



The right to health in Jordan

'Right to health in the Middle East' project, Law School, University of Aberdeen,
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Introduction

Jordan is a small Arab country with limited natural resources and a semi arid climate. The population has been steadily growing in recent years at a rate between 2-3% with the total population now estimated to be just over 6 million people.¹ The population is mainly concentrated in urban areas² (78.7%) and has a median age of 23.5 years.³ The Jordanian political system can best be described as a constitutional monarchy with a representative government. The King is the head of state, commander in chief and chief executive.⁴ The King exercises his executive power through the Prime Minister and the Council of Ministers which is answerable to the elected House of Representatives and the House of Notables. Although there are increasing signs of democratic practices in Jordan it must be remembered that the King still exercises great power over the press,⁵ election practices⁶ and the judiciary.⁷

This report will explore whether the right to health exists in Jordan, in law and in practice. It will do so by utilising the United Nations General Comment on the right to health (a document that provides a normative framework for the right to health in Article 12 of the International Covenant on Economic, Social and Cultural Rights) as a framework to help determine to what extent Jordan is meeting the criteria. Attention will be paid to the most prevalent problems, including the need for greater

¹ US Central Intelligence Agency website, country profile of Jordan, available at:

<https://www.cia.gov/cia/publications/factbook/geos/jo.html> , accessed 15 November 2006.

² World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.3, available at:

http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf , accessed 15 November 2006.

³ US Central Intelligence Agency website, country profile of Jordan, available at:

<https://www.cia.gov/cia/publications/factbook/geos/jo.html> , accessed 15 November 2006.

⁴ Millennium Development Goals, Jordan Report, 2004, p. 3, available at

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf , accessed 16 November 2006.

⁵ Schwedler, J, "Don't Blink Jordan's Democratic Opening and Closing", 3 July 2002, Middle East Report Online, available at: <http://www.merip.org/mero/mero070302.html> , accessed 6 September 2007.

⁶ Cambanis, T, "Jordan's Islamists See A Path To Political Power", 21 March 2006, Boston Globe, available at:

http://www.boston.com/news/world/middleeast/articles/2006/03/21/jordans_islamists_see_a_path_to_political_power/ , accessed 5 September 2007.

⁷ See: USAID/Jordan Strategy 2004-2009: Gateway to the Future, p.10 & p.2, available at: http://pdf.dec.org/pdf_docs/Pdabz632.pdf , accessed 5 January 2007.

planning and leadership over the entire health care system, the health inequities which exist between insured and uninsured Jordanians, the need to refocus health spending from tertiary care to primary care, and the rise of obesity and alcoholism.

Legal commitment to a right to health

The human right to health is recognized in numerous international instruments and Jordan is a party to a great number of these treaties. The most important ones are the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Convention on the Elimination of All Forms of Racial Discrimination (CERD), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC).⁸ Jordan is also a party to the important civil and political human rights conventions, including the International Covenant on Civil and Political Rights (ICCPR),⁹ and the Convention Against Torture (CAT), which contain several human rights that are of importance for the protection of health.¹⁰ It is also a party to twenty-three conventions of the International Labour Organization, most of which are, however, not health-related.¹¹ Finally, Jordan is also a party to the Geneva Conventions and Additional Protocols that stipulate the rules of international humanitarian law and offer health protection during wartime.¹² At a regional level, Jordan is a signature to the Arab Charter of Human Rights (1994, not yet ratified).¹³ Finally, mention should be made of the Universal Islamic Declaration of Human Rights (adopted by the Islamic Council in 1981), which mentions the right to medical care as part of the right to social security (Article XVIII).

Overall Jordan has made a strong international commitment to the international human right to health. However domestically Jordan has been less forthright in affirming and creating the right to health. In fact, the Jordanian constitution contains only one provision which deals with health explicitly and it relates to the health safeguards in workshops and factories.¹⁴ To the present author's knowledge the right to health has neither been set out in any domestic legislation. This assertion is supported by a concern raised by the UN's Committee on Social, Economic and Cultural Rights, which stated that Jordan had "*given little attention to incorporation of relevant provisions of the Covenant in its legislation.*"¹⁵ However according to the World Health Organisation the Ministry of Health (MOH) does provide, under public

⁸ See <http://www.unhchr.ch/pdf/report.pdf> , accessed 5 November 2006.

⁹ See <http://www.unhchr.ch/pdf/report.pdf> , accessed 5 November 2006.

¹⁰ See <http://untreaty.un.org/ENGLISH/bible/englishinternetbible/partI/chapterIV/treaty14.asp> , accessed 5 November 2006.

¹¹ ILO Conventions No. 29, 81, 98, 100, 105, 106, 111, 116, 117, 118, 119, 120, 122, 124, 135, 138, 142, 144, 147, 150, 159, 182, 185. See <http://www.ilo.org/ilolex/english/newratframeE.htm> , accessed 5 November 2006.

¹² See the website of the International Committee of the Red Cross (ICRC), at [http://www.icrc.org/Web/eng/siteeng0.nsf/htmlall/party_gc/\\$File/Conventions%20de%20Geneve%20et%20Protocoles%20additionnels%20ENG.pdf](http://www.icrc.org/Web/eng/siteeng0.nsf/htmlall/party_gc/$File/Conventions%20de%20Geneve%20et%20Protocoles%20additionnels%20ENG.pdf) , accessed 5 November 2006.

¹³ See <http://textus.diplomacy.edu/Thina/ThBridgeFset.asp?IDconv=2832> , accessed 5 November 2006.

¹⁴ Constitution of Jordan, adopted 1 January 1952, Article 23 (e) available at: http://www.kinghussein.gov.jo/constitution_jo.html , accessed 5 November 2006. Legislation has been passed regarding occupational health however the UN has expressed concern that it fails to cover certain categories of workers.

¹⁵ See Concluding Observations for the Committee on Economic, Social and Cultural Rights: Jordan. 01/09/2000. E/C.12/1/Add.46. (Concluding Observations/Comments) at paragraph 12 available at: [http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/E.C.12.1.Add.46.En](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/E.C.12.1.Add.46.En) , accessed 8 November 2006.

law, a legal entitlement to subsidised health care for all Jordanian citizens.¹⁶ Nevertheless, it would appear that neither the international standards promulgating the right to health ratified by Jordan, nor the domestic constitutional provision regarding health have been enforced before a court of law.¹⁷ The UN Committee on Social, Economic and Cultural Rights raised concerns regarding the awareness of the Jordanian population to the concept of the right to health. It stated that even though Jordan had been a party to the Covenant for over 25 years it had never published it in its official gazette. Furthermore it stated that the lack of lawsuits in this regard was indicative of the low awareness of the Covenant among judges, lawyers and the public at large.¹⁸ Therefore it does not appear that Jordan has incorporated any of the international instruments that it has ratified into domestic law, thus denying citizens the right to access to effective judicial remedy at a national level.¹⁹

Health policy and expenditure

The Jordanian government has stated that it aims to provide a comprehensive health system, which includes the services of the private sector, to ensure preventative, tertiary and rehabilitative care for all.²⁰ To achieve this goal the government has stated that it seeks to encourage a geographical complementarity in services by encouraging private sector facilities in urban areas for those able to afford higher costs, while concentrating public sector facilities in the relatively less-affluent non-urban areas. The government also states that Jordan's public health spending has concentrated on primary health care in all parts of the country, while leaving tertiary health care mostly to the private sector.²¹ It is also a government goal to increase GDP by encouraging 'health tourism' from other parts of the region in respect of tertiary and palliative care.²²

The total amount of GDP spent on health is 9.3%, of which there is a split between public (4.3%) and private (5%) spending.²³ Health spending is higher in Jordan than in the other countries in the region except Lebanon.²⁴ A breakdown of public health spending by function reveals that almost 58% is spent on curative services, 27% on preventative measures, 5% on administrative activities, 3% on training, and 7% on miscellaneous activities.²⁵ These figures are contrary to the government policy of

¹⁶ World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.10, available at:

http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf, accessed 15 November 2006.

¹⁷ See the ESCR-Network, at http://www.escr-net.org/EngGeneral/Case_law.asp, accessed 9 November 2006.

¹⁸ See Concluding Observations for the Committee on Economic, Social and Cultural Rights: Jordan. 01/09/2000. E/C.12/1/Add.46. (Concluding Observations/Comments) para's 11-13 available at: [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/E.C.12.1.Add.46.En](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/E.C.12.1.Add.46.En), accessed 8 November 2006.

¹⁹ See General Comment on the right to the highest attainable standard of health, 11/08/2000, E/C.12/2000/4, para 59-62

²⁰ See <http://www.kinghussein.gov.jo/resources4.html>, accessed 26 October 2006.

²¹ *Ibid.* Be careful with using *ibid* at this stage, because you might still add footnotes

²² *Ibid.* For example, many heart transplant patients travel to Jordan.

²³ See <http://hdr.undp.org/statistics/data/countries.cfm?c=JOR>, note figures available refer to 2002, accessed 11 November 2006.

²⁴ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.11, available at: <http://www.phrplus.org/Pubs/te49fin.pdf>, accessed 11 November 2006.

²⁵ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.21, available at: <http://www.phrplus.org/Pubs/te49fin.pdf>, accessed 11 November 2006.

concentrating public health spending on primary health care. Nonetheless, the total spending on health is slightly higher than defence expenditure which has remained at an average of 8.7% of GDP over the period between 1998 and 2003.²⁶ It is perhaps surprising that health care expenditure is greater than defence spending, if one considers the recent history of military conflicts in the Middle East. However, other estimates do place defence spending at much higher figures. The CIA estimated that defence spending in 2005 was 13.5% of GDP.²⁷

Systemic Problems of the Jordanian Health System

The formulation of health care strategy and policy has been hindered in Jordan due to the disjointed nature of its health care system and the lack of accurate data from which to base reforms upon. Jordan's health sector has been described as a "*complex amalgam of several highly fragmented private and public programs.*"²⁸ The public sector is comprised of two major programs funded and run by the Ministry of Health (MOH) and the Royal Medical Services (RMS). Other smaller public services are university based programs, such as the Jordan University. There are also some donor led health programs, the largest being that operated by United Nations Relief Works Agency (UNRWA) which provides care mostly for Palestinian refugees. There are private health care insurance providers which either sell insurance policies to individuals, or work with mainly large companies to provide private insurance for their employees. The private sector is the largest source of health funding in Jordan (47%), followed by the public sector (45%) and other donors (8%).²⁹ The role of private health care is mainly confined to the urban areas and is primarily utilised by the wealthiest Jordanians.³⁰

Availability, accessibility, acceptability and quality of health care services

On the basis of UN Comment No. 14 on the right to the highest attainable standard of health, governments are to ensure the availability, accessibility, acceptability and quality of health care services. Accessibility has four overlapping dimensions: non-discrimination, physical accessibility, economic accessibility (affordability), and information accessibility. Specifically in relation to private health care providers the UN Comment No. 14 states that countries are obligated to ensure that privatisation of the health sector does not constitute a threat to the availability, accessibility, acceptability and quality of health care services.³¹

Accessibility and Availability

²⁶ See http://www.sipri.org/contents/milap/milex/mex_share_gdp.html, figures referred to are from 2002, accessed 11 November 2006.

²⁷ See <https://www.cia.gov/cia/publications/factbook/geos/jo.html>, accessed 11 October 2006.

²⁸ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.21, available at: <http://www.phrplus.org/Pubs/te49fin.pdf>, accessed 11 November 2006.

²⁹ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.9, available at: <http://www.phrplus.org/Pubs/te49fin.pdf>, accessed 11 November 2006.

³⁰ Jon Hanssen-Bauer, Jon Pedersen, *The Jordanian Living Conditions Survey*, p.191, available at: <http://www.fafo.no/pub/rapp/253/253.pdf>, accessed 10 November 2006.

³¹ United Nation's Economic and Social Council, Second periodic report: Jordan. 23/07/98. E/1990/6/Add.17. (State Party Report), at paragraph 86, available at: [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/E.1990.6.Add.17.En?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/E.1990.6.Add.17.En?Opendocument), accessed 15 November 2006.

Physical access to health services seems to be good, with most people having a health care provider within walking distance of their living quarters.³² Most problems exist in terms of the affordability of health care services. Both private and public health providers operate health insurance programs which provide their subscribers with varying degrees of health benefits. Hence having health insurance greatly increases accessibility to health care. Currently, approximately 32% of the population in Jordan is uninsured.³³ Insurance coverage varies across income groups with the poorest segment of the population more often lacking insurance compared to the wealthier segments. The same is true with regards the distribution of private insurance and wealth, with the higher income groups having the largest proportion of private health coverage.³⁴ .³⁵ Furthermore, a survey, conducted by PHR-plus indicates that over 50% of workers in the private sector are without any form of employer-sponsored insurance cover.³⁶ Those citizens who are uninsured do not totally lack access to health care services; however they will face greater out-of-pocket expenses.³⁷

It is not known to the present author whether Jordanians without insurance simply choose not to seek coverage or are inhibited from doing so due financial constraints. Nevertheless, there have been calls recently for the government to reopen a voluntary public insurance program to cover the poorest members of society. There is currently in operation the Civil Insurance Program (CIP) which provides insurance for government employees on a mandatory basis; however until 1983 the program was also open to voluntary contributions from the rest of the population. Given that access to health care is strongly related to having insurance, the lack of a voluntary insurance system may be contributing to the inequity in access. The government has therefore considered expanding the current system by allowing reopening the voluntary system under the CIP and redefining the poverty threshold.³⁸ It has also been reported that the extent of health insurance amongst some segments of the population may be under threat from other factors. For example the rationalisation of public sector employment as part of the government's recent reform programme has further reduced the health insurance coverage among the "coping poor".³⁹ While at the same time, dangers exist in the privatisation of public companies which can lead

³² Jon Hanssen-Bauer, Jon Pedersen, *The Jordanian Living Conditions Survey*, p.166, available at: <http://www.fafu.no/pub/rapp/253/253.pdf> , accessed 10 November 2006.

³³ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.44, available at: <http://www.phrplus.org/Pubs/te49fin.pdf> , accessed 11 November 2006.

³⁴ Jon Hanssen-Bauer, Jon Pedersen, *The Jordanian Living Conditions Survey*, p.191, available at: <http://www.fafu.no/pub/rapp/253/253.pdf> , accessed 10 November 2006.

³⁵ World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.10, available at: http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf , accessed 15 November 2006.

³⁶ World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.10, available at: http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf , accessed 15 November 2006.

³⁷ Banks, Dwayne, Lonna Milburn and Hannan Sabri. September 1999. Profile of the Uninsured in Jordan. Technical Report 37. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc. , available at: <http://www.phrplus.org/Pubs/te49fin.pdf> , accessed 7 January 2007.

³⁸ WHO

³⁹ Jordan Human Development Report, p.57, available at: http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/JHDR_2004.pdf , accessed 11 November 2006.

to the erosion of social entitlements among employees and pensioners.⁴⁰ Altogether, since health insurance is out of reach for a large proportion of the Jordanian population, the accessibility and affordability of health care services are of great concern in Jordan.

Acceptability and Quality of Health Care Services

The majority of uninsured Jordanians (54%) are using private as opposed to public facilities where they could receive highly subsidised or even free care.⁴¹ This means that poorer segments of the uninsured face higher out of pocket expenses than the insured or wealthy uninsured. It has been shown that the insured pay on average, JD 33 per annum on outpatient care, whilst the uninsured spend nearly twice as much per annum.⁴² For inpatient care, Jordanians pay JD 8.2 out of pocket per capita per annum. However, the uninsured pay 3.5 times as much as the insured. This may simply be freedom of choice on behalf of some the uninsured or it may point to a real or perceived difference between the quality of public and private services.

There also exists a threat to the quality of health care from those who acquire multiple insurance coverage. On the one hand it may be seen as a way for households to cover gaps in benefits and expand their choice of providers. Nevertheless, multiple coverage may allow a duplication in services, excess use, and lack of coordination, which can threaten quality of care.⁴³ There is also a lack of regulation of capital investment in the private hospital sector which has resulted in a surge of private hospitals. The occupancy of these private hospitals is well below the optimum occupancy rate of 80% suggesting that a significant amount of excess capacity exists in the private sector. This excess capacity is increasing health care costs and possibly effecting health care quality by providing incentives for private carers to carry out unnecessary tests in order to cover costs.⁴⁴ It is notable that the Jordanian government only identified the need to bring public sector hospitals under the “*supervision of an independent institution responsible for providing three levels of therapeutic service.*”⁴⁵ It would perhaps be more efficient and cost effective if the government extended its regulation and coordination not only over the multiple public providers but also the private sector.

⁴⁰ Jordan Human Development Report, p.57, available at:

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/JHDR_2004.pdf, accessed 11 November 2006.

⁴¹ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.65, available at: <http://www.phrplus.org/Pubs/te49fin.pdf>, accessed 11 November 2006.

⁴² World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.10, available at: http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf, accessed 15 November 2006

⁴³ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.44, available at: <http://www.phrplus.org/Pubs/te49fin.pdf>, accessed 11 November 2006.

⁴⁴ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.66, available at: <http://www.phrplus.org/Pubs/te49fin.pdf>, accessed 11 November 2006.

⁴⁵ United Nation’s Economic and Social Council, Second periodic report: Jordan. 23/07/98.

E/1990/6/Add.17. (State Party Report), at paragraph 86, available at:

[http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/E.1990.6.Add.17.En?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/E.1990.6.Add.17.En?Opendocument), accessed 15 November 2006.

International Assistance

In comparison to the total amount of aid Jordan receives the amount given for assistance in health related matters is very small.⁴⁶ Nonetheless the biggest donor is USAID, which currently allocates about US\$ 10 million annually for health out of a total between US\$ 150 and 200 million. The focus is on two major areas: health reform (including insurance) addressed by the Partners for Health Reform project (PHR) and PHC/reproductive health, addressed by the PHCI initiative. It is clear from the “USAID/Jordan Strategy 2004-2009” report that the financial aid is conditional on Jordan opening its markets to foreign investment and placing more services out of state control and in to privately run enterprises.⁴⁷

There are several other United Nations led assistance programs. The UNDP’s runs limited health-related programs in collaboration with the Department of Statistics in planning the household, income and expenditure survey and collaboration in inter-agency projects led by WHO such as HIV/AIDS prevention, media and health, and Healthy Villages. UNICEF is focusing its 5-year plan on the following areas in the health sector: PHC, nutrition and healthy lifestyles with commitments in 2001 for US\$ 270 000. The United Nation Relief Works Agency (UNRWA) provides care to over 400, 000 Palestinian refugees, and accounts for a little less than 2% of the total health expenditure.⁴⁸ The UNRWA runs its own system of health centres and refers patients to Ministry of Health and private facilities for hospital care.

General health of the population

The World Bank places Jordan in the ‘Lower Middle Income Group’, which implies that in Jordan there is a fairly high standard of living.⁴⁹ In fact according to a UN Report, a relatively low percentage of the population, 6.6% in 1993, lived in abject poverty in Jordan.⁵⁰ However, between 1987 and 1993 the amount of people living at, or just below the absolute poverty line rose from 16% to 21%.⁵¹ Poverty was most prevalent in rural areas and is positively correlated with family size.⁵² The life expectancy in Jordan has more than doubled over the last hundred years and now

⁴⁶ World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.13, available at:

http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf , accessed 15 November 2006.

⁴⁷ See: USAID/Jordan Strategy 2004-2009: Gateway to the Future, p.10 & p.16, available at:

http://pdf.dec.org/pdf_docs/Pdabz632.pdf , accessed 5 January 2007.

⁴⁸ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.43, available at:

<http://www.phrplus.org/Pubs/te49fin.pdf> , accessed 11 November 2006.

⁴⁹ Income groups: Low / Lower middle /Upper middle / High. See the overview of the UN Millennium Goals, available at: http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Data/Regional/asia_western.htm , accessed 3 November 2006.

⁵⁰ Millennium Development Goals, Jordan Report, 2004, p. 6, available at

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf , accessed 16 November 2006.

⁵¹ Millennium Development Goals, Jordan Report, 2004, p. 6, available at

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf , accessed 16 November 2006.

⁵² Millennium Development Goals, Jordan Report, 2004, p. 6, available at

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf , accessed 16 November 2006.

stands 78.4 years (male 75.9 years and female 81.05 years). This is slightly higher than Syria, but considerably lower than Israel, where life expectancy is 79.46 years.⁵³

Much has been achieved in recent years to improve health in Jordan, especially with regards to lowering infant and maternal mortality rates.⁵⁴ At present, many of the more common diseases seem to be lifestyle related: there is a high incidence of cardiovascular diseases as well as of diabetes. In recent years, the determinants of non-communicable disease and levels of risk factors have risen. For example more than 40% of men and 5-10% women smoke regularly.⁵⁵ Studies have also shown that obesity is also emerging as a major problem. As mentioned below, there is growing awareness at a governmental level that in order to lower the incidence of these diseases, people's lifestyles should be addressed.⁵⁶

Women's health (para 21 of the General Comment)

Jordan is a party to the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW).⁵⁷ This implies that it has made a commitment to Article 12 CEDAW, which stipulates a right to access to health care services for women. With regard to reproductive health, this provision states in paragraph 2 that governments are to "*ensure to women receive appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation*".

According to paragraph 21 of the General Comment on the Right to Health on Article 12 ICESCR, one of the major global goals for promoting women's right to health should be lowering maternal mortality.

Access to health care during pregnancy and delivery / maternal mortality

Maternal mortality rates were estimated at 41.4 per 100,000 live births in 1996.⁵⁸ The most important factors that affect maternal mortality rates are pre- and post-natal care and supervision from skilled health personnel during birth. In Jordan, the percentage of women having access to health care during pregnancy was 98.6 percent in 2002.⁵⁹ More particularly, women are almost always attended by skilled health personnel

⁵³ US Central Intelligence Agency website, country profile of Jordan, available at:

<https://www.cia.gov/cia/publications/factbook/geos/jo.html> , accessed 15 November 2006.

⁵⁴ World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.4, available at:

http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf , accessed 15 November 2006.

⁵⁵ World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.4, available at:

http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf , accessed 15 November 2006.

⁵⁶ World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.4, available at:

http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf , accessed 15 November 2006.

⁵⁷ United Nations Treaty Database, see: <http://www.unhcr.ch/tbs/doc.nsf/Statusfrset?OpenFrameSet> , accessed 17 November 2006.

⁵⁸ Millennium Development Goals Report, Jordan 2004, p.34, at

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf , accessed on 19 November 2006.

⁵⁹ Millennium Development Goals Report, Jordan 2004, p.34, at

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf , accessed on 19 November 2006.

when they give birth.⁶⁰ However, post-natal care and practices are also crucial in combating maternal mortality. According to the Population and Family Health Survey 2002, only 8% of mothers received post-natal care in the crucial 2 days after delivery.⁶¹ The main reason for such a low incidence of post-natal checks was, according to the survey, a lack of knowledge on behalf of the mothers that such checks were necessary. This low incidence rate may indicate an area in which the government could improve the quality of care given to pregnant women by launching an information program on the importance of post-natal care. Also of some concern is the declining economic conditions which are limiting the ability of families to pay for health care, and the growth of private health care, which is increasing health care costs.⁶²

Access to reproductive health services and information

On the basis of paragraph 34 of the General Comment on the Right to the Health, States should refrain from limiting access to contraceptives and other means of maintaining sexual and reproductive health-related information, including sexual education and information.⁶³

Jordan has one of the highest rates of population growth in the world, a fact which is of great concern to the government and international observers.⁶⁴ According to a 1997 Population and Health Survey, almost 40% of Jordanian women stated that their last pregnancy had not been planned, and about half of those surveyed did not want more children. With a large, young population—40% of the population is under age 15—the need for family planning is expected to rise. International assistance is being provided to improve and expand maternal and child health programmes and to broaden the range of modern contraceptives that are available in the country. Contraceptive products related to the social marketing campaign are now available at a reasonable price at virtually all of Jordan's pharmacies. The modern contraceptive prevalence rate has increased from 27 percent in 1990 to 38 per cent in 1997.⁶⁵ In 2002, the use of modern contraceptives among married women was estimated at 55.8%.⁶⁶

⁶⁰ World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.4, available at: http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf, accessed 15 November 2006.

⁶¹ Millennium Development Goals Report, Jordan 2004, p.35, at http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf, accessed on 19 November 2006.

⁶² Millennium Development Goals Report, Jordan 2004, p.36, at http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf, accessed on 19 November 2006.

⁶³ General Comment on the Right to Health, see note*.

⁶⁴ The country's 2.4% rate of natural increase is among the highest in the world. If this rate continues unabated, some experts predict that the country's population will double by 2026, putting even more strain on scarce natural resources, particularly water supplies. See: <http://www.engenderhealth.org/ia/cbc/jordan.html>, accessed 16 December 2006.

⁶⁵ Population Policy Databank maintained by the Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat. See <http://www.un.org/esa/population/publications/abortion/doc/jordan.doc>, accessed 28 August 2006.

⁶⁶ Millennium Development Goal Indicators Database, Millennium Indicators for Jordan, available at <http://mdgs.un.org/unsd/mdg/Data.aspx?cr=400>, accessed 20 December 2006.

Abortion

In Jordan, abortion is only permitted under very strict circumstances. Jordanian law only permits abortion when this is the sole means of saving the life of a pregnant woman.⁶⁷ In such a case, the attending physician or surgeon is required to consult two physicians, who must jointly give their approval.⁶⁸ Although the laws in Jordan with regard to induced abortion are relatively restrictive, it is reported that they are broadly interpreted with considerable discretion.⁶⁹ Reliable statistics on abortion are not readily available. However, one estimate puts the induced abortion rate at one per 1,000 deliveries. The major reasons for having an abortion are believed to include illness of the mother; family size (too many children); unwanted new children; complicated childbirth; and pregnancy out of wedlock.⁷⁰

HIV/AIDS

The first case of AIDS was diagnosed in Jordan in 1986. As a result the National Jordanian AIDS Programme was established through the General Directorate for Primary Health Care.⁷¹ The National Committee was then formed, which ensures provision of services to patients and has intensified screening of blood transfusion. Jordan has a very low HIV prevalence rate and only a few cases of AIDS have been identified. On December 2003, 334 cumulative cases of AIDS (with 67 deaths) had been reported to the National AIDS Programme. Nearly 60 percent of these cases had occurred among non-Jordanians and 68% of all individuals with HIV infection are between the age of 20 and 39.⁷² By the end of 2002, the cumulative number of known AIDS cases in Jordan was 310 cases (the WHO estimates as high as 700) of which 28 cases were discovered in the last 5 years: an infection rate of less than 1 per 10,000.⁷³ This rate is considered very low internationally. However it is pointed out that these rates do not reflect the real magnitude of the AIDS problem in Jordan, since these were cases discovered through special investigation methods by the Ministry of Health.⁷⁴

⁶⁷ Abortion is prohibited in Jordan under the Penal Code, Law No. 16 for the year 1960. The exception is provided under Public Health Law No. 20 of 1971 (section 62[a]), an abortion may be performed when it is necessary to avert a danger to the life or health of the pregnant woman. See the Population Policy Databank maintained by the Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat. See:

<http://www.un.org/esa/population/publications/abortion/doc/jordan.doc>, accessed 21 November 2006.

⁶⁸ Population Policy Databank maintained by the Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat. See:

<http://www.un.org/esa/population/publications/abortion/doc/jordan.doc>, accessed 21 November 2006.

⁶⁹ *Ibid*

⁷⁰ *Ibid*.

⁷¹ Millennium Development Goals Report, Jordan 2004, p.34, at

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf, accessed on 19 November 2006.

⁷² Millennium Development Goals Report, Jordan 2004, p.40, available at

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf, accessed on 19 November 2006.

⁷³ Millennium Development Goals Report, Jordan 2004, p.34, at

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf, accessed on 19 November 2006.

⁷⁴ Millennium Development Goals Report, Jordan 2004, p.41, at

http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf, accessed on 19 November 2006.

The UNDP reports that sexual activity is the main mode of HIV transmission, accounting for 52% of all infections in Jordan. Although nearly 22% of infections are due to blood and blood products, these appear to have occurred in the epidemic; blood transactions in Jordan are now subject to 100% central and mandatory testing. Injected-drug use and mother-to-child transmission account for 5.5% of HIV/AIDS cases. Nearly 21% of all infections are attributable to unknown modes of transmission.⁷⁵ The UNDP also reports that HIV/AIDS still remains a taboo subject in Jordan which makes it difficult to promote precautionary measures and safe sex. In the 2002 DHS survey, among ever-married women aged 15-49, only 27.9% correctly stated two ways of avoiding HIV infection; 13.6% correctly identified two misconceptions about HIV/AIDS; and 45.8% of respondents knew that a healthy looking person could have the AIDS virus.⁷⁶ The UNDP reports that the Ministry of Health is making efforts to raise awareness; however it also states that more must be done within society at large to ensure that the low prevalence will not become a 'problem' in the future.⁷⁷

Child health

As mentioned above, Jordan is a party to the Convention on the Rights of the Child (CRC).⁷⁸ Of particular importance for the purposes of this study is Article 24 CRC, which contains an elaborate and comprehensive provision on the right to health of children. On the basis of this provision, Jordan is among other things obliged to ensure that children have access to health services that are accessible and of good quality.

Jordan has shown its commitment to the rights of children by becoming a party to the optional protocols to the CRC, and establishing a National Council on Family Affairs and a National Centre for Human Rights, some of whose staff deal specifically with children's rights. Jordan should also be commended for launching a National Plan of Action for Early Childhood Development (2004-2013) and other strategies.⁷⁹

Other positive aspects reported by the CRC's Rapporteur to Jordan, included: measures to increase awareness of the Convention through the Children's Parliament and the National Centre for Human Rights and the Ministry of Education; the raising of the legal age for marriage to 18 for both boys and girls; quality health care for children; and the reduction of infant mortality and infectious diseases.⁸⁰ Furthermore, amendments to the Juveniles Act now prohibits has changed the definition of child beggars, meaning such children are no longer to be referred to as vagrants but as

⁷⁵ Millennium Development Goals Report, Jordan 2004, p.40-41, at http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf, accessed on 19 November 2006.

⁷⁶ See: http://www.who.int/GlobalAtlas/predefinedReports/EFS2004/EFS_PDFs/EFS2004_jo.pdf, p.2, accessed September 2006.

⁷⁷ refer to UNDP report in footnote

⁷⁸ See note *

⁷⁹ See: [http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.SR.1188.En?OpenDocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/CRC.C.SR.1188.En?OpenDocument), p.2, accessed 3 January 2007.

⁸⁰ See: [http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.SR.1188.En?OpenDocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/CRC.C.SR.1188.En?OpenDocument), p.2-3, accessed 3 January 2007.

children in need of protection and care.⁸¹ The amended Juveniles Act also prohibits the holding of child detainees with adults. The Child Labour Unit, which had been established within the Ministry of Labour, has developed a National Strategy for the Elimination of the Worst Forms of Child Labour. A draft children's rights act was in the process of being adopted.⁸²

However a number of concerns were also raised by the Rapporteur including the fact that : the Convention had not yet been incorporated into domestic law; very little data on the situation of children was available; perpetrators of honour killings continued to receive only light sentences; and traditional attitudes still affected the rights of girls and women. Lastly, he expressed concern at the growing number of street children and the de facto discrimination suffered by the disabled in the areas of health, education and social services.⁸³

Infant mortality rate

Infant mortality rates in Jordan have decreased drastically during the period 1990-2002 by 35%; from 34 per thousand in 1990 to 22 per 1000 live births in 2002. Mortality rates of children under the age of five have decreased by 31%; from 39 per thousand in 1990 to 27 per 1000 live births in 2002. The UNDP outlines the vast progress that has been made; however it also identifies two main issues that must be addressed. The first are the regional disparities in health indicators. For example, under-five infant mortality rates were much lower in the Capital and higher in the North (35), South (31), and rural areas (36).⁸⁴ Secondly, a high percentage of deaths occur in the first month after birth; this period is known as neonatal care and is estimated at 16 per 1000 nationally.⁸⁵ Thus it is imperative that further interventions to reduce infant mortality focus on the neonatal period.

Immunization

The WHO reports that 95% of one year olds were immunised with DPT and OPV in 2005. According to the same source, 89% of one year olds were immunised with BCG.

Prison health

The US State Department stated that visits by independent human rights observers are being permitted to Jordan's prison and that in general prison conditions meet with international standards. However it also stated that the prisons and local police detention facilities were "*spartan, and on the whole were severely overcrowded and*

⁸¹ Committee on the Rights of the Child, Forty Third Session, 22 September 2006, available at: [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.SR.1188.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.SR.1188.En?OpenDocument) , p.3, accessed 3 January 2007.

⁸² Committee on the Rights of the Child, Forty Third Session, 22 September 2006, available at: [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.SR.1188.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.SR.1188.En?OpenDocument) , p.3, accessed 3 January 2007.

⁸³ Committee on the Rights of the Child, Forty Third Session, 22 September 2006, available at: [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.SR.1188.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.SR.1188.En?OpenDocument) , p.3, accessed 3 January 2007.

⁸⁴ Millennium Development Goals Report, Jordan 2004, p.40, available at http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf , accessed on 19 November 2006.

⁸⁵ Millennium Development Goals Report, Jordan 2004, p.40, available at http://www.escwa.org.lb/divisions/scu/events/Workshop_Information/Jordan%20Background%20Reading/Jordan%20MDGR%202004.pdf , accessed on 19 November 2006.

understaffed.”⁸⁶ Furthermore, the US State Department reported that Human rights groups and prisoners complained of poor food and water quality, inadequate medical facilities, and poor sanitation in certain facilities.⁸⁷ Amnesty International has raised concern regarding the torture of prisoners, particularly political prisoners. It reports that the methods of torture used include “*falaqa- whereby the soles of the victims feet are repeatedly beaten with a stick; and "shabeh" ("the phantom"), whereby the victim is suspended for up to several hours by his handcuffed wrists, and then beaten.*”⁸⁸ In 2006, the UN’s Special Rapporteur on torture, Manfred Nowak, recommended that the Jordanian government should: criminalise torture in full accordance with the definition contained in article One of the Convention against Torture, abolish the special courts, such as the police and intelligence courts; introduce effective measures aimed at preventing torture, such as medical documentation of torture allegations, access to lawyers, monitoring of interrogation methods; accept the right of individual complaints to UN human rights bodies; ratify the Optional Protocol to the Convention against Torture, and establish effective national mechanisms to carry out preventive and unannounced visits to all places of detention.⁸⁹

Mental health

The national programme of mental health was formulated by a national committee in Amman in July 1988. The programme objectives are: improving public health services and integrating mental health services therein; preventing mental disorders and promoting public awareness in this respect; and treating mental cases in a more efficient and less costly way.⁹⁰ During the past nine years, there have been initiatives to train 105 general physicians in mental health and 70 nurses in mental health care, and to start a school mental health programme. Preventive activities have been implemented through primary health care centres, schools and the mass media. Mental health has been promoted through disseminating information to the public, primary health care doctors and leading health administrators.⁹¹

A major problem has been the limited human resources. Many professionals seek vacancies with better salaries in neighbouring countries while others move to private sectors. Therefore, there is a shortage of qualified psychiatrists in the Ministry of Health. There are also problems in implementing rehabilitation and occupational therapy efficiently. These problems stem from a lack of continuous financial support as well as a lack of experts in this field.⁹²

⁸⁶ US Department of State, *Jordan Country Reports on Human Rights Practices – 2003*, at <http://www.state.gov/g/drl/rls/hrrpt/2003/27930.htm>, accessed 4 January 2007.

⁸⁷ US Department of State, *Jordan Country Reports on Human Rights Practices – 2003*, at <http://www.state.gov/g/drl/rls/hrrpt/2003/27930.htm>, accessed 4 January 2007.

⁸⁸ Amnesty International, *Jordan Systematic torture of Political Prisoners*, at <http://web.amnesty.org/library/Index/ENGMDE160082006?open&of=ENG-JOR>, accessed 4 January 2007.

⁸⁹ UN Implementation of General Assembly Resolution 60/251 of 15 March 2006 Entitled “Human Rights Council”, p. 20-21 available at: <http://www.ohchr.org/english/bodies/hrcouncil/docs/4session/A.HRC.4.33.Add.3.pdf>, accessed 7th January 2007.

⁹⁰ See: <http://www.emro.who.int/MNH/WHD/CountryProfile-JOR.htm>, accessed on 5 September 2007.

⁹¹ See: <http://www.emro.who.int/MNH/WHD/CountryProfile-JOR.htm>, accessed on 5 September 2007.

⁹² See: <http://www.emro.who.int/MNH/WHD/CountryProfile-JOR.htm>, accessed on 5 September 2007.

Persons with disabilities

CESCR General Comment No. 5 pays attention to Persons with Disabilities. According to the General Comment, States are to take positive action to reduce structural disadvantages and to give appropriate preferential treatment to people with disabilities in order to achieve the objectives of full participation and equality within society for all persons with disabilities.⁹³

The US Department of State gives account of the high unemployment which restricts job opportunities for persons with disabilities, who numbered 220,000.⁹⁴ The State does provide financial support to 13% of disabled citizens. Furthermore the government has passed legislation in 1993, reinforced in 2000, requiring future public buildings to accommodate the needs of persons with disabilities and to retrofit existing public buildings; however, implementation has been slow. The same report points out that the law requires that 2 percent of available public sector jobs be reserved for persons with physical disabilities.⁹⁵

Minorities

The Palestinian refugee population continues to live in camps. It is reported that the Government does not provide health services to these refugees.⁹⁶ They are largely reliant upon their own services, which are to some extent funded by donor agencies including UNRWA (United Nations Relief and Works Agency for Palestine Refugees in the near East) which provides support to over 400,000 Palestinian refugees.⁹⁷ They also rely on UNRWA-contracted hospitals. The US State Department gives account of the discrimination suffered by Palestinians residing in the country in appointments to positions in the Government and the military, in admittance to public universities, and in the granting of university scholarships.⁹⁸

There has also been a huge influx of Iraqi refugees fleeing to Jordan to escape the violence and upheaval in post war Iraq. The U.N. High Commissioner for Refugees estimates that 750, 000 Iraqis have fled to Jordan since the invasion in 2003.⁹⁹ However it is reported that this figure is likely to be even higher at possibly 1 million

⁹³ UN Committee on Economic, Social and Cultural Rights, General Comment No. 5, Persons with Disabilities, available at: [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/4b0c449a9ab4ff72c12563ed0054f17d?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/4b0c449a9ab4ff72c12563ed0054f17d?Opendocument) , accessed November 2006.

⁹⁴ US Department of State, *Jordan Country Reports on Human Rights Practices – 2003*, at <http://www.state.gov/g/drl/rls/hrrpt/2003/27930.htm> , accessed 4 January 2007.

⁹⁵ US Department of State, *Jordan Country Reports on Human Rights Practices – 2003*, available at <http://www.state.gov/g/drl/rls/hrrpt/2003/27930.htm> , accessed 4 January 2007.

⁹⁶ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.43, available at: <http://www.phrplus.org/Pubs/te49fin.pdf> , accessed 11 November 2006.

⁹⁷ Brosk H, El-Samen TA, Saif JA et al. JORDAN NATIONAL HEALTH ACCOUNTS. Partnerships for Health Reform (PHR), March 2000. (Technical Report No. 49), p.43, available at: <http://www.phrplus.org/Pubs/te49fin.pdf> , accessed 11 November 2006.

⁹⁸ US Department of State, *Jordan Country Reports on Human Rights Practices – 2003*, at <http://www.state.gov/g/drl/rls/hrrpt/2003/27930.htm> , accessed 4 January 2007.

⁹⁹ UNCHR, Statistics on displaced Iraqis around the world, available at: <http://www.unhcr.org/cgi-bin/texis/vtx/home/openssl.pdf?tbl=SUBSITES&id=461f7cb92> , accessed 5 September 2007.

Iraqi refugees within Jordan.¹⁰⁰ The Jordanian government has been unable to expand health care to Iraqis on a sufficient scale to meet their needs due to a lack of sufficient funding. Therefore, in an effort to improve the situation, the UNCHR hosted an international conference to highlight the needs of Iraqi refugees, however international assistance has not been readily forthcoming. The Jordanian government has begun planning with the WHO exactly what will be required to assist the health care needs of Iraqi refugees and early estimates suggest the cost to be in the region of several hundred million (US) dollars.¹⁰¹

Occupational health

As mentioned above, Jordan is a party to 23 ILO-Conventions, most of which are not explicitly health-related.¹⁰² It is unclear how and to what extent these treaties are implemented in Jordan and to what extent follow-up is given to their content. The WHO reports that in 1999 a new directorate for occupational health was created, including two divisions: Occupational medicine and occupational hygiene. Furthermore, the WHO indicates that available statistical data on morbidity and mortality from disease and accidents attributed to working conditions in the country are not adequate and probably underestimate the problem. Information on specialized health personnel rendering services to workers in manufacturing, agriculture, construction, mines and small-scale factories is incomplete. The WHO is seeking to support the government in formulating a national strategy and plan on Occupational Health. One of its main goals will be to increase the number of adequately trained health personnel in occupational health and work safety.¹⁰³

Access to safe water and to adequate excreta disposal facilities

The fresh water supplies of Jordan are scarce and strategically critical. The average share is 156 litres/citizen/day, one of the lowest in the Middle East. Public piped water supplies are available to 95% of the population. However water is only provided intermittently with supply frequency of once or twice a week, each of 12–24 hours duration. The quality of the supply suffers from interruptions and from the inadequate state of the distribution systems.¹⁰⁴ Nonetheless access to safe drinking water does not generally seem to cause problems in Jordan. The WHO reports that pipe water supplies reach over 90% of urban population and that the population with no access to pipe water obtain their water from tankers and wells. Appropriate excreta disposal facilities are almost universally available to Jordanian households, both in rural and urban areas. It is also reported by UNICEF that in the period between 1990 and 2000 access to safe drinking water actually fell from 96% to 95%

¹⁰⁰ Raghaven, S, “*War in Iraq Propelling a Massive Migration*”, Washington Post, 4 February 2007, available at: <http://www.washingtonpost.com/wp-dyn/content/article/2007/02/03/AR2007020301604.html> , accessed 5 September 2007.

¹⁰¹ Younes, K, & Garcia, S, “*Iraqi Refugees: Donor Governments Must Provide Bilateral Assistance to Host Countries*”, available at: <http://www.refugeesinternational.org/content/article/detail/10098> , accessed 5 September 2007.

¹⁰² For exact details of which ILO Conventions Jordan is a party to see: <http://www.ilo.org/ilolex/english/newratframeE.htm> , accessed 16 November 2006.

¹⁰³ See WHO, Regional Office for the Eastern Mediterranean, <http://www.emro.who.int/jordan/CollaborativeProg-SchoolHealth.HTM> , accessed 16 November 2006.

¹⁰⁴ World Health Organisation, Regional Office for the Eastern Mediterranean, Country Cooperation Strategy for the WHO and Jordan 2003-20097, p.6, available at: http://www.who.int/countries/en/cooperation_strategy_jor_en.pdf , accessed 15 November 2006.

of the population.¹⁰⁵ This problem has been further exasperated by the influx of 750,000 Iraqi refugees since the 2003 invasion of Iraq.¹⁰⁶

Environmental health

At an international legal level, there is a strong commitment towards environmental health. Jordan is a party to a number of international environmental conventions, including the Biodiversity Convention, the Climate Change Convention, the Climate Change-Kyoto Protocol, the Desertification Convention, Endangered Species Convention, the Hazardous Wastes Convention, and the Convention on the Law of the Sea.¹⁰⁷ It is unclear to what extent national laws have been adopted to give effect to these treaties. No information is available as to whether environmental health issues have been addressed before the Jordanian courts.

As to environmental problems which may lead to ill health, the following problems are reported: limited natural fresh water resources; deforestation; overgrazing; soil erosion; and desertification.¹⁰⁸ Also mentioned is the significant area of land 60 million m² that is known or suspected to be mined. In a country lacking arable land and water, the development blockages posed by land mines is significant. Clearing land mines must surely be a priority to ensure the environmental health and development of Jordan.¹⁰⁹

In order to address its environmental problems, the Jordanian government implemented a national strategy for the environment in 1992. Along with its international commitments it has also drafted and issued a number of laws, instructions, regulations and standards in various environmental fields.¹¹⁰

According to UNDP, the challenges for Jordan are, among other things, the lack of a national natural resources management system, especially in relation to address water shortages, limited public financial resources allocated to environmental protection, the inadequate treatment of waste, and the high migration from rural to urban areas.¹¹¹

Overall Conclusions

Overall Jordan has made a strong international commitment to the international human right to health, but has yet to make any comprehensive legal commitment at national level. Health expenditure is relatively high in Jordan compared to other countries in the region, however a lack of planning over the entire health system is

¹⁰⁵ See UNICEF, http://www.unicef.org/specialsession/about/sgreportdf/03_SafeDrinkingWater_D7341Insert_English.pdf, accessed 3 January 2007.

¹⁰⁶ Younes, K, & Garcia, S, "Iraqi Refugees: Donor Governments Must Provide Bilateral Assistance to Host Countries", available at: <http://www.refugeesinternational.org/content/article/detail/10098>, accessed 5 September 2007.

¹⁰⁷ CIA, the World Factbook, at <https://www.cia.gov/cia/publications/factbook/geos/jo.html>, accessed 20 December 2006.

¹⁰⁸ CIA, the World Factbook, available at: <https://www.cia.gov/cia/publications/factbook/geos/jo.html>, accessed 5 January 2007.

¹⁰⁹ Millennium Development Goal Indicators Database, Millennium Indicators for Jordan, p.49, available at <http://mdgs.un.org/unsd/mdg/Data.aspx?cr=400>, accessed 20 December 2006.

¹¹⁰ Millennium Development Goal Indicators Database, Millennium Indicators for Jordan, p.48, available at <http://mdgs.un.org/unsd/mdg/Data.aspx?cr=400>, accessed 20 December 2006.

¹¹¹ Millennium Development Goal Indicators Database, Millennium Indicators for Jordan, p.51, available at <http://mdgs.un.org/unsd/mdg/Data.aspx?cr=400>, accessed 20 December 2006.

causing inefficiency and waste. The private health sector funding is large (47%) but is largely confined to the cities and used by the rich; so the large role of the private sector has a negative effect on the availability and accessibility of health care services by increasing costs. A large proportion of the population (32%) remains uninsured, half of the workers in the private sector are, and this leads to high out-of-pocket expenditure, so altogether the affordability of health care services is a big problem

There is a need for the government to regulate private health care services more tightly and take control over the direction of the entire health care system in order to drive up quality standards and eradicate waste. The commercialisation trend appears to be partly triggered by conditional sponsoring received from the US which requires Jordan to open its markets to foreign investment and place more services out of state control and in to privately run enterprises. These conditions run contrary to the conclusions of several reports on Jordan's health care system which recommend more robust government control and planning along with greater regulation on private providers.

Another related problem the government must confront is the need to refocus spending on primary rather than tertiary health care. Government policy states primary health care strategies are its top priority, however, this is not borne out by statistical analysis of spending patterns. Clearly there is a great need to focus on primary health care strategies to combat; the staggering rate of population growth, the rise of non-communicable health problems (diabetes, obesity and smoking related cancer), and maternal mortality due to lack of post-natal care.

Finally, Jordan's health care problems have further been exasperated by the huge influx of Iraqi refugees fleeing from the violence and turmoil which has ensued following the 2003 invasion of Iraq. This is a problem which has stretched the already modest resources of the Jordanian government and which requires an international solution.