

Community Health








Policy and Implementation Landscape Mapping
in the Middle East and North Africa Region
2024

Jordan Country Brief





1. Community health in Jordan

						
Community health policy in place	Community health workers recognized as part of the national health workforce	Total number of community health workers currently deployed	Formal linkages between community health and other sectors	Inclusion of community health workers in emergency preparedness plans	Domestic funding available	Community engagement mechanisms in place
Yes	No	3,392	Yes	Yes	No	Yes

1.1 Country context

The Hashemite Kingdom of Jordan, located in the Middle East, has an estimated population of nearly 11.5 million across the country's 12 governorates.¹ Despite the complexities and challenges posed by regional and global instability, Jordan has successfully maintained relative stability and consistent growth, achieving an average annual growth rate of 2.5 per cent over the past decade.²

The Jordanian health sector provides both advanced medical services and essential primary care, something which has granted it a leading reputation in the region. Key public health care providers include the Ministry of Health (MoH), Royal Medical Services (RMS), and university hospitals, with specialized care also available. The MoH oversees a comprehensive network of health facilities, delivering primary, secondary, and tertiary care.³ The private sector, including both for-profit and non-profit entities such as NGOs, complements public services, particularly in peripheral areas. Additionally, international organizations like the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) provide health care services for Palestinian refugees.³ Insurance programmes cover about 56 per cent of the population and are managed by a variety of stakeholders, including MoH, RMS, university hospitals, UNRWA, the private sector and others.⁴

1 United Nations (UN) (2023). World Population Prospects. Population Growth. Retrieved from <https://ourworldindata.org/population-growth#explore-data-poverty>

2 World Bank (2024). The World Bank in Jordan. Retrieved from <https://www.worldbank.org/en/country/jordan/overview>

3 World Health Organization (2016). Comprehensive assessment of Jordan's health information system 2016. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019. Licence: CC BY-NC-SA 3.0 IGO.

4 Department of Statistics (2015). Health Insurance in Jordan. Analytical paper prepared according to the results of the General Population and Housing Census 2015. Retrieved from https://dosweb.dos.gov.jo/DataBank/Analytical_Reports/Health_Insurance_in_Jordan.pdf

1.2 Overview of community health

Jordan's 2008 Public Health Law does not explicitly refer to community health, but it does regulate the practices of related health professions and tackles the processes of health promotion and disease prevention. The MoH organizes and oversees the efforts and initiatives conducted in the community related to community health, including those on immunization, non-communicable diseases and maternal and child health. Health promoters are full-time paid staff of the MoH and Community Health Volunteers (CHV) (unpaid) are part of community health committees. Both are at the heart of community health-related activities. Both health promoters and community health committees fall under the MoH structure and report to the Health Communication and Awareness Directorate.



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2. Health systems pillars

2.1 Governance and accountability

- The 2008 Public Health Law (47) is the overarching law that regulates all health affairs in Jordan. Whilst it does not address community health specifically, several articles discuss specific topics that concern community health (e.g. immunization).
- The MoH is responsible for providing community health services and overseeing and supervising community health-related efforts by any other organization (mainly NGOs).
- The main mission of the Health Communication & Awareness Directorate at the Ministry of Health is to create and maintain effective community engagement through several mechanisms, such as smoking cessation clinics, community health committees, health promoters who are based within primary health care clinics, awareness campaigns on media and social media, etc.
- There is limited engagement of the private sector in community health, although the 2023-2025 National Health Strategy does recognize and encourage their role in health promotion and disease prevention.

2.1.1 Community engagement

- The main mission of the Health Communication & Awareness Directorate at the MoH is to create and maintain effective community engagement through several mechanisms, such as through community health committees, health promoters at primary health care centres (PHCCs), training, health promotion activities (e.g. on smoking cessation) and through awareness campaigns.

Insight: Community engagement and feedback

- The approximately 3,000 volunteers in Jordan's 155 Community Health Committees (about 20 volunteers in each committee) engage in regular meetings held between the volunteering committee members and local and national health officials. In these meetings, feedback from committee members is collected and analysed. Nonetheless, there is no official involvement of the Community Health Committee members in decision- or policy making. These committees fall under the MoH structure and report to the Health Communication and Awareness Directorate of the MoH.
- The Ministry of Health provides a hot line available 24/7 for complaints and suggestions regarding community health services. The hotline number is: +962-6-5004545. In addition, the Healthcare Directorates that exist in all Jordanian governorates serve as a communication hub between Community Health Committees and the Ministry officials, with regular meetings that enable proper monitoring and accountability.

2.2 Health management information systems

- The health management information system (HMIS) in Jordan follows a two-tiered system: population-based (e.g. surveys) and institution-based sources. There is no single specific organization or national entity responsible for community health in Jordan.
- While the HMIS includes population related information, no specific national information system is designated for community health services. However, there is an information system administered by Health Communication and Awareness Directorate for the purpose of recording and evaluating health promotion activities in the community, but this is not integrated within the HMIS as such.
- National community health indicators are agreed upon by governmental, non-governmental organizations, and other stakeholders in Jordan.

2.3 Medicines and health commodities

- A national standard list of supplies for use by CHWs specifically does not exist, but supplies are available upon request through the Ministry of Health's Central Tenders Directorate. These are integrated and distributed as part of the PHC services.
- All supplies of government health promoters are provided by MoH and integrated in the national supply chain.
- CHWs employed by international organizations receive the needed medicines and health commodities from the organisations they work for.

2.4 Health workforce

- There are two types of health workers who conduct community health-related activities:
 - Primary health care workers - also known as 'health promoters' - usually have a nursing or midwifery background. A total of 392 health promoters are based in comprehensive or primary health care centres all over the country and provide variable health promotion and disease prevention services. These workers do not meet all criteria of the CHW definition, however.
 - Community health volunteers (CHVs) - there are about 3,000 community health volunteers in Jordan's 155 Community Health Committees (about 20 volunteers in each committee) who help with MoH's health messaging in local communities.
- There is no definition of CHWs in any published regulation and no CHW Master list exists. Information on the gender distribution of health promoters and CHVs is not available.
- Most of them work within their own communities.
- All health promoters and CHVs have received pre-service training (which include gender considerations), but there is no specific accreditation programme for them.
- Continuous Professional Development / TOT and refresher trainings are insufficient, inconsistent and unstandardized.
- All governorates/directorates/districts of the country are covered by services through the 155 community health committees.

2.5 Service delivery

- Most community health services, such as immunization, maternal and child health, and non-communicable diseases care have been integrated within primary health care centres since the 1970s.
- In addition to the MoH's community health services provided by CHVs and health promoters, there are different programmes concerning community health delivered by NGOs in Jordan, such as by the Healthy Community Clinics from the Royal Health Awareness Society (RAHS).
- There are no specific standardized processes or guidelines to guide community health service delivery on a national level and a predefined national CHW service package does not exist.
- Health concerns found by CHVs or health promoters are properly referred to the appropriate healthcare facilities of the Ministry of Health. These referrals are then followed up by the local community health committee members.

2.6 Partnerships and financing

- In the MoH's general budget for the year 2024, an amount of JD 75 million is designated for Primary Healthcare Service Provision. The national budget does not mention community health.
- Health promoters are full-time paid staff of the Ministry of Health and receive wages according to their qualifications, titles, and experience and are paid by the Ministry of Health. Volunteers, on the other hand, do not receive any type of remuneration.
- Main external funders of CHW related activities includes UNICEF, WHO, UNFPA, WFP, USAID, WDF, NNF, RNW, Plan International and the Jordan Trade Chamber. The support they provide includes training/capacity building, remuneration and supplies.

2.7 Cross cutting issues

2.7.1 Gender considerations

- All health promoters and CHVs training includes gender considerations.

2.7.2 Emergency preparedness

- Currently, CHWs and their supervisors are integrated into emergency preparedness plans in Jordan. There is limited information on whether additional training is provided for CHWs involved in emergencies and whether security measures are put into place for them.

2.7.3 Refugees and Internally Displaced Persons (IDPs)

- Community health services do not target Jordanian citizens exclusively, but rather all residents of Jordan, including internally displaced persons, and Palestinians, Syrians, and other refugees. Camps are therefore covered in most community health programmes, campaigns, and services and they include refugees/IDPs in the workforce. Partnerships with UNRWA and UNHCR exist to facilitate sufficient access to refugee communities both inside and outside refugee camps in Jordan.

3. Conclusions

3.1 Challenges

- Primary health care and community health in Jordan is severely understaffed. There is a need for highly qualified medical staff.
- Primary and community health services are not included in the electronic health record system.
- CHWs are not officially defined, have no job description, scope of practice or professional accreditation.
- Subspecialties within community medicine (occupational, environmental, health policy and economy) are not formally recognized, despite community medicine's existence for a number of years.
- Poor representation of community medicine and nursing in high-rank positions and decision-making committees/bodies, especially in peripheral areas.
- Poor coordination and collaboration between organizations that provide community health programmes, services, or interventions.

3.2 Enablers

- The Jordanian Constitution guarantees the right to basic social and health services for all citizens. It demonstrates this commitment by allocating a substantial portion of its budget to the health and social sectors.
- In 2008, the MoH added the directorate of Health Communication & Awareness to its organizational structure, taking significant steps towards providing community health services (e.g. smoking cessation, healthy nutrition, family planning, vaccination) to the public.
- Several governmental and non-governmental organizations implement community health programmes through a life course approach.
- There is a growing tendency on the strategic level towards improving, empowering, and funding the primary health care sector, through a number of national strategies and initiatives on nutrition, breast cancer awareness, combating smoking, etc.
- Community Health Committees (consisting of local volunteers) exist in nearly every district which can serve as a starting point for more sophisticated community health in the near future.

3.3 Priority policy directions

- In order to increase collaboration, avoid redundancy, and introduce comprehensive community health, there is a need for a clear national structure to serve as an umbrella for all efforts, programmes, services, and initiatives on community health. The MoH could lead such a structure.
- An example could be a national campaign entitled 'Health Jordan' with collaborate efforts between various stakeholders and partners, where funds are pooled and wisely allocated, and trained workforce deliver the most needed health promotion and disease prevention services in communities.
- The integration of community health data in 'Hakeem,' or the establishment of a national Information System (hosted and led by MoH) for all community-based services, along with media centres, are needed in order to facilitate adequate access to community health information.
- Legislation is needed to define the roles, responsibilities, scope of practice, minimum qualifications and fair remuneration of CHWs. It should specify the responsibilities of the MoH and its partners as well.
- A national databank - or Masterlist - that registers the details and keeps track of those working on community health-related activities should be developed.
- The MoH should start hiring full-time CHWs and offer fair remuneration and adequate professional development opportunities in order to create a sustainable system and minimize staff turnover. The CHW positions should be inclusive to local men and women in Jordan's 12 governorates, people with disabilities, refugees, and retirees.
- A standardized training curriculum should be established for CHVs. The curriculum should be developed and delivered by experts in community health and behavioural change topics. Related details on certification and accreditation could be further discussed.
- Community Health Programmes should reflect the actual needs in the society, focusing on e.g. drugs, smoking, and gender-based violence, especially in underserved areas, poverty pockets, and refugee camps. The impact of these programmes should be evaluated formatively and regularly for improvement purposes.
- Unique cross-cutting issues in Jordan need to be given the priority in future reforms of community health. These include poverty and unemployment and their impact on community health, the impact of refugees on community health, emergency and disaster preparedness and gender issues.

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United Nations Children's Fund (UNICEF)

Regional Office for the Middle East and North Africa

15 Abdel Qader Al-Abed Street
P. O. Box 1551
Amman 11821 Jordan
Tel: +962-550-2400
menaro_info@unicef.org
www.unicef.org/mena

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