Jordan Health Sector Background

• Jordan has a relatively **modern health system** that is widely accessible.

• For low income Jordanians and those living in remote areas, **the Ministry of Health (MOH)** remains the main (and often sole) source of services.

• **USAID** is the **largest donor** to the health sector in Jordan and over the last fifty years, USAID investments have contributed to significant improvements in health outcomes. Results from the 2012 Demographic Health Survey (DHS) indicated that Jordan **was** well on its way towards achieving all of its health-related global development commitments. **Maternal** and **child** mortality substantially decreased **life expectancy** for men and women increased and **child immunization** is nearly universal.

• However, the **demographics** in Jordan are dramatically changing and challenging public services and resources.
Jordan Health Sector Challenges

• Between 1979 and 2012, the population grew from 2.1 to 6.3 million, and is expected to double in 2030. These estimates were made prior to the influx of 1.2 million refugees.

• To “improve the health status of Jordanian host communities and Syrian refugees and meeting humanitarian health needs, promoting resilience, and strengthening the national health system and services”, an estimated budget of $532,586,784 Million is needed for the health sector for years 2016, 2017 & 2018.

• Budget deficits and public debt put development achievements at risk of slipping backwards.

• The increased demand has resulted in overcrowding at health facilities and delays in service provision.

• The refugee crisis also contributed significantly to existing burden of disease and driving up healthcare costs.

• Nearly 70% of Jordan’s population is under the age of 30, posing either an opportunity to grow Jordan’s economy or a risk to Jordan’s stability.

• Risks of re-emergence of the previously eradicated diseases such as Polio

• However, the demographics in Jordan are dramatically changing and challenging public services and resources.
Examples of Health Challenges Facing Syrian Refugees

• 86% per cent are living **below the Jordanian poverty line** with heavy demands on health and other social services.

• **High prevalence** NCDs **aggravating the epidemiological transition** in Jordan, putting NCDs as a major cause of death.

• **Disabled and war-wounded** present significant challenges to services designed and planned for peacetime operations, and require costly surgical treatment and lengthy rehabilitation.

• **Maternal health** issues.

• High proportion of deliveries in Syrian refugee **girls under the age of 18**, with the increased risk of obstetric complications and **high probability of mortality**

• Micronutrient deficiencies such as **iron deficiency anemia** are a severe public health problem in refugee children under five and women of reproductive age.

• MOH **stopped granting free access** to health services for Syrian refugees.

• However, the **demographics** in Jordan are dramatically changing and challenging public services and resources.
USAID's Response

USAID’s response will include but will not be limited to supporting the following programs:

- **Improve access** to an integrated health care services that respond to the growing needs and the epidemiological and demographic changes.

- **Improve quality** of selected high priority health care services with special attention to women and under 5 children.

- Support and expand the community health network to improve uptake of services, access to information, community capacity and resilience.

- Establish effective system to maintain human resources for health.

- Support the delivery of strong leadership and governance with effective oversight and accountability to leverage sustainability.
Mafraq Ob/Gyn Hospital
BEFORE
the USAID-funded Upgrades

Mafraq Ob/Gyn Hospital
AFTER
the USAID-funded Upgrades
USAID Upgrades to Mafraq Ob/Gyn Hospital Respond to Growing Health Needs

1) 47% increase in service areas and provision of essential medical equipment allowed Mafraq Ob/Gyn Hospital to cope with:
   • 50% increase in obstetric admissions
   • 60% increase in deliveries
   • 68% increase in newborn admissions

2) Meet international infrastructure and infection prevention standards

3) Improve client flow

4) Create safe environment for staff and patients

Burden of Syrian Refugees:
• Over 30% of hospital admissions
• Over 45% of deliveries
• Over 40% of newborn admissions
• Over 30% of emergency cases
• Over 30% of outpatient visits to mother and child health clinics

Numbers are expected to further increase.

USAID Upgrades Support Mafraq Ob/Gyn Hospital to Respond to Growing Health Burden of Syrian Refugees

<table>
<thead>
<tr>
<th>Outpatient Clinics and Emergency Visits</th>
<th>Jordanians</th>
<th>Syrian Refugees</th>
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</thead>
<tbody>
<tr>
<td>Jordanians</td>
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<td>31%</td>
</tr>
<tr>
<td>Syrian Refugees</td>
<td>69%</td>
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</tr>
<tr>
<td>Jordanians</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>Syrian Refugees</td>
<td>76%</td>
<td>23%</td>
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</tbody>
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Syrian Refugees:
• Over 30% of emergency cases
• Over 30% of outpatient visits to mother and child health clinics

Numbers are expected to further increase.
USAID Contributes to Saving Lives of Mothers

**Reduction in Deaths by 54%**

Year 1995/1996: 41
Year 2008: 19

(Per 100,000 live Births)

USAID Contributes to Saving Lives of Babies

**Reduction in Deaths by 30%**

2002: 20
2012: 14

(Per 1,000 Live Births)
Better Planning for the Future

- USAID assists the Government of Jordan to align national priorities through strategic plans.

- These strategies serve as a reference for donors and stakeholders to align their efforts.