insufficient supplies of oil and other natural resources, underlying the Government's heavy reliance on foreign assistance. Other economic challenges for the Government include chronic high rates of unemployment, budget and account deficits, and government debt.

Jordan's unemployment rate remained consistently high at 19% in the third quarter of 2019, 0.5 percentage points higher than same period in 2018 (Fig. 2). Female unemployment continued to rise, reaching 27.5%, further widening the already large gap with the rate for male unemployment, which was steady at 17%. Unemployment rates have been further negatively impacted by the COVID-19 pandemic.

However, Jordan poverty reduction continues to receive primary attention not only as a basic human right and one of the most important SDGs, but also as a peace and security issue, especially considering the instability and conflict surrounding the country. However, the share of households living below the national poverty line has risen from 14.4% in 2010 to 15.7% in 2017, with around a million of Jordanians living in poverty (9).

As with the rest of the world, Jordan's economic growth has substantially weakened due to the COVID-19 pandemic. In the first three quarters of 2020, Jordan's real gross domestic product (GDP) decreased by 1.5%. The upsurge in cases from August 2020 exacerbated the economic pressures, with an expected associated decline in GDP growth, which had severe economic implications, causing simultaneous contractions in both demand and supply. Recent projections estimate that the GDP growth rate contracted by 3% in 2020, rebounding to 2.5% in 2021 (10), which is expected to worsen the long-term damage to the Jordanian economy, which raises concerns for poverty and inclusion prospects.



Sources: Department of Statistics and World Bank staff calculations.

Fig. 2. Jordan's unemployment rate, 2017–2019

Government employment and wage protection measures helped to ease the adverse impacts of COVID-19 on workers. According to estimates, without Government intervention the decline in employment would have reached 23.5% of the total (12.4% females and 25.4% males), but through Government intervention it was limited to 12.6% in total (13.7% males and 6.6% females) (11).

2.2 Health sector overview and health status

Jordan has made enormous progress in recent years in reducing maternal and infant mortality and expanding and improving health infrastructure, placing Jordan as a regional leader in health. However, Jordan's healthy future depends – as in all nations – on a strong and resilient health system.

Jordan is committed to achieving UHC as part of the SDGs by 2030. The Jordan 2025 Vision, launched by His Majesty the King in 2015 represents a long-term national strategy with more than 400 policies, including health, to be implemented through a participatory approach between the Government, business sector, and civil society (12).

Indicative of its commitment, the Jordan Vision 2025 sets a target of health insurance coverage level at 95%. Such commitment was reiterated by the Government in 2018, pledging to reach a health insurance coverage level of 80% of Jordanians by the end of 2020 as a key milestone towards UHC (13). However, according to the Good Health Global Index (14), with regards to the progress towards SDG3, Jordan scored 76.3%, meaning that the score is moderately increasing but still insufficient to meet the 2030 goal.

Life expectancy remains stable, at 73.5 years. Maternal mortality continued to decline, from 50 per 100 000 births in 2013 to 32 in 2019, and almost all births (99.7%) take place in a medical facility. These gains, however, need to be sustained through improved prenatal, obstetric and postnatal care, addressing adolescent reproductive health and strengthening maternal death surveillance and response.

Under-5 mortality was estimated at 9 per 1000 live births in 2019 and neonatal mortality at 11 per 1000 in the same year. These figures are among the lowest in the Region, although the Ministry of Health notes that further improvement is being held back by a shortage of quality obstetric and prematurity services.

Full vaccination coverage stood at 96% in 2018, which was down on the 99% coverage achieved in 2015. Immunization services further declined due to the pandemic. Communicable disease rates are among the lowest in the Region, with no significant HIV epidemic, although plans to eradicate tuberculosis (TB) by 2025 were set back by the influx of Syrian refugees.

In line with global trends and according to evidence from the national Jordan NCDs STEP-wise survey (2019) (15), the country is increasingly affected by a significant epidemiological transition towards NCDs, which account for 78% of deaths and represent the leading cause of mortality and morbidity among Jordanians. Cardiovascular diseases have been estimated as the leading cause of mortality (39%), followed by cancers (15%), diabetes (7%), and chronic respiratory diseases (3%). In addition, the report revealed that the main risk factors for NCDs are tobacco use accounting for 41% of the overall population and unhealthy diet, with 60.8% of the population overweight. The new and re-emergence of some diseases, such as TB and COVID-19 among others communicable diseases, aggravated by the current financial and economic crises also represent important challenges.

The NCD’S STEPwise survey highlighted that 41% of Jordanians and Syrians were current tobacco smokers, and 9.2% were users of electronic cigarettes. Other WHO/United Nations Development Programme (UNDP) analysis suggests tobacco use cost Jordan 9000 lives in 2015 and around 6% of GDP. Also, second-hand exposure to smoke during the past 30 years reached 79%. Monthly expenditure for manufactured cigarettes was JOD 60.3 per person with an average consumption of 21 cigarettes a day. The survey highlighted that fruit and vegetable consumption was low and that one third of the study population added salt to food.

One quarter of interviewees reported insufficient physical activity, with 60% being overweight or obese. Hypertension was reported in 22% of cases and diabetes in 20% of adults aged 45–69. Prevalence of depression was 18%.

There is a growing burden of mental health conditions requiring dedicated multisectoral approaches. This situation is exacerbated by presence of refugees who experience a higher prevalence of mental health issues linked to the protracted crisis.

2.3 Health system governance

The health care system in Jordan provides comprehensive public health care services to most of its citizens, at relatively low costs. The Jordanian health care system is highly fragmented, not only between the public and private sector, but also within the public sector. There are three major public programmes: The Ministry of Health, the Royal Medical Services (RMS) that finance and deliver health care services to approximately 70% of the population, including civil service employees, members of the military, as well as their dependents (16). It also includes numerous smaller public sector programmes, including several based at universities, such as the Jordan University Hospital and King Abdullah University Hospital, as well as the Centre for Diabetes, Endocrinology and Genetics. These public institutions also include the King Hussein Cancer Centre and numerous charity association clinics. Also, the United Nations Relief and Works Agency (UNRWA) is a major provider, which offers primary health care services to Palestine refugees residing in Jordan. Several charitable providers established in Jordan to assist vulnerable refugees as a result of the crisis in neighbouring countries (Fig. 3).

The proliferation of actors, providers and stakeholders has highlighted considerable inefficiencies with weak governance mechanisms to address system-level challenges, ensure effective system-wide coordination and monitor health sector performance.

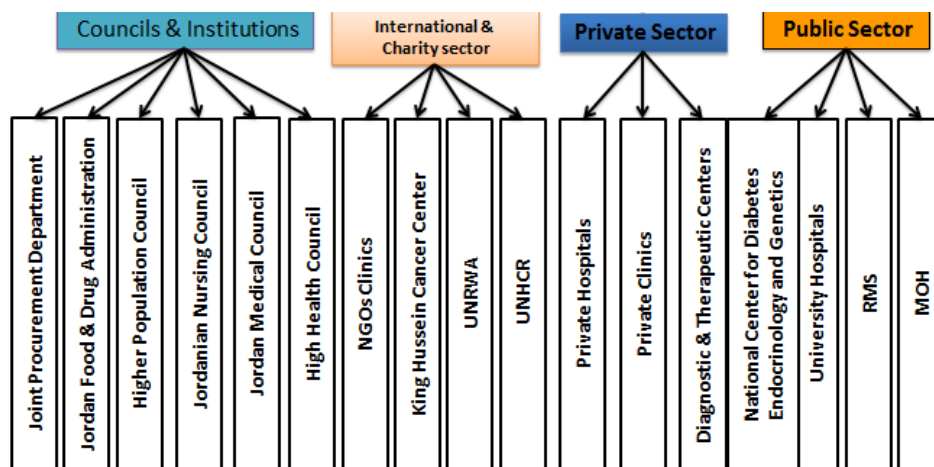


Fig. 3. Composition of Jordan’s health system

2.4 Health service delivery

The Jordanian health care system is hospital-centric; investments in service delivery at the primary level are insufficient, and while access to services is reasonable, quality of care remains a concern and is a key issue for service delivery (17). The PHC system functions through a wide range of actors operating a significant number of centres and clinics located throughout the country. PHC centres cover urban and rural population areas with a national average of approximately one centre per 15 500 residents. The Ministry of Health is the principal provider of PHC services.

Although geographic access accordingly, to the Jordan National Social Protection Strategy (2019–2025) is considered good as more than 90% of Jordanians – poor, as well as wealthy – live within four kilometres of a PHC centre (17), lack of attention to primary care has led to shortages of staffing, equipment and medicines in parts of the country, inadequate accountability and a deterioration in public confidence in primary care. As a result, many circumvent primary care and go directly to hospitals (which is far more costly to the public budget), or they turn to private medical care. Referrals and fee exemptions (for which no transparent criteria exist) are often used by patients to directly access specialist private care paid by the public budget.

Jordan has a comprehensive national drug policy, an essential medicines list and standardized treatment protocols supported by a regulatory body, but it is not completely utilized at health facility level (18). High levels of expenditure on pharmaceuticals can be partially explained by prescribing behaviour of physicians and pharmacists, insufficient regulation of prescribing practices, self-medication by consumers, and the relative presence and influence of the pharmaceutical industry that promotes products without adequate control. Recently, Jordan increased its efforts to maximize efficiency on vaccine procurement, with a Vaccine Modernization Committee established in 2019.

Jordan ranks first in medical tourism in the Middle East and North Africa region and is among the top 10 countries in the world (19). What enhances Jordan’s position in the field of health and medical care is the nationally and internationally accredited health care facilities, which gives the patients reassurance on the quality and safety of health care service delivered. The total income from medical tourism exceeded US one billion dollars in 2012. In 2013, about 1713 patients from different Arab and foreign countries received treatment in RMS hospitals.

2.5 Health financing

In Jordan, health care is funded by: the Government of Jordan (primarily from the Ministries of Finance, Planning, and other governmental entities such as the Ministry of Social Development), households, international donors, and UNRWA. Household contributions are made primarily through premiums paid to health insurance schemes and more importantly by out-of-pocket expenditure.

In Jordan, most of the population has some form of health insurance coverage. According to the Household Expenditure and Income Survey 2017, 66.8% of the population is insured with the Civil Insurance Programme, and the Military Insurance Fund operated by RMS being the largest public sector service delivery and financing bodies.

According to the 2019 Jordan National Health Accounts for 2016–2017 fiscal years (20), out-of-pocket expenditure represented around 83% and 84% of total households’ expenditures in 2016 and 2017, respectively. Private out-of-pocket expenditure as a percentage of total out-of-pocket expenditure represented 87.8% (JOD 571.6 million) and 87.1% (JOD 622 million)

in 2016 and 2017, respectively. There was a slight increase in 2016 and 2017 in out-of-pocket expenditure as a percentage of total health expenditures (27.6% and 27.8%, respectively), compared to 2015 (26.8%), which affects negatively the financial sustainability in the health sector and indicates the need to strengthen financial risk protection.

According to the recent Jordan Population and Family Health Survey (21), 58% of ever-married women and 50% of men have some type of health insurance coverage with the percentage of people with any form of health insurance being higher in rural (women 79% and men 72%) than urban areas (women 56% versus 48% among men) and in the north and south regions more than the central region. Jordanian women have the highest rate of insurance coverage (62%), followed by Syrian women (40%) and women of other nationalities (28%). The pattern is similar among men. Insurance coverage increases with increasing educational level. These differences in coverage highlight equity challenges that will need to be overcome for Jordan to reach its UHC goals.

2.6 Human resources for health

Human resources for health are a critical component of health system strengthening. Without a strong and motivated health workforce performance, Jordan is at risk of not only facing difficulties to meet the targets of the SDGs and UHC but also of reversing progress in the face of population growth and unexpected challenges such as the Syrian refugee crisis, including a population that is expected to double by 2030, an increase in the prevalence of NCDs, and already existing human resource challenges such as retention, appropriate distribution of skilled health care workforce, continuous training and limited finances which make it difficult to achieve UHC.

The national human resources for health observatory reports showed that there are major disparities in distribution of health workers among the 12 governorates in Jordan. For instance, the ratio of physicians per 10 000 population in Amman is 19.6 in comparison to 6.9 in Zarqa. Similar results are found among registered nurses. The nurse's ratio for to 10 000 population in Amman is 22.4 compared to 6.9 in Zarqa (23). Gender balance among medical categories is another issue in Jordan. For example, the majority (83.1%) of physicians at the Ministry of Health are male, but most nurses (63.8%) and pharmacists (75.3%) are females. Similar results were observed at RMS. One of the most predominant challenges faced by the observatory include the capacity to gather, analyse, and use health workforce information. Digitalization of the system would be critical to ensure more timely and accurate data flows that will enable policy-makers to make informed decisions.

The national human resources for health strategy framework (2018–2022) was adapted from the WHO Framework for action for health workforce development in the Region (2017–2030) and revised based on a synthesis of evidence and stakeholder consultation to contextualize the framework to Jordan. The framework aims at achieving better health services and improved health outcomes by improving human resource for health outcomes. The framework provides recommendations based on four strategic pillars: 1) governance, policy, and partnership; 2) management; 3) education, production, and development; and 4) planning. In light of the impact on health workforce brought by COVID-19 and to further support the health system response towards UHC, there is a need to update the national strategy for Jordan and develop a plan of action to support its implementation.

2.7 Impact of Syrian refugees on the health system

The influx of Syrian refugees has placed pressure on the national health system. The Government's policy of Syrian refugees' access to health care services has changed over the last 10 years. At the beginning of the crises, the Government had granted access to public

health services free of charge, and in 2015 at the same rate as Jordanians. In February 2018 the policy was reversed with Syrian refugees to pay 80% of foreigner rates at Ministry of Health facilities. The Government also decided to exempt Syrian refugees from the fees of maternity and childhood services provided in the maternity and childhood centres affiliated to the Ministry of Health.

A multi-donor trust fund for the health sector was established in 2018 to support the Ministry of Health cover costs of Syrian refugees, so far contributed by the United States, Denmark, Canada and Qatar (24). This support allowed the Government of Jordan, in April 2019, to announce the rollback to non-insured Jordanian rate for Syrian refugees to get health services at Ministry of Health public hospitals and PHC centres.

Syrian refugee health needs in Jordan are aggravated by the increased prevalence of NCDs. Women and children, people with physical disabilities, war-wounded, patients suffering from mental health conditions and older refugees needs also present significant challenges. These vulnerable groups require a wide range of costly health services for long periods of time. Additionally, significant vulnerabilities still exist for maternal and child nutrition in Jordan, and low tetanus toxoid vaccination coverage among women of reproductive age group (TT1 65% overall and TT2 coverage 20%) poses serious public health risks and concerns regarding protection of women and their newborn infants from tetanus (25).

This is posing a significant problem for vulnerable refugees, considering that a recent survey has shown 36% of non-camp adult refugees were unable to access needed medicines or other health services primarily due to an inability to pay fees. This might have caused some refugees to move to refugee camps, thereby shifting the financial burden of supporting refugees' access to essential health services from the Government to humanitarian stakeholders.

Despite limited financial resources, since the beginning of the crisis, United Nations agencies and nongovernmental organizations have also supported vulnerable Jordanians and Syrian refugees on health-related issues. Interventions are being implemented to ensure that Syrian refugees' health needs are met. In 2019 (26), more than 500 000 primary health care assistance, 125 743 maternal and child health assistance, 58 962 specialized mental health services and 36 347 secondary or tertiary referral have been provided to Syrian refugees and Jordanians. Quality sexual reproductive health services have been also provided, including clinical management of rape. Mental health services have also been provided through primary health clinics by community mental health workers.

2.8 COVID-19 – current situation, its impact and lessons learnt

One year after the first COVID-19 case was reported in Jordan, the epidemic is still far from being controlled. Jordan reported its first COVID-19 case on 2 March 2020. As of 13 April 2021, Jordan reported a total of 669 300 cases with 7855 deaths and 604 044 recovered. A total of 549 426 vaccine doses have been administered (27). Despite the rise in COVID-19 cases and deaths, Jordan's fatality rate (1.17%) remains among the lowest in the Middle East and North Africa region (28).

On 25 January 2020, the Government activated the National Epidemic Committee to advise on health strategic decision-making to implement measures to contain the epidemic in the country and protect its population. The multisectoral Committee with membership from the public and private sectors and academia is chaired by the Minister of Health, with participation of the WHO Representative.

With the detection of the first cases of COVID-19, the Government adopted restrictive public health measures, which included a nationwide lockdown, curfew and penalties for breaching movement restrictions. The measures were effective in containing the spread of the virus for several months. However, they severely limited the movement of people and negatively impacted economic output in both market and non-market spheres, magnifying the challenges for individuals, households and the country. Following a sustained period with few new infections, the Government on 30 April 2020 began to ease lockdown measures, signalling the gradual re-opening of the economy and most restrictions were relaxed in June 2020.

Since mid-August 2020, the epidemiological situation has rapidly deteriorated, causing Jordan to transition into a widespread community transmission. In response to the surge in cases, the Government has adopted new but less restrictive measures to balance the health and economic consequences of the pandemic.

The COVID-19 pandemic has also seriously affected the country health system, particularly the capacity of the already fragile PHC system to maintain essential health services due to the limited technical, logistics and managerial capacity available to respond to the crisis, particularly in delivering the immunization, maternal and reproductive health and family planning services, as well as the assistance to chronically ill patients, including mental health, and distribution of medications.

By the end of November 2020, the steep increase in confirmed COVID-19 cases was straining Jordan's health system, with COVID-19 intensive care units and bed occupancy rates reaching 51% and 43%, respectively (29). This encouraged more involvement of private hospitals and in December 2020 the opening of three field hospitals in Zarqa, Amman and Irbid, doubled the 1500 hospital beds that previously served COVID-19 patients (30). In addition, to support the expanded COVID-19 capacity, the Government recruited 2000 additional medical professionals. Testing was also reinforced with 100 additional fixed testing sites, leading to a 600% increase in capacity during the last quarter of 2020.

In February–March 2021, a further recrudescence of the epidemiological situation placed additional strain on the health system with additional, though less restrictive, public health and social measures re-adopted until mid-May 2021.

Yet, the epidemiological situation remains unpredictable and calls for additional coordinated efforts to further scale up health system capacities, while limiting the spread of the virus. The pandemic situation remains dynamic, with the need for support from the international community to plan for ongoing uncertainty. With WHO support as part of the United Nations' response to ensure a structured and coherent approach to 'leaving no one behind', in July 2020, the United Nations launched a socioeconomic framework for the COVID-19 response (31). The overarching aim of the United Nations' response has been to support the Government's efforts to mitigate and respond to the COVID-19 pandemic through three mutually supporting tiers: 1) support to the health response; 2) humanitarian assistance for refugee populations in camps, urban settings and vulnerable host communities, which incorporates a resilience approach; and 3) mitigating the socioeconomic impact of COVID-19 by scaling up the United Nations' development response, including strengthening in-country capacities to build forward better.

Jordan's National Preparedness and Response COVID-19 Plan, leveraged by WHO's universal health coverage strategy, underpins United Nations' efforts to support mitigation of the impacts of COVID-19 on the country's health system, while supporting progress to achieve healthy lives and well-being for all.

Since the beginning of COVID-19 in Jordan, even though the focus of WHO country office personnel was to support the Ministry of Health in responding the pandemic, WHO continued to support the Ministry of Health in keeping functional essential health services in the country and a specific plan was developed in line with “WHO Maintaining Essential Health Services” to ensure people’s access to main preventive, promotive and curative care of essential programmes like maternal and child health, noncommunicable diseases, among others, including capacity building in areas like diseases surveillance, risk communication and community engagement, among others.

Key lessons learnt on COVID-19 included the following key points.

- Trusted and accountable leadership is of paramount importance. A coherent, whole-of-government and whole-of-society response is key to effective response management.
- Success in addressing COVID-19 requires a strong, efficient and resilient subnational health system to timely address the threats of the interruption of essential health and social services (e.g. immunization, prevention and control of NCDs and mental health, maternal and reproductive health).
- There is a need to rethink how to build people-centred health systems that are resilient to public health emergencies, considering the fragile PHC system.
- There is a need to further invest in a more comprehensive preparedness and emergency response system with adequate and timely availability of financial and human resources, supported by a resilient managerial and accountability framework to make health systems ready to handle the full scope of the response.
- Timely sharing of information and data and people-centred communication contributes to early detection and response to the risks associated with a pandemic. There is a need to continue investing in capacity-building of data analysis for local decision-making processes.
- Engaging communities in identifying solutions generates trust that increases people’s compliance with guidance, including preventative measures, social distancing, contact tracing, self-isolation and self-quarantine.

Despite remarkable achievements, several issues – further worsened by the impact of the COVID-19 pandemic – remain as challenges in the country. Stronger mechanisms that would enable multisectoral cooperation to address these challenges need to be holistically addressed.

2.9 Inequal access to health services

To achieve UHC, resilient and responsive health systems are required. Even though the achievement of UHC is a priority for the Government there are several challenges that the country is facing despite the availability of national policies, strategic documents and action plans. Among those challenges, the most relevant are the highly fragmented health systems, with several actors working without adequate and efficient coordination mechanisms that generates unnecessary duplication of actions and resources; suboptimal PHC system with limited human and financial resources; and a fragmented and weak health information system that does not allow generation of evidence for local timely decision-making.

In addition, the high out-of-pocket expenditure is fuelling the levels of poverty, particularly among the most vulnerable population. While progress towards UHC has been made, there are questions about the financial sustainability of the system, given low financial contributions and rapidly rising health costs. Even though WHO, United Nations sister agencies, are fully engaged in addressing in a holistic manner these challenges, there is a need to continue the high-level advocacy to accelerate the implementation of the approved national strategies and plans in a multisectoral collaboration under a strong national leadership.

2.10 Inadequate human resource capacity

Recent assessments have identified serious challenges to the Jordan's health workforce. Some of these are related to its demographic and epidemiological transition (32). The population is expected to double by 2030 which will require an increased number of health workers. The increase in life expectancy will lead to an older population requiring different care services staffed with a different skill-mix (e.g. geriatric assistance and nursing care). The increased burden on NCDs, the influx of refugees as a result of the protracted Syrian crisis, and the current COVID-19 pandemic are just some of these relatively new challenges to which the current health workforce should adapt to address the new health needs generated. While there is a decentralization framework in place, workforce governance and management in Jordan is relatively centralized which limits the space for adapting decision-making to local needs.

Other areas of workforce management that require attention are performance management which if appropriately addressed may tackle problems like the increasingly low retention of key health workers, particularly in more remote and difficult-to-access areas. Regarding workforce planning, while Jordan piloted innovative workforce management practices like the Workforce Indicators for Staffing Needs in 2017, the poor effective adoption of these skills by managers has yielded a relatively low impact on the effective distribution of health workers according to existing workloads at different levels of the system. In addition, there is a disparity in distribution of health care personnel between public and private sectors and also between urban and rural areas, and high turnover due to migration of health professionals continues to threaten the capacity of the Ministry of Health facilities to respond to the increased demand for health services (33).

Despite good quality pre-service training, continuous professional development (e.g. in-service training) is still deemed inadequate, which on the one hand affects the technical capacity of health workers but also their motivation, and in turn challenges their retention. There is a low nurse-to-doctor ratio and a shortage of some specialists as recently revealed during the COVID-19 pandemic. While the country has recently started using the National Health Workforce Accounts there is need to strengthen the human resources information system.

The establishment of the national human resources for health observatory was a significant milestone towards improving the situation in this regard. However, the lack of technologically advanced procedures hinders the potential impact on improving the health workforce effectiveness and efficiency. In this regard the digitalization of the national observatory could help overcome the existing challenges generating health workforce intelligence for evidence-based decision-making. Overall, reviewing, adapting, and adopting the national strategy could provide a roadmap to strengthening this essential element of the health system.

2.11 Increasing health expenditure

Despite Jordan's health care investments and significant improvements in health outcomes over recent decades, the country continues facing challenges related to increasing health expenditure. Notwithstanding, the Government's continued budgetary commitment to the health sector, increasing health care costs, growing medicalization, and the focus on curative care, threatens the basis for sustainable financing (34).

Fund flows within the sector are complex with multiple sources of funds with several health care providers. Many social insurance and voluntary private insurance schemes integrate revenue collection and the fragmented health system leads to the division of risk pooling. This affects the efficiency and effectiveness of the process, which increases the

administration costs that leads to restrictions on the choice of health care providers. High out-of-pocket expenditure on medicines and related products are putting a strain on households and reducing equity and financial protection. Expenditures on medicines as a proportion of total health expenditure remain particularly high in comparison to other countries.

In addition, the demographic changes and the ongoing epidemiological transition, are increasing pressure on the Government budget in the next decade and inflate the amount of health spending. Therefore, it is necessary to take this demographic shift into account when planning the financial allocations for health services, especially those related to NCDs and the provision of therapeutic, preventive and rehabilitative services, particularly for elderly people.

2.12 Re-emergence of communicable diseases

While NCDs are major contributors to morbidity in the country, around 13% of all deaths are caused by communicable diseases. Continued systematic efforts and investment in the control and surveillance of communicable diseases is a central public health concern. The recent measles outbreaks and ongoing polio transmission in the Region show that there is a need to enhance the country's capacity to maintain and further increase surveillance capacities.

Without a strong PHC system, it is harder to address the communicable disease challenges. Unless there are a well-motivated and skilled health professionals at PHC level, it will be difficult to sustain high levels of immunization coverage, as well as delivery of cost-effective interventions in critical programmes, such as for TB, HIV/AIDS, AMR and diarrhoeal diseases, among others. Therefore, additional efforts are needed to continue investing in human resources capacity to improve their skills on diagnosis and treatment of communicable diseases, while strengthening the health information system to generate disaggregated data to strategically focus on the most vulnerable populations.

2.13 The increased burden of NCDs and the need for managing lifestyle risk factors

Considering that most NCD risk factors are not directly under control of the health sector, the participation of other sectors of the society is vital to ensure full implementation of policies, strategies, and operational plans. The increasing prevalence of NCDs requires a shift in terms of resource allocation and in the strategic approach, to enhance a strong multisectoral action beyond the health sector to focus on prevention, risk factors and the underlying social determinants of health.

Government funds to address NCD challenges is still not adequate. This creates dependency on partners and donors that compromises the sustainability of interventions due to the unpredictability of resources. Lessons learnt from other countries has shown that unless high domestic investment is made on prevention, particularly at PHC level, it would be difficult to reverse the current morbidity and mortality figures in the country. This requires additional high-level advocacy towards strengthening investment in PHC, which will not only contribute to reducing NCDs but also improve the performance of other programmes and consequently health-related indicators. Particular attention needs to be made due to the increasing burden of mental health conditions. This situation is exacerbated by the presence of refugees who experience a higher prevalence of mental health issues linked to the protracted crisis. The implementation of the mental health Gap Action Programme for integrating mental health care in PHC is a golden opportunity to scale up quality interventions and services, ultimately achieving UHC for mental health.

2.14 Increasing interdependency in health security and emergencies

Jordan is susceptible to both natural and man-made disasters, which can cause a significant loss of life and livelihoods and reverse development gains. The protracted regional crisis continues to place a strain on health and social welfare services, with increased populations from neighbouring countries depending on the national health care system. Emerging infectious diseases pose a significant burden on health and they impact national economies, a recent example being the COVID-19 pandemic. As a result, Jordan has already prioritized efforts in line with the global health security agenda to strengthen capacity to prevent, detect, and respond to infectious disease threats.

In 2017, the joint external evaluation (JEE) found Jordan to be close to achieving compliance with the International Health Regulations (IHR 2005) with established capacity in most of the 19 technical areas. Despite strengths and good practices in public health, the JEE identified gaps to address in order to ensure full compliance with the IHR with unstructured and informally based cross-sector coordination and the unclear role of the national IHR focal point (35). Following the completion of the JEE process, the National Action Plan for Health Security 2018–2022 was developed and endorsed. This highlights Jordan’s commitment to strengthen its capacity and ensure this multi-year planning process accelerates the implementation of the IHR core capacities based on a ‘One Health’ approach for all hazards and whole-of-government approach. Continuing these efforts will continue to improve Jordan’s preparedness, detection, response and recovery in relation to all types of emergencies with potential health consequences.

Strengthening the “humanitarian-development nexus” was prioritized at the World Humanitarian Summit in 2016 and the New Way of Working outlined in the Secretary General’s Report recognized that greater collaboration, coordination and coherence between humanitarian and development actors was essential, particularly in contexts such as Jordan in dealing with the impacts of the protracted crises. A Humanitarian-Development Nexus Task Team was formed in Jordan in 2019, with the aim of converging humanitarian and development actions through joint planning around the need to prevent, prepare and respond to crises, especially for the most vulnerable and at-risk populations. While nexus coordination is still perhaps at an early stage in Jordan, the concept has obvious important implications for the health sector. Support to bolster national and community capacity and strengthen systems – such as health systems – will be critical in enabling the sector to continue to respond efficiently and effectively in the face of increasing demands.

2.15 Antimicrobial resistance

Jordan recognizes antimicrobial resistance (AMR) as a major threat to people’s health and development. Even though many components required for AMR surveillance exist in the country, the JEE score for AMR capacities was low, flagging “AMR stewardship activities” as one of four areas without capacity, and “AMR detection and surveillance of infections” as having limited capacity. Therefore, action is required to strengthen the national detection and surveillance system capable of generating quality data for evidence-informed national policies. Hospital laboratories can perform AMR testing for important pathogens, but there is need to strengthen the monitoring and evaluation mechanism through a clear accountability framework to ensure full implementation of the National Action Plan to Combat Antimicrobial Resistance in the Hashemite Kingdom of Jordan (2018–2022) (36).

Current challenges include weak surveillance and infection control stewardship programmes that need to be reinforced, including the coordination at the human–animal interface. The inadequate public awareness and implementation of existing legislation and regulations on the use of antibiotic agents requires preventive and promotive multisectoral interventions.

Additional efforts are also needed to enhance the human resources capacity among health professionals to efficiently address AMR in the country while strengthening the national and subnational laboratory infrastructure to improve the surveillance system.

SECTION 3. PARTNERSHIP ENVIRONMENT

3.1 Main health and development partners in Jordan

Partnerships have been a crucial pillar of WHO in Jordan in the last years as part of the ongoing transformation process. One of the main factors that contributed to gradual strengthening of the partnerships has been enhancing technical capacity of the country team to ensure adequate expertise to respond to the expectations of national authorities and partners.

The development partner context is complex with both development and humanitarian actors playing important roles in health system strengthening, and to some extent, health care provision (particularly for refugees). This plethora of actors does however add to existing fragmentation and coordination issues and presents challenges to maximize efficiency, effectiveness, and sustainability of impact particularly across the development and humanitarian nexus.

However, most development partners have been focusing their interventions on implementing short-term projects and initiatives, but only a few are focused on higher level strategic investments to improve overall health system performance.

The enhanced partnerships involving bilateral and multilateral cooperating partners and nongovernmental organizations have offered several benefits, including reduction in duplication of efforts, complementing of resources, efficient use of funding, improved outputs in line with expected results, stronger collaboration which ultimately yielded an efficient and effective coordinated support to Government.

The following provides examples of partnerships that WHO has forged within and beyond the health sector for specific technical areas and programmes.

- WHO worked with the High Health Council to support initiation of a national high-level multisectoral policy dialogue platform on UHC, gradually expanding engagement to key stakeholders in the health sector. Additionally, the Ministry of Health signed the UHC 2030 Global Compact, indicating its commitment to UHC.
- WHO's leading role in both humanitarian and development health platforms gave the Organization a comparative advantage to support the ongoing efforts towards the achievement of UHC focusing on the most vulnerable populations. This is particularly important when addressing the country's goal to reach UHC in the context of the humanitarian-development nexus.
- WHO led the establishment of effective coordination platforms to respond to the COVID-19 pandemic, both within and beyond the health sector, which included among other activities the support to activate the National Epidemic Committee in early 2020. Also, WHO is a member of the national platforms to support COVID-19 introduction and pharmacovigilance, recently established under the National Centre for Security and Crisis Management and Ministry of Health, respectively.
- WHO re-activated the NCDs working group that has been able to support the Ministry of Health in coordinating the response to the refugee crisis. It also co-chairs the Mental

Health Psycho-Social Support Coordination Group, which includes around 50 international and local agencies and nongovernmental organizations.

- WHO has supported the establishment of multisectoral platforms in the areas of tobacco control and AMR and provided technical support to their operations. Therefore, showing its comparative advantage and leadership in reaching out to partners beyond the health sector and align efforts towards common goals.

3.2 WHO collaboration with the United Nations and international partners

The work of WHO has been fully aligned with the United Nations Country Team (UNCT) and the UNSDF (2018–2022) and other relevant United Nations strategic frameworks. WHO is a core member of the UNCT and is fully involved in the development and implementation of the UNSDF.

WHO has been fully engaged and leading most of the health-related matters within the UNCT, in close collaboration with United Nations sister agencies, with tireless efforts to complement each one's work to ensure a common approach and rationalize the limited resources available. The most recent example is the leading role addressing the COVID-19 epidemic in the country.

As the lead United Nations health agency, WHO works closely with many partners to support Jordan in reaching its development goals to ensure that their efforts are coordinated, harmonized, and well-aligned with each other and the Government considering each agency's mandate, comparative advantage to maximize United Nations efficiency and effectiveness in supporting the Government and delivering on UNSDF commitments.

In this context, the WHO country office has actively contributed to the development of the Common Country Analysis, by addressing the health component. The Organization will also contribute in the development of the upcoming United Nations Sustainable Development Cooperation Framework (UNSDCF) as a strategic planning framework for increased collaboration, coherence and effectiveness of United Nations initiatives in Jordan.

The leadership role and convening power of WHO in Jordan has been well recognized. Currently, WHO is co-chairing both humanitarian and development coordination platforms, which is in recognition of the Organization's leadership role and its capacity in strengthening partnerships to implement and scale up interventions that can contribute towards positive health and well-being outcomes. In the context of the pandemic, WHO also took the driving seat in the coordination of the COVID-19 response. All these fora serve as a platform for partners to share information, best practices and lessons learnt from ongoing or implemented activities, hold discussions on critical issues, and coordinate technical and financial support to the Government and other local partners.

Additionally, WHO, in collaboration with partners, worked with the Ministry of Health to develop a mid-term plan that delivers an essential health services package through digital platforms. Recognizing PHC is a long-term investment, the plan aligns to the Global Action Plan for Healthy Lives and Well-being for All and the COVID-19 essential health services operational recommendations.

SECTION 4. WHO COLLABORATION WITH JORDAN

4.1 Country presence

Cooperation between WHO and the Government of Jordan began in 1985, focusing on:

- policy formulation - setting norms and standards
- technical support to build institutional capacity
- strategic support to improve health system performance
- policy dialogue to design health system of the future
- monitoring health status
- contribution to regional and global platforms
- health security
- humanitarian assistance.

4.2 Technical focus

The main areas of technical focus are:

- UHC
- health systems strengthening
- disease surveillance
- emergency preparedness and response
- AMR
- immunization
- prevention and control of NCDs, including tobacco control
- mental health.

4.3 Key achievements

WHO has supported the Ministry of Health in the last five years in:

- developing national strategies and plans
- facilitating policy dialogue to advance UHC
- establishing the public health surveillance system to inform decision-making
- adopting multisectoral approaches to improve health (tobacco control and AMR)
- strengthening immunization services
- enhancing the health information system (e.g. collection of NCD data - STEPs survey)
- de-institutionalizing mental health services
- shifting from technical to strategic support and policy dialogue
- supporting preparedness and response to health emergencies.

4.4 Lessons learnt and opportunities

There is a high-level government commitment towards achieving UHC, providing a sound basis for success. However, achieving UHC requires a more deliberate focus on effectiveness, efficiency and equity, for Government and partners to come together, coordinate, and align resources to ensure progress.

This CCS has flagged the following challenges and lessons learned:

- The health care delivery system remains overstretched and faces rising demands due to the demographic and epidemiological transition and the negative impact of COVID-19 on the already fragile health care system.

- The health system remains highly centralized despite shifts to decentralization. There is a predominant focus on tertiary level care at the expense of PHC delivery, and an associated focus on curative care over preventative and promotive services.
- Fragmentation of the system and the involvement of multiple health partners continues to make coordination a challenge ultimately affecting effectiveness, efficiency and equity.
- The capacity of the public sector to collect, analyse and respond to data is hindered by multiple data systems complicating performance monitoring and making it difficult to use data effectively for decision-making.

WHO response and planned support

- *UHC and health systems:* WHO has provided extensive support towards strengthening the overall health system and improving specific areas of health sector performance. This CCS has flagged areas where higher level, more strategic system focused support could be beneficial in further supporting the Government to achieve its SDG and UHC goals.
- *Health emergencies:* WHO has provided considerable support in the areas of prevention, early detection, and rapid response to emergencies, particularly as part of the COVID-19 preparedness and response. Compliance with the IHR (2005) has been strengthened accordingly. Health security should be considered the first line of defence against emergencies of any type. This CCS has flagged areas where WHO could play a useful role in helping Jordan to prepare and respond to future health emergencies and bridge the humanitarian-development nexus.
- *Healthier populations:* WHO provided support towards strengthening multisectoral approaches to address NCD risk factors, starting with tobacco control. Mental health reform has been initiated. This CCS has flagged areas in which WHO could play a useful role in using innovative approaches to address other NCD risk factors and develop preventative health programmes, while maintaining support to de-institutionalization of mental health services.
- *Data/innovation:* WHO has provided considerable support towards establishing well-functioning health information products in a context of fragmented information systems. The need for accurate and timely disaggregated data has emerged in multiple programmes, to inform identification of the most vulnerable groups in policy-making processes. This CCS has flagged areas in which WHO could play a critical role in building on existing achievements and further strengthening data quality and use for decision-making.

SECTION 5. STRATEGIC PRIORITIES

5.1 Priority areas

The strategic prioritization process ought to consider the type of support needed in the country based on factors, such as country capacity and health system maturity and stability.

The strategic priorities presented in this section are the outcome of comprehensive consultations between the WHO country office in Jordan with different programmes at the Ministry of Health and other ministries, as well as with United Nations agencies, development partners and donors. A wide-ranging desk review was initially conducted as a critical input to the development of this CCS, addressing the health situation in Jordan and the ongoing response in mitigating COVID-19. Inputs received from the WHO Regional Office and relevant departments in headquarters were also incorporated.

The strategic priorities of the CCS incorporates the broader Jordan Vision 2025, the Executive Indicative Programme, national health policies, strategies and plans (Ministry of Health Strategic Plan, Health Sector Reform Plan, National Strategy for Health Sector in Jordan, among others), as well as the UNSDF and will feed directly into the upcoming UNSDCF.

As part of the implementation of the transformation’s agenda at the country office, the office increased its mixed technical expertise capacity that has contributed to more impactful support to national authorities and institutions. The recruitment of new skilled technical officers increased the country office’s capacity to address the identified strategic priority areas agreed upon during the different interactions with national and international partners.

As presented in Fig. 4, the 2030 Agenda for Sustainable Development is the umbrella that was used to address the development process of the CCS. GPW 13 was used as the conceptual framework for developing the strategic priorities, whereas indicators and targets were identified as per Ministry of Health National Strategic Plan and harmonized with the country’s UNSDF (Table 1).

WHO’s main role will be to support the Government of Jordan in meeting the targets of its health strategies, policies, and plans, as well as other goals laid out in the Jordan National Vision and Strategy (2025) and in the Executive Indicative Programme (2021–2024), to steer the country’s increased investments in health in ways that are efficient and have the greatest impact, based on the best local and global evidence available.

The following strategic priorities will guide the technical areas for ongoing cooperation between Jordan and WHO from 2021 to 2025. Although the strategic priorities are presented separately, they are not mutually exclusive and thus require implementation that is mutually reinforcing.

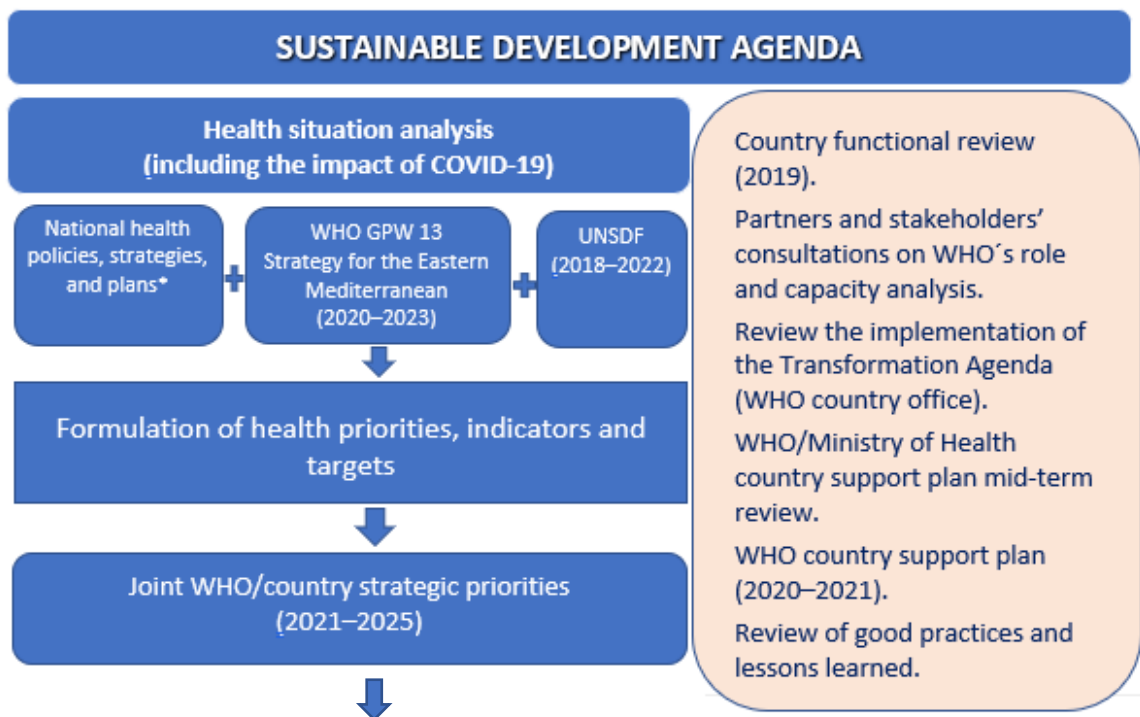


Table 1. CCS 2021–2025 priorities and key alignment

	Strengthen the health system to advance towards UHC	Build health system resilience and capacity to prepare, and respond to health emergencies	Promote health and well-being	Strengthen data and innovation capacity
	System development for UHC	Develop and sustain emergency preparedness and response and health security	Improve health and well-being	Measure impact to be accountable and manage for results
GPW13 strategic priorities	Achieving UHC	Addressing health emergencies	Promoting healthier populations	Strengthening health information systems, analytical capacity and reporting for UHC
Ministry of Health policies, strategies, and plans*	Increase inclusion of citizens in the UHC	Enhance the crisis and disaster management institutional capacity	Provide equitable and high-quality health care services	Improve effectiveness and efficiency of knowledge management based on digital transformation and technology
UNSDF 2018–2022	Improve service delivery focusing on PHC strengthening and health financing reforms	The global health security agenda remains prominent in the country and will be supported	Addressing NCDs and related risk factors (e.g. tobacco use, unhealthy diet, air pollution and physical inactivity)	Promoting enhanced Information and Knowledge

*Executive Indicative Programme (2021–2024), Jordan Vision 2025, Ministry of Health Strategic Plan (2018–2022), Health Sector Reform Plan (2018–2022), National Strategy for Health Sector in Jordan (2016–2020).

5.2 Strategic priority 1: Strengthen the health system to advance towards UHC

Health system strengthening: The COVID-19 pandemic has placed a tremendous burden on the national health system. Hospital capacities were rapidly scaled up to cope with an increased number of cases. Engagement with the private sector was promoted. However, the adoption of restrictive public health and social measures negatively impacted on the delivery of essential health services at PHC level. Immunization services were temporarily interrupted and disruptions in NCD services across the country were reported. Similar challenges affected maternal and reproductive health services. Different mitigation measures were adopted to maintain essential health services and to provide remote support. In such a dynamic context, the Ministry of Health streamlined its efforts to develop a dedicated plan to ensure provision of essential health services during the crisis. Based on the COVID-19 experience, over the next five years, WHO will support the Ministry of Health to implement the plan to recover from COVID-19 and, in turn, to be effectively prepared for future crisis. Such support will be pivotal in strengthening PHC and expediting progress towards the 2030 Agenda for Sustainable Development.

Health workforce: WHO has worked closely with the High Health Council and other partners to support the health workforce through providing technical support in the development the national human resources for health strategy. WHO has provided support to the High Health Council-based national human resources for health observatory, mandated with reporting on health workforce production and distribution across the country. Over the next five years,

WHO will provide technical support to revise and update the health workforce plan of action, alongside sustained support to digitalize the national human resources for health observatory.

Governance: Jordan's health system is hospital-centric and characterized by fragmentation within both the public and private sectors. The proliferation of actors, providers and stakeholders has highlighted considerable inefficiencies with weak governance mechanisms to address system-level challenges, ensure effective system-wide coordination and monitor health sector performance. The ongoing COVID-19 outbreak in Jordan has shown the paramount importance to have a trusted, accountable and coordinated leadership. A coherent, whole-of-government and whole-of-society response is therefore key to effective response management. There is a need to expand public-private partnerships and ensure greater engagement with the private sector. WHO has been supporting the Ministry of Health and other stakeholders on different dimensions in governance, including governance assessment, training and policy dialogue as part of ongoing awards. Among them, the large European Union Trust Fund (EUTF) award – currently set to expire in the course of 2023 – has a specific focus on strengthening governance. WHO is committed to continue working with the Ministry of Health and other health stakeholders to provide the needed technical support to improve governance as a key function to advance towards UHC.

Primary health care (PHC): The Government of Jordan is committed to improving health service coverage and ensuring financial protection for its population through progress towards UHC as indicated in SDG 3, target 8 by 2030. The current COVID-19 pandemic has shown the importance of strengthening PHC, which requires a strong, efficient and resilient subnational health system to timely address the threats of the interruption of essential health and social services (e.g. immunization, HIV, nutrition, prevention and control of NCDs and mental health). Even though the country is committed to strengthening PHC, additional efforts are needed as a result of prevailing challenges. WHO is supporting the Ministry of Health through the PHC Measurement and Improvement Initiative to jointly enhance the PHC system. WHO, together with the Ministry of Health and United States Agency for International Development (USAID), is co-chairing the Health Development Partner Forum, focusing on aligning the efforts of international partners with the national agenda. Therefore, in the coming five years, WHO will continue supporting the Ministry of Health to ensure that PHC will act as the entry point to strengthen the overall health system in efforts to achieve the SDG agenda. This support will be comprehensive in its scope and include school health and occupational health, as these services are an integral component of PHC and were severely affected by the COVID-19 pandemic.

Health financing: The Government is committed to improving health service coverage and ensuring financial protection for its population through progress towards UHC by 2030, as indicated in SDG 3, target 8. As an indication of its commitment, the Government pledged to cover 80% of Jordanians by the end of 2020. Also, the need for a strengthened health financing function has been reflected in national health policies as in the Ministry of Health's Strategic Plan for 2018–2022. The development of a health financing strategy needs to focus on revenue, effective organization and pooling of resources, prepayment mechanisms, and strategic purchasing. Efforts should address Jordan's capacity to ensure sustainability of the health financing function. This support is provided in collaboration with the High Health Council. Moreover, WHO support in this area includes institutionalizing National Health Accounts and tracking the financial risk protection indicator as part of the SDG agenda. Working on these functions would ensure equitable and sustainable health financing and protection against catastrophic payments for the entire population. In recent years, WHO has partnered with national and international partners to support the health financing function. The large EUTF award will critically support the work in this area until 2023 and is complemented by the ongoing UHC-Partnership agreement. Several interventions, such

financial health protection and health accounts, have been already designed and are planned in the short term. Significant work is being conducted to develop Jordan’s strategy for health financing and to identify the Essential Benefit Package.

Immunization: In 2017, WHO, in partnership with the United Nations Children’s Fund (UNICEF), worked with the Ministry of Health to support setting the normative agenda on vaccine-preventable diseases. A comprehensive multi-year plan on the Expanded Programme on Immunization (EPI), 2018–2022 was developed to guide efforts. WHO streamlined its efforts to mobilize financial resources to bridge the gap and support national counterparts to strengthen the national immunization programme. Such support includes conducting large-scale health awareness and education activities focusing on communicable diseases, including vaccine demand generation actions. With latest data showing a drop in immunization rates and COVID-19 further negatively impacting on the national immunization programme, the next five years will be critical to ensuring high immunization coverage. Additionally, a large EU-funded award is terminating in the course of 2023. Long-term processes as the modernization of vaccine procurement mechanisms, as well as the strengthening of the immunization data collection system, will require enhanced WHO support in the area of immunization even beyond the termination of the award. See Table 2 for the country results framework related to strategic priority 1.

5.3 Strategic priority 2: Promote health and well-being

Noncommunicable diseases (NCDs): In 2011 and again in 2018, His Majesty King Abdullah II appointed Princess Ghida to represent Jordan as his special envoy to the United Nations General Assembly High-Level Meeting on the Prevention and Control of Non-Communicable Diseases in New York. Princess Ghida joined world leaders in calling for urgent and immediate action reflecting Jordan’s commitment to combat NCDs. NCDs are the leading cause of morbidity and mortality (78% of total deaths) in Jordan; equally affecting Jordanians and Syrian refugees. NCDs could be prevented by changing policies and actively engaging all sectors through a whole-of-government and whole-society approach. Based on the 2019 STEPwise survey findings and recommendations, WHO will continue supporting the Government in enhancing its institutional capacity and multisectoral interventions, not only in translating the recommendations into policy actions in line with WHO guidance, but also in monitoring NCD trends and the level of implementation of the strategies and approved plans of action. WHO support will include large-scale health awareness and education activities focusing on preventing and controlling NCDs prevention and control to reduce the NCD epidemic. Accordingly, efforts will address the NCD governance gap through the development of a multisectoral strategic and operational plans to prevent and control NCDs, with a focus on PHC. These plans will ensure effective coordination across public providers and regulation of the private sector.

Tobacco control: Tobacco use, and more recently, vaping are considered as the main NCD risk factors in Jordan. The country has one of the highest adult smoking/vaping rates in the world and the highest rate among youth within the Middle East. In this context, Jordan’s commitment to addressing tobacco control has been demonstrated through exceptional actions taken throughout the past three years, including the: establishing a national multisectoral committee under the Office of the Prime Minister; assessing the health and economic burden of tobacco use with the Tobacco Control Economic Investment Case; and banning indoor smoking in public places and the recent total ban on shisha use amid COVID-19, among other activities. Jordan was also selected from among 15 other countries within the FCTC 2030 project to receive technical and financial support, as well as being the first WHO Member State to receive a US\$ 1 million donation of medicines to support smokers to quit amid COVID-19. WHO efforts in this area will continue in the next five years, building on

the achievements of the recent future and creating synergies with the broader agenda to prevent and control NCDs.

Mental health: Mental health programmes continue to be beset by funding gaps. Since 2008, joint efforts have been dedicated by the Ministry of Health and WHO in Jordan to strengthen and reform the national mental health system. This partnership has supported the integration of mental health into PHC and the reorientation of secondary and tertiary care systems to improve the availability and accessibility of effective services. Several achievements have been made, including the development of a national mental health and substance use action plan (2018–2021), which is in line with the SDGs and the WHO Director General’s Special Initiative for Mental Health (2019–2023) whose goal is that 100 million more people have access to quality and affordable mental health care by 2023. The Initiative is to be implemented in 12 countries, including Jordan. Furthermore, the impact of COVID-19 on the community’s well-being increased the interest of donors in supporting mental health in Jordan. To this end, WHO will continue working with national counterparts on identified priorities, including restructuring the Ministry of Health Directorate of Disabilities and Mental Health, promoting mental health advocacy and human rights, and scaling up quality interventions and services, particularly at PHC level.

Health-in-All-Policies (HiAP): Jordan is committed to promoting healthy communities and addressing health inequity. Under the auspices of the High Health Council, the WHO country office provided technical support to analyse results from Jordan’s 2018 population and family health survey to identify social determinants of health behind inequities in different health areas. WHO is committed to continue supporting the Government in building capacity to promote, implementing and evaluating HiAP and encouraging engagement and collaboration across sectors to address the social determinants of health. The COVID-19 pandemic calls for the Government to address public health challenges in a holistic manner by implementing a HiAP approach with a strong coordination and accountability mechanism.

Antimicrobial resistance (AMR): The five-year national action plan for antimicrobial resistance (2018–2022) was developed to guide national activities to combat AMR across various sectors. WHO has provided support to the Ministry of Health to fulfil the five objectives of the national action plan, starting with strengthening national capacities to establish AMR surveillance. Rising trends of resistance of serious pathogens against last resort antibiotics were detected, and it is expected that the burden of AMR will be magnified after the improper use of antibiotics for the management of COVID-19 cases. Furthermore, the Korea International Cooperation Agency (KOICA) grant will end in 2022. WHO support is thus needed to enhance the data quality of surveillance and guide national counterparts through data interpretation and utilization to tailor country-specific intervention programmes.

Health and climate change: Climate change has traditionally been a neglected area of work in Jordan. It threatens the essential ingredients of good health – clean air, safe drinking-water, nutritious food supply, and safe shelter – and has the potential to undermine decades of progress in country health. In 2020, Jordan established a High-level Commission for the implementation of the Arab Strategy for Health and the Environment in Jordan. The Commission identified three priority areas of work: 1) Water, Sanitation and Hygiene (WASH); 2) Air pollution; and 3) Food safety. WHO is providing technical support to this Commission. In this context, there is a need to capitalize on recent achievements in this area and expand it further to the health sector through advocacy, awareness raising, and setting a normative agenda. Therefore, using WHO’s comparative advantage, the Organization will provide technical support to reduce the health impacts of environmental emergencies and advocate for healthier cities, as well as healthy transport solutions among other areas of intervention as defined in the national policies and strategies addressing health and climate change in Jordan. See Table 3 for the country results framework related to strategic priority 2.

5.4 Strategic priority 3: Build health system resilience and capacity to prepare, and respond to health emergencies

COVID-19 response: In April 2021, the seventh meeting of the International Health Regulations (IHR 2005) Emergency Committee regarding the COVID-19 pandemic stated that COVID-19 still represents a public health emergency of international concern. With new vaccines approved by regulatory authorities, and research and development of diagnostics and therapeutics proceeding at an unprecedented pace, it is crucial to ensure fair and equitable distribution of COVID-19 technologies. Since the beginning of the pandemic, WHO has provided continuous support to Jordan to access COVID-19 vaccines (through the COVAX Facility), therapeutics, and diagnostics to respond to the pandemic. Moreover, the Organization supported the generation of critical COVID-19 data through different rounds of sero-prevalence studies and modelling exercises. Over the coming years, WHO will maintain its support to the Government to ensure fair accessibility and equitable distribution of COVID-19 technologies, as well as to support the generation of additional knowledge and data to inform national decision-making processes.

One Health: The ‘One Health’ approach is being increasingly prioritized in Jordan. It calls for country ownership, as well as for the establishment of multisectoral partnerships to address the threats of zoonotic infection at the animal-human interface, since most emerging infectious diseases in humans can be naturally transmitted between animals and humans. The COVID-19 pandemic has generated further momentum for investment into this area of work. In the next five years, WHO will continue to provide strategic and technical support to the implementation of priority components of the One Health Framework for Action. WHO will focus its interventions on strengthening multisectoral approaches to enable effective ‘One Health’ collaboration and coordination across sectors, such as the Ministry of Health and the Ministry of Agriculture. Jordan's capacity to prevent, detect, and rapidly respond to high impact, emerging, re-emerging diseases at the animal, human and eco-system interface will be enhanced. Surveillance and information-sharing will be supported. Also, WHO will continue advocating for increased domestic investments in ‘One Health’ approaches, while contributing to the mobilization of external resources. Some awards (Defense Threat Reduction Agency) are already secured and will ensure immediate support to the Ministry of Health.

IHR capacities: In 2016, Jordan successfully conducted a joint external evaluation (JEE) to assess IHR capacities. Jordan has demonstrated an established capacity in numerous IHR domains, and key priority actions were identified to capacitate areas of weakness. Accordingly, a national action plan for health security 2018–2022 was developed by the Ministry of Health, with the technical support of WHO. Yet, its implementation was suboptimal. The impact of the COVID-19 pandemic on the health system, as well as on socioeconomic output, calls for re-invigorated efforts to strengthen national IHR capacities. Also, a review committee on IHR functioning was convened by WHO to assess the global response to the COVID-19 pandemic, and an interim report was drafted and disseminated. In this context, WHO will significantly increase its collaboration with national counterparts to expedite the implementation of the national action plan for health security in the next five years. Also, WHO will monitor closely the findings of the review committee and significantly contribute to the operationalization of recommendations at country level to enhance emergencies preparedness and response.

Emergency Operation Centre and disease surveillance: WHO has been working closely with the Ministry of Health to enhance capacity to detect and respond to public health threats in recent years. Building capacity is even more critical during the COVID-19 pandemic because of the reduced number of consultations in health care facilities, which led to diminished reporting of several communicable diseases and NCDs. While support is provided to strengthen indicator-based surveillance through timely and accurate identification of vaccine-

preventable diseases and other illnesses of public health of international concern, WHO is already supporting the establishment and implementation of event-based surveillance at Ministry of Health Emergency Operation Centre level, which would enable complementary capacity in early detection of events. A series of parallel activities are being conducted to advance preparedness, in line with the Pandemic Influenza Preparedness Plan and the national action plan on health security. Efforts will be made to further enhance national capacities in the domains on epidemiology and disease surveillance. The COVID-19 pandemic is generating momentum to invest in health security. In this context, WHO will enhance its support to the Ministry of Health to implement the national action plan and, in turn, strengthen institutional capacities to prevent, detect and respond to future threats.

Biosafety and biosecurity: In Jordan, biosecurity risk management is under development. Specific legislation on biosecurity risk management does not exist. Legal aspects in this area of work are touched upon by specific sections of the Public Health Law, as well as occupational health legislation. Institutional mechanisms to ensure multisectoral coordination across the different actors working on biosecurity risk management are not in place. A recent and non-comprehensive inspection of Ministry of Health hospital laboratories highlighted limited supervision of biosecurity risk management implementation. Partners are mainly working in silos missing opportunities to establish synergies across interventions. The COVID-19 pandemic is shedding light on the importance of strengthening WHO presence in this area of work. In this context, in the next five years, WHO will focus its efforts on supporting implementation of national guidelines on biosecurity risk management, recently published by the Ministry of Health, strengthening multisectoral coordination and promoting more collaborative approaches. See Table 4 for the country results framework related to strategic priority 3.

5.5 Strategic priority 4: Strengthen data and innovation capacity

Health information system: Robust health information systems that generate reliable and timely data to inform the development of appropriate, effective and cost-effective health policies are essential to achieve and monitor progress towards the SDGs and UHC. A strong and sustainable health information system constitutes not only a major health system building block but is also a critical component in Jordan's broader efforts to improve health services, system performance, stewardship and management. In 2016, WHO conducted a comprehensive assessment of the national information system in Jordan at the request of the Ministry of Health to support the strengthening of the current systems that provide health-related information. Key recommendations from the assessment were to strengthen governance mechanisms, develop health information strategic plan, update data collection tools, set standards for data collection and improve data processing, dissemination and use. As a result of the assessment, WHO supported the Ministry of Health in the development of a national health information system strategy plan (2019–2023), endorsed by the Ministry in December 2019. Over the next five years, WHO will assist the Ministry of Health to implement the priority actions in the strategic plan. Particular focus will be placed on the areas of governance, research, improvements in standards and reporting of key performance indicators, streamlining of data through development of a unified data repository, and data dissemination, therefore, enabling the Ministry to ensure provision of accurate, complete, timely and readily available data to health care providers, health managers, planners and policy-makers in Jordan at all levels.

SCORE for Health Data Technical Package: The SCORE technical package presents strategies to support countries to address the challenges of data availability, collection, analysis, dissemination and use. The tools and standards in this WHO resource are the most effective to strengthen country health data as the foundation for evidence-based policies to improve health (37). The COVID-19 outbreak in Jordan has shown that timely sharing of information and data, and people-centred communication contributes to early detection of, and response to, the risks associated with a pandemic. Availability of disaggregated health data remains a challenge in

Jordan, which limits the country’s capacity to adequately plan and implement evidence-based interventions towards reducing prevailing health inequities at all levels of care in line with the SDG global, regional and national strategies. Therefore, in the next five years, WHO will continue to focus its interventions on capacity-building in data analysis to ensure that data collected are timely and appropriately used for local decision-making processes.

Data warehouse/data repository: A paper-based annual statistics report is published annually by the Ministry of Health. There is currently no mechanism through which health systems-related, disease-specific case-wise and group data are collected, collated and housed centrally (at the Ministry of Health central level) on a regular/monthly basis. In the next five years, WHO will support the Ministry of Health to develop a unified digital repository with a reporting/output’s illustrative platform where all reports and information on indicators can be accessed with ease and in a timely manner.

Update of existing national targets and indicator: The overarching health goal – SDG 3 – is associated with 13 health targets and 27 indicators that countries need to consider and monitor in national health strategies and policies. In addition, there are 32 additional health-related SDGs that are related to GPW 13 indicators. Health is closely linked to other SDGs that have direct or indirect impact on health-related targets and indicators. Therefore, non-health sector data sources, such as civil registration and vital statistics systems, satellite data, air-quality monitors for air pollution, and police data for suicide, homicide and road traffic mortality, etc. serve as significant secondary data sources that will contribute to the review of progress made in achieving the SDGs in Jordan. In the next five years, WHO will provide technical support to jointly assess SDGs indicators and targets in general, with a focus on SDG 3. To enhance national institutional capacity for using evidence for health policy development, in line with resolution EM/RC66/R.5 ‘Framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region 2020–2024’ endorsed in 2019, WHO will support the Ministry of Health to develop a national institutional integrated system for evidence-informed policy making. See Table 5 for the country results framework related to strategic priority 4.

5.6 Country results framework

Table 2. Achieving universal health coverage

Indicators	Baseline (year)	Target (2025)	Disaggregation factors	Indicator alignment
Priority 1 - Strengthen the health system to advance towards UHC				
UHC service coverage index	75.7 (2017)	NA	None	SDG indicator 3.8.1
Financial protection incidence (%) at 25% of household total consumption or income of catastrophic expenditure	0.3 (2008)	NA	None	SDG indicator 3.8.2
Out-of-pocket expenditure as a percentage of current health expenditure	31 (2018)	NA	None	SDG indicator 3.8.2
PHC expenditure as a percentage of public health expenditure	NA	NA	None	National Health Account
DPT-3-containing vaccine/pentavalent coverage among children under 1 year of age	96 (2019)	NA	Nationality, gender	Eastern Mediterranean vaccine action plan 2016–2020
Measles immunization coverage (MCV1) 2	92 (2019)	NA	Nationality, gender	Eastern Mediterranean vaccine action plan 2016–2020
Density of key health workers (physicians, nurses and midwives)	55.3 (2017)	NA	None	WHO Regional Health Observatory

Table 3. Promoting healthier populations

Indicators	Baseline (year)	Target (2025)	Disaggregation factors	Indicator alignment
Priority 2 - Promote health and well-being				
Decrease the prevalence of high blood pressure among adults 18+	Percentage with raised blood pressure who are not currently on medication for raised blood pressure (47.8%) 2019 Syrians and Jordanians	20% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure	None	Nine global voluntary targets (Target 6)
Decrease the prevalence of tobacco and vape smokers among people	Tobacco smokers (41%) E-cigarettes and vaping users (9.2%) Syrians and Jordanians (2019)	20% reduction in tobacco and vaping use	None	Nine global voluntary targets (Target 5)
Percentage of PHC facilities that can provide mental health services	< 25% of PHC centres (2020)	25% to 50% of PHC centres	None	WHO Mental Health Atlas

Note: Jordan’s targets to achieve a 20% relative reduction in the prevalence of raised blood pressure and 20% reduction in tobacco and vaping use are based on the nine global voluntary targets in *WHO’s Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*.

Table 4. Addressing health emergencies

Indicators	Baseline (year)	Target (2025)	Disaggregation factors	Indicator alignment
Priority 3 - Build health system resilience and capacity to prepare and respond to health emergencies				
IHR technical areas detected	53.3	NA	None	IHR reporting SDG 3.d
IHR technical areas prevented	63.1	NA	None	IHR reporting SDG 3.d
IHR technical areas responded	57.1	NA	None	IHR reporting SDG 3.d
IHR technical areas, points of entry and other IHR-related hazards	47.7	NA	None	IHR reporting SDG 3.d
IHR annual reporting	NA	NA	None	IHR reporting SDG 3.d
JEE score	56	NA	None	IHR reporting SDG 3.d
AMR surveillance (either access to antibiotics at >60% of antibiotic consumption, or reduction of blood-stream infections by selected resistant pathogens by 10%)	30% of tertiary hospitals are part of national AMR surveillance system	50% of hospitals are included in national AMR surveillance system	Service providers: private, public, academia and RMS	WHO headquarters and Regional Office

Table 5. WHO corporate objectives

Indicators	Baseline (year)	Target (2025)	Disaggregation factors	Indicator alignment
Priority 4 - Strengthen data and innovation capacity				
Number of SCORE assessment done	One assessment done in 2019	Update of baseline assessment by 2025	National and subnational; age, sex, income; education; migratory status; and other characteristics relevant to national context	SCORE for health data technical package: global report on health data systems and capacity, 2020. Geneva: WHO, 2021
Country health targets and indicators to monitor national health strategies and policies updates	<50% of health and health-related SDG indicators reported at the national level	100% of health and health-related SDG indicators reported by 2025	13 targets of SDG 3 and 27 health-related SDG indicators	Department of Statistics report, (2018) UN assessment of Jordan SDG data availability and quality (2019) Regional core health indicators programme

SECTION 6. IMPLEMENTATION: CONTRIBUTION FROM WHO AND PARTNERS

6.1 Key contributions to the four strategic priorities

WHO has played an important role in Jordan in strengthening the health sector by influencing and shaping health policies, strengthening capacity of the health sector to plan, implement and monitor health policies and programmes, and providing continual, hands-on support for specific programmes and during health emergencies. Tables 6-9 present the role of the three levels of the Organization during the process of implementation of the four main strategic priorities.

Table 6. Priority 1 – Strengthen the health system to advance towards UHC

WHO's contribution		
Country office	Regional Office	Headquarters
Support the health sector reform by enhancing health systems governance and improve equitable access to quality essential health services with emphasis on PHC, aimed at advancing UHC and reducing gender and health equity gaps.	Assist the effective implementation of the UHC-Partnership and the creation of synergies with the health system component of the EUTF award to support health sector and financing reforms.	Provide tools adapted to the country context (public health goods) and build the capacity on their utilization.
Support health financing reform to reduce the number of people suffering financial hardships, particularly among the most vulnerable and poor.	Assist in the vaccine's procurement mechanisms, in close collaboration with headquarters and regional facilities for effective implementation of the vaccine related component of the EUTF award.	Share WHO training material on strengthening the capacity of national stakeholders and development partners to collaborate on developing sound national health policies and strategic plans.
Support the strengthening of the health workforce function to ensure equitable provision of quality health services.	Assist in the strengthening of the national immunization programme through the provision of technical assistance and in-country missions for effective implementation of the vaccine related component of the EUTF award.	Develop global best practices to support countries in addressing multisectoral policy dialogue and capacity-building for effective development and implementation of intersectoral action towards UHC.
Strengthen the immunization programme by improving the modernization of vaccine procurement mechanisms, EPI data collection and analysis with focus at PHC level to improve immunization coverage.	Share country experiences on best practices and facilitate knowledge exchange across country offices to support the implementation of the technical agenda in Jordan.	Assist in the global procurement of vaccines process at competitive prices, as well as in other supplies by using global platforms.

Success will be measured by the following.

- Health system resilience to health emergencies enhanced and capacities to maintain essential health services strengthened.
- System-wide governance enhanced through the improved coordination and monitoring of health sector performance.
- PHC strengthened through the provision of quality health services and the availability of trained frontline health workers, medicines and diagnostics.
- Jordan health financing strategy developed and implemented to ensure financial risk protection, and Essential Benefit Package identified.
- Health workforce plan of action developed and implemented and national human resources for health observatory digitalized.
- Routine immunization coverage expanded to cover the most vulnerable groups and vaccine-preventable disease outbreaks reduced.

Key implementation partners will include:

- Ministry of Health for health system strengthening at PHC level and for strengthening the national immunization programme.
- High Health Council for health financing reform and health workforce interventions.
- USAID for the coordination of the strategic platforms and projects targeting health system.
- Bilateral donors, with/without a health portfolio, for their engagement in the health sector.
- The World Bank for ongoing support to the Government of Jordan.
- UNHCR, UNICEF, United Nations Population Fund (UNFPA), UNWRA, International Organization for Migration (IOM) for supporting refugee populations.
- Partners supporting the Ministry of Health Multi-Donor Account for supporting refugee populations.

Table 7. Priority 2 – Promote health and well-being

WHO's contribution		
Country office	Regional Office	Headquarters
Support the institutionalization of evidence-based and cost-effective health promotion policies at PHC level to address underlying NCD risk factors, including the WHO Framework Convention on Tobacco Control (WHO FCTC).	Support country office capacity to design and implement programmes to strengthen national capacities to prevent and control NCDs at PHC level.	Provide tools adapted to the country context (public health goods) and build the capacity on their utilization.
Support multisectoral responses in addressing the social determinants of health to tackle inequalities, through the implementation of HiAP approach and leaving no one behind concept.	Support country office in strengthening NCD governance in a multi-phased approach, guided by dedicated WHO tools (NCD MAP Tool).	Exchange national experiences in enhancing policy coherence to attain the NCD targets.
Strengthen the deinstitutionalization of the mental health programme by scaling up services at PHC level and through human resources capacity-building.	Share country experiences on best practices to prevent and control NCDs and facilitate knowledge exchange across country offices to support the implementation of the technical agenda.	Develop and share examples of cost-effective and proven strategies to build community resilience to climate change.
	Assist the effective implementation of mental health awards to support mental reform, and the creation of synergies with the Special Initiative on Mental Health (2019–2023).	
	Support the integration of the findings of Commission on the Social Determinants of Health in the Eastern Mediterranean Region in designing national policies.	

WHO's contribution		
Country office	Regional Office	Headquarters
Support the implementation of national policies and strategies addressing health and climate change.	Promote regional capacity-building workshops on vulnerability and assessment for implementation the health component of national plans to climate change.	Assist the effective implementation of mental health awards to support reform, and the creation of synergies with the Special Initiative on Mental Health (2019–2023).
Enhance multisectoral response to AMR and strengthen AMR surveillance and institutional capacity.	Assist in strengthening AMR surveillance and capacities at national level and establish synergies with other programmes under strategic priority 3.	

Success will be measured by the following.

- Social determinants of health increasingly addressed.
- NCD risk factors assessed, quantified, monitored and policy responses developed and implemented.
- Mental health programme institutionalized at primary health care level.
- AMR surveillance system implemented and data available for decision-making.

Key implementation partners will include:

- Ministry of Health and Office of the Prime Minister for developing and leading a multisectoral NCDs response.
- Other ministries and national counterparts (Greater Amman Municipality, Royal Health Awareness Society, civil society), for partnering in the designing of people-centred NCDs responses.
- United Nations Resident Coordinator to support the NCD programming as a joint United Nations area of support, and other United Nations agencies (UNHCR, IOM, UNRWA) for partnering in equitable NCD responses.
- Bilateral donors to advocate for greater programming on NCDs, and Spanish Agency for International Development Cooperation (AECID) and USAID for their ongoing programmes on NCDs.
- Ministry of Health, Jordanian Nursing Council, civil society (Our Step Association) and partners of the mental health working group for de-institutionalising mental health services.
- High Health Council to support addressing social determinants of health and reducing inequalities.

Table 8. Priority 3 – Build health system resilience and capacity to prepare, and respond to health emergencies

Country office	WHO's contribution	
	Regional Office	Headquarters
Facilitate access to COVID-19 technologies and support the generation of updated knowledge on COVID-19 in Jordan.	Support country office to capitalize on the strengths and weaknesses of the COVID-19 response to improve national capacities on emergency preparedness.	Provide tools adapted to the country context (public health goods) and build the capacity on their utilization.
Capitalize on the momentum brought in by COVID-19 to advocate for increased investments in emergency preparedness.	Support Jordan in developing and implementing integrated national preparedness and response plans for emerging and re-emerging diseases.	Develop and share examples of cost-effective and proven strategies of building capacities on emergency preparedness, building on COVID-19 lessons.
Strengthen health emergency preparedness and operational readiness to prevent, detect and rapidly respond to emerging and re-emerging diseases, building on the lessons brought in by COVID-19.	Provide technical to strengthening of the Ministry of Health Public Health Emergency Operation Centre and its operations at national and subnational level.	Establish and coordinate expert networks at global level for forecasting and modelling, pathogen identification and virulence assessment, risk communication and response.
Scale up the implementation of event-based surveillance for early detection of public health events by enhancing the Public Health Emergency Operation Centre at Ministry of Health in line with the national action plan for health security.	Support to perform IHR evaluations in line with the findings of JEE for IHR.	Assist when required in the IHR simulation exercises and action reviews.
Support the strengthening of IHR capacities at national and subnational level and improve IHR coordination mechanism under the 'One Health' approach, building on the lessons of COVID-19.	Support country office to run IHR simulation exercises and after-action reviews.	Support the dissemination of the findings of the Review Committee on the IHR functioning and the adoption of its recommendations at country level, following the COVID-19 pandemic.
Enhance biosecurity risk management through strengthening multisectoral collaboration and engagement of the public and private sectors.		

Success will be measured by the following:

- Equitable access to COVID-19 technologies supported and country-specific knowledge generated.
- Multi-hazard national public health emergency preparedness and response plan developed.
- Public Health Emergency Operation Centre (PHEOC) operational and coordinated with all sectors and stakeholders.
- Rapid response teams strengthened at national and subnational level as a technical capacity of the PHEOC.
- National capacities for case management of IHR-related hazards maintained.
- Emergencies effectively responded to and capacity to deliver essential health services maintained.

Key implementation partners will include:

- Ministry of Health and National Centre for Security and Crisis Management for COVID-19 preparedness and response.
- Ministry of Health for coordinating emergency operations at national and subnational level through the PHEOC.
- National Centre for Security and Crisis Management, Civil Defence, RMS, Jordan Food and Drug Administration for coordinating on all-hazards emergency preparedness and response through the PHEOC.

- Ministry of Agriculture for strengthening the ‘One Health’ approach in Jordan.
- UNHCR, other United Nations agencies, international and national nongovernmental organizations civil society for collaboration in responding to emergencies, including migration and refugee crisis.

Table 9. Priority 4 – Strengthen data and innovation capacity

Country office	WHO’s contribution	
	Regional Office	Headquarters
Enhance the country’s institutional capacity in collecting, processing and analysing health data with relevant disaggregation to support decision-making processes as part of ongoing efforts to improve the health management information system.	Assist the WHO country office to support the Ministry of Health to develop national institutional integrated system for evidence-informed policy-making. Strengthen country office capacity to support national counterparts in collecting disaggregated data to track disease mortality, morbidity, risk factors and health inequities to inform future policy-making.	Provide tools to strengthen data adapted to the country context (public health goods) and build the capacity on their utilization. Establish, support and foster partnerships and multisectoral platforms among Member States and regional institutions to address data and innovation in the health sector.
Improve access to health indicators by reinforcing the unified digital repository with a reporting/output’s illustrative platform.	Assist with implementation of the PHC improvement plan in line with the Primary Health Care Measurement and Improvement Initiative (PHCMI). Share country experiences on best practices and facilitate knowledge exchange across country offices to enhance country health data systems.	Assist in sharing country experiences and best practices on use of electronic knowledge management system infrastructure that promotes the creation, dissemination and sharing of knowledge.
Strengthen Ministry of Health capacity to monitor national indicators and trends related to SDG targets and goals in the context of the GPW 13 Impact Framework.	Mobilize technical and financial resources to build country office capacity to adequately monitoring progress towards the health-related SDGs in line with international standards.	

Success will be measured by the following.

- Health information systems strengthened, harmonized, and integrated in line with the national health information strategic plan (2019–2023) and the regional health information system strategy (2021–2025).
- Institutional capacity to utilize data for policy-making enhanced.
- Institutional capacity to monitor national indicators and trends for different platforms built, including health-related SDG targets.

Key implementation partners will include:

- Ministry of Health for the implementation of the health information system strategy (2019–2023).
- Department of Statistics to support generation of evidence and dissemination to national and international health partners.
- Ministry of Planning and International Cooperation for SDG monitoring and for synergies with line ministries.

6.2 Financing the strategic priorities

Table 10. 5-year budget estimate in US\$ (2021–2025)

Strategic priority	Estimated budget required (A) ¹	Anticipated funding (B) ²	Anticipated funding gap (C) ³
Strengthen the health system to advance towards UHC	26 985 699	23 682 687	3 303 012
Promote health and well-being	13 890 534	6 337 522	7 553 012
Build health system resilience and capacity to prepare, and respond to health emergencies	12 841 894	5 689 882	7 152 012
Strengthen data and innovation capacity	7 809 813	2 706 801	5 103 012
Total	61 527 940	38 416 892	23 111 048

¹ Planning and technical networks devise and use consistent methodology to define budget, which may include main planned activities across three levels, scale of the problem and historical costs.

² Based on historical funding and anticipated funding from donors in priority areas.

³ A minus B. Funding gap forms the basis for country resource mobilization plan.

In order to overcome potential financial gaps, the investment case and country resource mobilization plan is presented as the investment case for mobilization of resources (Table 10).

WHO will strengthen its efforts to bridge the funding gap through the:

- Preparation of health advocacy kits, including factsheets based on the existing health situations, health systems challenges, and on WHO interventions to bridge such challenges. Such factsheets are already available and will be further expanded to meet the increasing financial needs and success stories to highlight the impact of WHO intervention in specific programmatic areas and lessons learnt.
- Development of a dedicated resource mobilization strategy, in close coordination with the WHO Regional Office.
- Engagement of dedicated donor dialogue on effective modalities for improved long-term sustainable support to the health sector in line with the national priorities, and for efficient mainstreaming of health security in the broader health system strengthening agenda. Such engagement has been already established through the Jordan Health Development Partners Forum and will be enhanced.
- Recruitment of a communication expert to advocate for increased support to the health sector in Jordan.
- Initiation of a donor arena mapping exercise to ensure updated information on partners investing in the health sector.

SECTION 7. MONITORING AND EVALUATION

The WHO Country Cooperation Strategy (2021–2025) will be monitored during implementation and reviewed towards the end of the CCS cycle (Fig. 5). The lessons learnt and recommendations from the final review will be shared within WHO and with the Government, national stakeholders and development partners.

The primary aim of monitoring and evaluating the CCS is to determine the extent to which joint actions, initiatives and programmes described under each of the four strategic priorities are being implemented. It will also provide an opportunity to refocus biennial workplans and collaboration with the national counterparts in the future.

The regular monitoring of CCS implementation, as well as the mid-term and final evaluations, will be led by WHO and carried out in full collaboration with the Ministry of Health and other most relevant partners, including other United Nations agencies. The monitoring and evaluation process will be harmonized wherever feasible, with other monitoring and evaluation processes, such as the current UNSDF and the upcoming United Nations Sustainable Development Cooperation Framework (UNSDCF). Within WHO, the Jordan country office will also solicit inputs from the WHO Regional Office and headquarters for the evaluation of health programmes and outcomes, for the mid-term and final CCS evaluations.

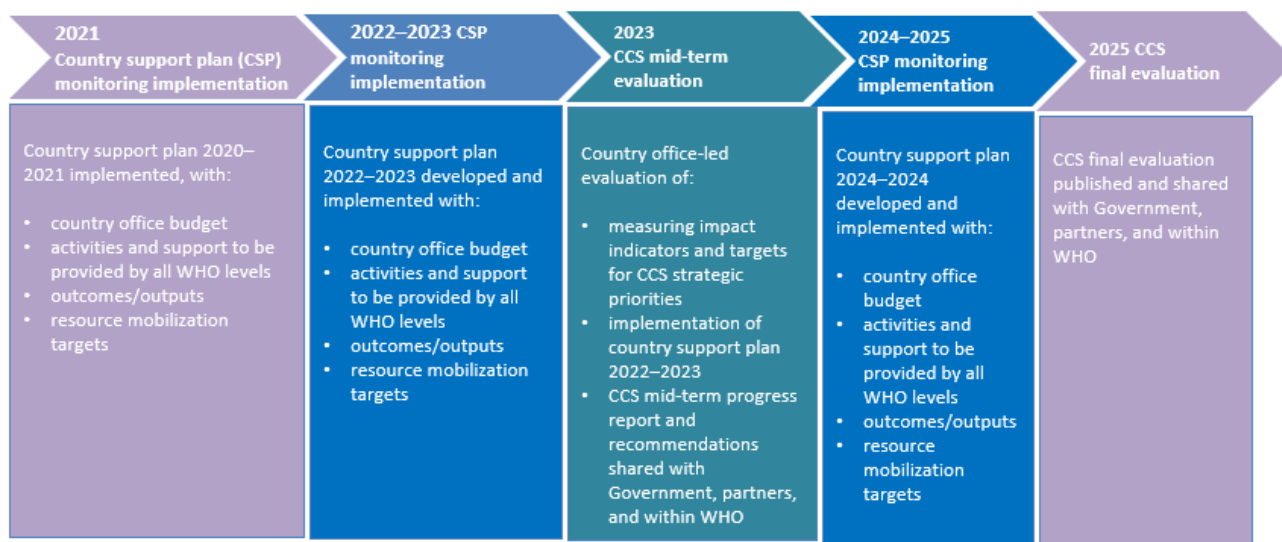


Fig. 5. Planned monitoring and evaluation of implementation of the Country Cooperation Strategy

The lessons learnt and recommendations from the final review will be shared within WHO and with the Government, national stakeholders and development partners and others who were involved in the development and implementation of the CCS.

The focus of a final review will be to:

- measure the achievement of the CCS strategic agenda;
- identify achievements and gaps in implementing the CCS strategic priorities;
- identify the critical success factors and impediments; and
- gather the main lessons learnt during the implementation process.

Further, robust, timely and regular evaluation is expected to add value to the CCS process by:

- enhancing accountability for results and joint ownership between WHO and the Government for health achievements;
- allowing a more efficient measurement of the contribution of the CCS in achieving the triple billion goals of the GPW 13;
- providing further opportunities for reflection and learning and seizing opportunities to strengthen WHO’s future collaboration;
- highlighting the need for any midway interventions needed to mitigate risks and improve progress and impact in addressing the strategic priorities;
- measuring the contribution of WHO to the implementation of the national strategies, policies, and plans, as well as the health-related SDGs and upcoming UNSDCF;
- supporting value-for-money analysis in health expenditure that can identify gaps in capacity, expertise and resources.

REFERENCES

1. Data for Jordan, Upper middle income. World Bank 2021 [online database] (<https://data.worldbank.org/?locations=JO-XT>, accessed 27 June 2021).
2. Human Development Report 2019 - Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/sites/default/files/hdr2019.pdf>, accessed 27 June 2021).
3. Jordan in figures, 2019 (http://dosweb.dos.gov.jo/DataBank/JordanInFigures/Jorinfo_2019.pdf, accessed 27 June 2021).
4. IHME. GHDx. Jordan's Demographic and Health Survey 2017–2018 (<http://ghdx.healthdata.org/record/jordan-demographic-and-health-survey-2017-2018>, accessed 27 June 2021).
5. http://dosweb.dos.gov.jo/DataBank/JordanInFigures/Jorinfo_2019.pdf, accessed 27 June 2021).
6. National strategy for the health sector, 2016–2020. Amman: High Health Council; 2016 (https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/jordan/national_strategy_for_health_sector_2016-2020_jordan.pdf, accessed 24 June 2021).
7. Jordan response plan for the Syria crisis, 2020–2022. Amman: Ministry of Planning and International Cooperation; 2020 (<https://reliefweb.int/report/jordan/jordan-response-plan-syria-crisis-2020-2022>, accessed 24 June 2021).
8. Syrian regional refugee response. Operational data portal, refugee situations [online database]. UNHCR; 2021 (<https://data2.unhcr.org/en/situations/syria/location/36>, accessed 1 July 2021).
9. Geographic multidimensional vulnerability analysis: assessing the performance and supply capacity of different sectors. UNICEF; 2020 (<https://www.unicef.org/jordan/Geographic-Multidimensional-Vulnerability-Analysis>, accessed 1 July 2021).
10. IMF staff and Jordan reach staff-level agreement on the first review under the Extended Fund Facility, 2020 (<https://www.imf.org/en/News/Articles/2020/10/27/pr20323-jordan-imf-staff-reach-staff-level-agreement-on-the-first-review-under-eff>, accessed 1 July 2021).
11. 23.0% unemployment rate during the second quarter of 2020. Amman: Department of Statistics. Government of Jordan; 2020 (http://dos.gov.jo/dos_home_e/main/archive/Unemp/2020/EU-Q2.pdf, accessed 1 July 2021).
12. Jordan 2025: A national vision and strategy. Amman: Ministry of Planning and International Cooperation; 2015 (<http://jordanembassyus.org/sites/default/files/jo2025part1.pdf>, accessed 24 June 2021).
13. Jordan Renaissance Plan 2019–2020. Amman: Government of Jordan; 2018 (<https://jordankmportal.com/resources/jordan-renaissance-plan-2019-2020>, accessed 1 July 2021).
14. SDG tracker. Sustainable Development Goals: good health and well-being (<https://sdg-tracker.org/good-health>, accessed 1 July 2021).

15. Jordan National Stepwise Survey (STEPs) for Noncommunicable Diseases Risk Factors 2019. Amman: Ministry of Health; 2020 (<https://www.moh.gov.jo/Echobusv3.0/SystemAssets/6209a77f-3767-4c00-a1a0-262e082b9a3c.pdf>, accessed 24 June 2021).
16. World Bank. Jordan Emergency Health Project, International Bank for Reconstruction and Development Project, Appraisal Document on Proposed Financing, 2017b. World Bank (<https://documents1.worldbank.org/curated/en/465751561687318722/pdf/Jordan-Emergency-Health-Project-Additional-Financing.pdf>, accessed 1 July 2021).
17. Ajluni Musa T. Jordan Health System Profile, Technical Report. Cairo: WHO Regional Office for the Eastern Mediterranean; 2011.
18. Key indicators report, 2017–2018. Jordan Population and Family Health Survey. Amman: Department of Statistics; 2017 (<https://data2.unhcr.org/documents/download>, accessed 24 June 2021).
19. National strategy for the health sector, 2016–2020. Amman: High Health Council; 2016 (https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/jordan/national_strategy_for_health_sector_2016-2020_jordan.pdf, accessed 24 June 2021).
20. Jordan national health accounts for 2016–2017 fiscal years. Amman: High Health Council; 2016 (<https://jordankmportal.com/resources/jordan-national-health-accounts-for-2016-2017-fiscal-years>, accessed 24 June 2021).
21. Key indicators report, 2017–2018. Jordan Population and Family Health Survey. Amman: Department of Statistics; 2017 (<https://data2.unhcr.org/documents/download>, accessed 24 June 2021).
22. National human resources for health strategy for Jordan, 2018–2022. Amman: High Health Council; 2018 (https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/jordan/national_human_resources_for_health_strategy_2018-2022_en.pdf, accessed 24 June 2021).
23. Hadidi, R. Annual report 2016. National Human Resources for Health Observatory.
24. UNHCR Jordan Factsheet, April 2019. ReliefWeb (<https://reliefweb.int/report/jordan/unhcr-jordan-factsheet-april-2019>, accessed 24 June).
25. Ministry of Health/UNICEF. Expanded Programme on Immunization coverage survey, 2015–2016.
26. Activity info monitor database, November 2019 (<https://www.activityinfo.org/blog/index.html>, accessed 1 July 2021).
27. WHO Health Emergency Dashboard. Jordan. Geneva: World Health Organization, 2021 (<https://covid19.who.int/region/emro/country/jo>, accessed 1 July 2021).
28. Middle East and North Africa COVID-19 policy response project. Brookings (<https://www.brookings.edu/research/policy-and-institutional-responses-to-covid-19-in-the-middle-east-and-north-africa-jordan/>, accessed 1 July 2021).
29. Ministry of Health data as of 24 November 2020.
30. Jordan races to expand hospitals to cope with COVID-19 surge (<https://www.reuters.com/article/us-health-coronavirus-jordan-hospitals-idUSKBN27Z24D>, accessed 1 July 2021).

31. Socio-Economic Framework for COVID-19 Response for Jordan. New York: United Nations Sustainable Development Group; 2020 (<https://unsdg.un.org/resources/socio-economic-framework-covid-19-response-jordan>, accessed 1 July 2021).
32. National human resources for health strategy for Jordan, 2018–2022. Amman: High Health Council; 2018 (https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/jordan/national_human_resources_for_health_strategy_2018-2022_en.pdf, accessed 24 June 2021).
33. Jordan: Health Systems Profile 2018. Cairo: WHO Regional Office for the Eastern Mediterranean; 2018 (<https://rho.emro.who.int/sites/default/files/Profiles-briefs-files/JOR-Health-System-Profiles-2018.pdf>, accessed 1 July 2021).
34. Jordan national health accounts for 2016–2017 fiscal years. Amman: High Health Council; 2016 (<https://jordankmportal.com/resources/jordan-national-health-accounts-for-2016-2017-fiscal-years>, accessed 24 June 2021).
35. Joint external evaluation of IHR core capacities of the Hashemite Kingdom of Jordan: mission report, 28 August-1 September 2016. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/254508?locale-attribute=ar&locale=zh&null=>, accessed 24 June 2021).
36. National action plan to combat antimicrobial resistance in Jordan, 2018–2022. Amman: Ministry of Health; 2018 (<https://www.who.int/publications/m/item/jordan-national-action-plan-for-combating-antimicrobial-resistance-in-the-hashemite-kingdom-of-jordan>, accessed 24 June 2021).
37. Data. Data collection tools. SCORE (<https://www.who.int/data/data-collection-tools/score>, accessed 1 July 2021).

Annex 1

KEY HEALTH INDICATORS FOR JORDAN

Population estimates	
Population (in thousands) total (2019) ¹	10 554
Percentage of population under 15 (2019) ²	33
Percentage of population over 65 years old (2019) ³	5
Child health	
Fully vaccinated child (%) (BCG, TT, DTP3, oral polio vaccine, MCV) (2016)	97%
Demographic and socioeconomic statistics	
Human Development Index rank (2019) ¹	102
Gender Inequality Index rank (2019) ¹	109
Health financing	
Health care expenditures as percentage of GDP (2017) ⁴	8.9
Private health expenditure as percentage of GDP (2017) ⁴	3.3
Percentage of Government budget allocated to health (2017) ⁴	11.83
Pharmaceuticals as percentage of total health expenditure (2017) ⁴	23.13
Health workforce⁵	
Medical doctors (per 10 000 population), 2017	23.34
Nursing and midwifery personnel (per 10 000 population), 2019	33.47
Dentists (per 10 000 population), 2018	7.13
Pharmacists (per 10 000 population), 2017	16.01
Percentage of nursing personnel (female) 2018	60.3
Percentage of nursing personnel (male) 2018	39.7
Mortality and global health estimates	
Life expectancy at birth (years) (2019)	Male: 72.8
	Female: 74.2
	Both sexes: 73.5
Births attended by skilled health personnel (%) ⁵	99.6

¹ Department of Statistics. Government of Jordan; 2021 (http://jorinfo.dos.gov.jo/Databank/pxweb/en/Demographi_Statistics/Demographi_Statistics/Table5.px/table/tabViewLayout2/, accessed 1 July 2021).

² Jordan demographic and health survey report, 2019.

³ High Health Council Report, 2017.

⁴ Jordan national health accounts for 2016–2017 fiscal years. Amman: High Health Council; 2016 (<https://jordankmportal.com/resources/jordan-national-health-accounts-for-2016-2017-fiscal-years>, accessed 24 June 2021).

⁵ National health workforce accounts.

Annex 2

OUTCOMES OF GPW 13

Goal: 1 billion more people benefiting from universal health coverage	
Outcome 1.1	Improved access to quality health services
Outcome 1.2	Reduced number of people suffering financial hardships
Outcome 1.3	Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

GOAL: 1 billion more people better protected from health emergencies	
Outcome 2.1	Countries prepared for health emergencies
Outcome 2.2	Epidemics and pandemics prevented
Outcome 2.3	Health emergencies rapidly detected and responded to

GOAL: 1 billion more people enjoying better health and well-being	
Outcome 3.1	Determinants of health addressed
Outcome 3.2	Risk factors reduced through multisectoral action
Outcome 3.3	Healthy settings and Health-in-All-Policies approach promoted

Enabling functions: more effective and efficient WHO better supporting countries	
Outcome 4.1	Strengthened country capacity in data and innovation
Outcome 4.2	Strengthened WHO leadership, governance and advocacy for health
Outcome 4.3	Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner

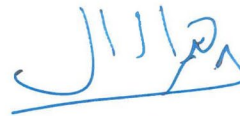
Annex 3

SIGNATURE PAGE

The signing of the Country Cooperation Strategy for WHO and Jordan (2021–2025) reaffirms the strength of the relationship between the World Health Organization as part of the wider United Nations system and the Government of Jordan.

It advances WHO’s long history of collaboration with the country and underscores the commitment to work together towards agreed upon priorities for greater impact and relevance to the people of Jordan as envisioned in the Ministry of Health’s National Strategic Plan (2018–2022), the Health Sector Reform Plan (2018–2022), the National Strategy for Health Sector in Jordan (2016–2020), Jordan’s Vision 2025, and the Sustainable Development Goals (SDGs). Also, the Country Cooperation Strategy is aligned with the Executive Indicative Programme (2021–2024), recently approved by the Prime Minister to reaffirm national priorities in light of the COVID-19 pandemic.

Being fully aligned to the strategic priorities of WHO’s Thirteenth General Programme of Work (2019–2023), and WHO’s strategy for the Eastern Mediterranean Region, (2020–2023) the Country Cooperation Strategy adds emphasis on the need for coherence and coordination at all levels of the Organization with Jordan to ensure greater impact and the realization of the country’s SDG priorities. It will support swift implementation of interventions and add value to the future United Nations Sustainable Development and Cooperation Framework for Jordan.



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WHO Regional Director for the Eastern
Mediterranean



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