# Case study: Jordan

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| Title of the case study  |
| Name and email of person completing the form |
| Hadeel Al Far, National Mental Health Officer, WHO Jordan country office |
| Contact details for more information about the case study |
| alfarh@who.int  |
| DESCRIPTION  |
| Briefly describe the organization of health system in your country: governance mechanisms/structures (health policies/strategies/plans, legislation, etc.), financing mechanisms, human resources (their density, distribution), availability of service delivery packages (what are the preventive, curative and rehabilitative/palliative services included in the package), information system organization (core set of indicators, standard collection, collation, analysis and reporting mechanisms)The health system in Jordan is composed of multiple main health care providers at which individuals may seek services, often overlapping. It is estimated that approximately 60% of the general population is served by public facilities administrated by the Ministry of Health, with the Royal Medical Services (military sector) serving around 40%, the private sector being accessed by about 50%, university sector serving about 5%, and over 1.6 million Palestinian refugees receiving primary health care from the United Nationals Relief and Works Agency (UNRWA). It is common for a citizen to use more than one health provider, or to be ensured under more than one health insurance programme. The major entity that finances and delivers public health care is the Ministry of Health, which services the population through a network of 27 general hospitals, two university hospitals and 684 primary health care centres across the 12 governorates. The Higher Health Council within the Jordanian government represents all health care providers and is responsible for their coordination. Representatives from the private sector, Royal Medical Services, and some NGOs participate in the development of national health policies and hold seats in public independent health organizations, such as the Jordan Medical Council, the Higher Health Council, and the Food and Drug Administration.Jordan’s total per capita expenditure on health is US$ 336, and general governmental expenditure on health as a percentage of general governmental expenditure is 13.5%, while out-of-pocket expenditure as a percentage of the total health expenditure is 23.5%. Public sources of funding comprise tax revenue allocations from the Ministry of Finance to the Ministry of Health, RMS and government university hospitals, as well as user fees, payroll deductions, donor assistance and World Bank loans. Private health insurance covers 6.9% of the population, which includes health insurance companies and the health insurance funds of the trade unions and some institutions. There are a large number of international nongovernmental organizations (NGOs) and United Nations agencies intervening in Jordan in a number of different fields, including in mental health and psychosocial support, although these projects are often funded on a short-term basis. Therefore, it is difficult to fully estimate the proportion of health and mental health financing channelled through such actors.The hospital bed rate in Jordan reached 18 beds per 10 000 citizens in 2013. There were 106 hospitals in Jordan in 2013, with a total capacity of 12 081 beds. Ministry of Health hospitals accounted for 38% of these (4618 beds), while the number of hospital beds in the Royal Medical Services is 2439 beds (20% of the beds in Jordan). The University of Jordan Hospital has 534 beds, while King Abdullah University Hospital has 501 beds. The private sector has a total of 3998 beds (33% of the beds in Jordan). Another 500 beds were added at Bashir Hospital and 100 in Jerash, Princess Eman and Princess Rahma hospitals in 2014. The number of physicians per 10 000 population is 29.4, and the number of nurses and midwifes per 10 000 population is 31.7.A recent review of Jordan’s health information system showed a functional Directorate of Information and Studies under the Department of Planning and Administration at the Ministry of Health. There is a well-defined system of data collection and reporting from public health facilities up to the national level. Information from census and surveys conducted by the Department of Statistics and other partners is regularly used. |
| Briefly describe the process of integration of mental health in general health care/PHC in your country: Please indicate the proportion of PHC facilities that are providing integrated services and provide information about the governance mechanisms/structures put into place to facilitate integration, financing mechanisms, human resource development strategies (including training, deployment and continued development), package of mental health interventions being delivered in an integrated manner, and monitoring and evaluation mechanisms put in place to support the process of integration, including integrating a mental health component in the national health Information system (core set of indicators, standard collection, collation, analysis and reporting mechanisms)Jordan was one of the first countries to implement the Mental Health Gap Action Programme (mhGAP), for integrating mental health care in PHC. Multiple stakeholder meetings and workshops were conducted to introduce the programme, eventually leading to the training of 180 PHC workers (GPs, family doctors, nurses and midwives) at 45 centres in nine governorates (out of a total 684 PHC centres). mhGAP activities included training, refreshers, training of trainers and training for supervisors. A supervision mechanism was also established in July 2013, where Ministry of Health, WHO, IMC and King Abdullah Hospital staff agreed to conduct monthly supervision visits for each mhGAP-trained centre, including monitoring and data collection; unfortunately, the supervision stopped in 2014 due to challenges in sustaining the supervision mechanism through the Ministry of Health. |
| What challenges did you face?* The need for further training sessions, in addition to the delivered mhGAP base course
* The need for sustainable systematic supervision
* Consistent trend of more successful mhGAP implementation by doctors compared to nurses
* Shortage of human resources
* Turnover of mhGAP trained staff (relocation to other centres, retirement, etc.), in addition to overloaded PHC centres.
* Lack of financial resources dedicated to mental health at the Ministry of Health.
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| What are your future plans for the intervention/action?WHO Jordan is working closely with the Ministry of Health Mental Health Unit, and in reference to the National Policy for Mental Health, to continue joint efforts towards further development in the mental health field. Specifically, next steps include the continued integration of mental health in PHC through the implementation of mhGAP in further governorates. In particular:* strengthening the capacity of PHC personnel using mhGAP materials
* building a peer supervision system (developing family doctors as peer supervisors)
* strengthening referrals and back-referral modalities and guidelines between primary care and specialist services

In addition, discussions and preliminary plans for the establishment of two inpatient units in general hospitals are taking place.  |
| IMPACT OF INTERVENTION/ACTION |
| Any studies conducted to evaluate the process and impact of integration of mental health in PHC? |
| A recent assessment on the status of the mental health situation in Jordan was conducted in June 2016, yet no comprehensive evaluation of integrating mental health in PHC was conducted. |
| What impact has the integration had (e.g. number of people treated, impact on patient outcomes, or reduction in stigma)? |
| * Annually, over 700 beneficiaries receive mental health care at the PHC level
* Annually, over 500 community members are targeted with mental health awareness activities
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| Are there any published studies/reports? Please provide references |
| A WHO Jordan mission to assess the status of the mental health situation in Jordan and to inform policy revision, June 2016 |
| ADDITIONAL INFORMATION |
| Key references/documents (we can link electronically to these) |
| <http://www.mindbank.info/collection/country/jordan> |
| Do you have any documents that you would be willing to share to be adapted and implemented in other settings, such as training manuals or intervention manuals? |
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