

المملكة الاردنية الهاشمية
Hashemite Kingdom of Jordan



High Health Council
General Secretariat

المجلس الصحي العالي
الأمانة العامة

تقرير الحسابات الصحية الوطنية
للسنتين الماليتين 2016 و 2017
التقرير الفني الثامن

**Jordan National Health Accounts
for 2016 – 2017 Fiscal Years
Technical Report No. 8**

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His Majesty King Abdullah II Ibn Al –Hussein



His Royal Highness Crown Prince Al-Hussein Bin Abdullah II

تقديم

يسعدني أن أقدم لكم التقرير الفني الثامن للحسابات الصحية الوطنية للسنتين الماليتين 2016 – 2017 والذي تم إنجازه في الامانة العامة للمجلس الصحي العالي بفضل الجهود الكبيرة والمخلصة التي بذلها الفريق الوطني للحسابات الصحية الوطنية.

تعتبر الحسابات الصحية الوطنية اداة هامة لرسم السياسة الصحية للقطاع الصحي وهي توفر المؤشرات المتعلقة بالإنتفاق الصحي في الاردن على مستوى الاقتصاد الكلي مما يساعد واضعي السياسات الصحية ومتخذي القرار والمخططين الصحيين والباحثين في الحصول على المعلومات المستندة إلى الدلائل والبراهين بهدف وضع السياسات الصحية الكفيلة بتحسين وتعزيز أداء النظام الصحي من خلال تطوير أنظمة التمويل الصحي وإتباع آليات من شأنها تعظيم الاستفادة من النفقات الصحية الوطنية و ضبط النفقات و ترشيدها مما ينعكس إيجاباً على تحسين الخدمات الصحية المقدمة للمواطن .

وانطلاقاً من دور المجلس الصحي العالي في رسم السياسة الصحية العامة في المملكة وتحسين أداء النظام الصحي الاردني، فقد تم العمل على مأسسة الحسابات الصحية الوطنية وإصدار التقارير الفنية السنوية في الامانة العامة للمجلس وسوف تستمر الامانة العامة للمجلس الصحي العالي من خلال الفريق الوطني للحسابات بإصدار هذا التقرير بشكل سنوي وفق أحدث المنهجيات والمعايير والتصنيفات المعتمدة من قبل المنظمات الدولية ذات العلاقة، وسيواصل فريق الحسابات الصحية الوطنية جهوده لإصدار هذا التقرير الهام سنوياً.

وفي الختام ادعو الله عز وجل أن يوفقنا في خدمة بلدنا العزيز في ظل الراية الهاشمية بقيادة جلالة الملك المفدى عبد الله الثاني ابن الحسين المعظم حفظه الله ورعا.

و السلام عليكم و رحمة الله و بركاته،،،،

أمين عام المجلس الصحي العالي

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Acronyms and Abbreviations

ALOS	Average Length of Stay	MOPIC	Ministry of Planning and International Corporation
CHCC	Comprehensive Health Care Centers	MOSD	Ministry of Social Development
CIP	Civil Insurance Program	NGOs	Nongovernmental Organizations
DOS	Department of Statistics	PHA	Private Hospital Association
GDP	Gross Domestic Product	NHA	National Health Accounts
GNP	Gross National Product	NHS	National Health Strategy
GOJ	Government of Jordan	OOP	Out of Pocket
HH	Households	PHR	Partnerships for Health Reform
HHC	High health Council	PHR plus	Partners for Health Reform plus
HID	Health Insurance Directorate	RMS	Royal Medical Services
HIPS	Health Insurance in the Private Sector Survey	SHA	System for Health Accounts
ICHA	International Classification of Health Accounts	SSC	Social Security Corporation
JD	Jordanian Dinar	TFR	Total Fertility Rate
JHUES	Jordan Health Utilization and Expenditures Survey	TPA	Third Party Administrator
JUH	Jordan University Hospital	UNRWA	United Nations Relief Works Agency
JFDA	Jordan Food and Drug Administration	USAID	United States Agency for International Development
JPD	Joint Procurement Department	UHs	University Hospitals
KAUH	King Abdullah University Hospital	VHC	Village Health Center
MENA	Middle East and North Africa	WHO / EMRO	World Health Organization / Eastern Mediterranean Regional Office
MIP	Military Insurance Program	WB	World Bank
MOF	Ministry of Finance		
MOH	Ministry of Health		

Acknowledgments

The High Health Council (HHC) thanks all the institutions which were involved directly and supported the efforts of the National Health Accounts (NHA) team to produce this technical report on Jordan's NHA 2016 - 2017 (Eighth round) which was hosted and prepared at the HHC. A special thank you goes to the USAID Health Finance and Governance Activity for their continuous technical assistance and expertise and the WHO for their guidance on the latest NHA updates and developments which contributes to strengthening the institutionalization process of NHA in Jordan.

The NHA 2016 – 2017 report is made possible by the advice and support of the Chairman of the High Health Council / H.E. the Minister of Health Dr. Saad Jaber.

Executive Summary

Jordan has made significant gains in the institutionalization process of NHA at the HHC. There has been greater cooperation among public and private sector agencies with respect to the sharing of essential data, and the NHA information in finding a broader audience outside of the public sector. However, many obstacles remain: the data must have greater auditing controls and the methodology employed by various sectors to pool data needs to be more uniform, thereby, leading to enhanced comparability across agencies.

The total expenditure on health care in Jordan amounted to JD 2.357 billion (US \$ 3.3 billion) in 2016 and JD 2.566 billion (US \$ 3.6 billion) in 2017, and the per capita expenditures was JD 241 (US \$ 340) and JD 255 (US \$ 361) in 2016 and 2017 respectively. The total expenditure on health was 8.5 percent in 2016 and 8.9 percent in 2017 of the GDP which is considered high for an upper middle-income country. This level of expenditure is more in line with countries of the Organization for Economic Cooperation and Development (OECD). The proportion of government budget allocated to health sector was 12.12 percent in 2016 and 11.83 percent in 2017.

Public sources for health care financing accounted for 60.88 percent in 2016 and 57.61 percent in 2017, while private sources accounted for 33.62 percent and 33.89 percent, respectively. International donors accounted for the remaining 5.51 percent (2016) and 8.5 percent (2017).

In terms of expenditures, the public sector accounted for 62.4 percent (2016) and 62.29 percent (2017). Private sector accounted for 33.54 percent (2016) and 33.82 percent (2017). NGOs accounted for 3.41 percent (2016) and 3.09 percent (2017). UNRWA clinics accounted for 0.65 percent and 0.81 percent in 2016 and 2017, respectively.

Expenditures on pharmaceuticals was very high and reached JD 550 million (US \$ 777 million) in 2016 and JD 593 million (US \$ 838 million) in 2017, which accounted for 1.98 percent and 2.05 percent of GDP, and 23.34 percent and 23.13 percent of the total health expenditures, respectively. Public expenditures on curative care accounted for 72.8 percent in 2016 and 73.7 percent in 2017, while expenditure on primary care accounted for 20 percent and 19.6 percent, respectively.

Household expenditures were either paid to providers as out-of-pocket (OOP) expenditures in public and private health facilities or paid as premiums for public and private health insurance. OOP expenditures represented around 83 percent and 84 percent of total HH expenditures in 2016 and 2017 respectively. Private OOP as percent of total OOP represents 87.8% (JD 571.6 million) and 87.1% (JD 622 million) in 2016 and 2017 respectively. There is a slight increase in 2016 and 2017 OOP as percentage of total health expenditures (27.6% and 27.8% respectively), compared to 2015 (26.8%) which affects negatively the financial sustainability in the health sector and indicates the need to strengthen financial risk protection.

1. Introduction

Socio-economic Background

The Hashemite Kingdom of Jordan is an upper middle-income country, with a population of 10 million in 2017. The Gross Domestic Product (GDP) amounted to JD (27.8) billion or around US \$ (39) billion and to JD (28.9) billion or around US\$ (40) billion, in 2016 and in 2017 respectively. The per capita GDP was JD (2,829.4) or US\$ (4,012) in 2016, and JD (2,875.1) or US\$ (4,061) in 2017 (Department of Statistics, DOS). Jordan has a small economy with limited natural resources.

The majority of the populace has access to basic infrastructure like safe water, sanitation, and electricity and lives in permanent dwelling structures. Government commitment to improve the overall quality of life and the social standards of its people was stated clearly in Jordan's Vision 2025. Primary and secondary education for girls and boys alike has been made a priority.

Rapid population growth implies an increase in demand for social programs, such as, education and health. A change in the population make-up, further highlights the need for a health policy that will account for growing demand for health care for the elderly as well as maternal and child health care services.

Health Sector Issues

Jordan is classified as an Upper middle-income country. In 2016 and 2017, Jordan's health care expenditures amounted to 8.5 percent and 8.9 percent of GDP, respectively. This percentage is much higher than those of other MENA counties that are at similar stages of economic development. Jordan with its limited resources is consuming health care services at levels found typically among developed countries, and when this is considered in terms of population growth rates and the aging population it becomes apparent that such high level of expenditures is not sustainable.

Given the anticipated population growth in Jordan over the next decade, its changing epidemiological profile and modest economic growth rates, sustaining the current level of health care expenditures will represent a significant challenge to policymakers. The implementation of effective cost containment measures would be necessary to curb the rising cost of health care services in the country. Moreover, anecdotal evidence suggests that a significant amount of inefficiencies in the provision and financing of health care services exists; hence, strategies such as engaging in contracts with private sector providers, for resources such as hospital beds, should be seriously considered – particularly in light of the significant levels of excess capacity that exist within such institutions. In addition, despite the heavily subsidized services offered by the public sector, it is estimated that around 32 percent of the Jordanian population remains uninsured (DOS, 2015).

Jordan's health system consists of several highly fragmented public and private programs. Two major public programs that finance as well as deliver care are the Ministry of Health (MOH) and Royal Medical Services (RMS). Other smaller public programs include several university-based programs, such as the Jordan University, and Jordan University of Science and Technology. In addition, several non-governmental organizations (NGOs) and donor owned, and operated facilities exist. The largest being United Nations Relief Works Agency (UNRWA) which provides care mostly to Palestinian refugees.

At present, a limited amount of reliable data exists on utilization rates, insurance coverage, and expenditures on health care services. Health planners are unable to evaluate actual needs of the population, or to assess in any systematic way the performance of the health system. Pluralism of the health care system exacerbates the difficulty in data collection and assessment. Many individuals and their dependents are enrolled in more than one insurance program. As a result of multiple coverage, it is difficult to plan, monitor, and control expenditure, as well as ascertain the exact number of insured and uninsured.

NHA is designed to give a comprehensive description of financial flows in a health care system, showing where resources come from to financing agents who manage funds, and how funds are used (Figure 1).

The private sources are comprised of premiums paid by people for private commercial insurance, expenditures incurred by self-insured companies that directly pay for health care services for their employees, and out-of-pocket (OOP) expenditure for health care and for drugs at pharmacies. The public sources are comprised mainly of tax revenue allocations by the Ministry of Finance (MOF) to the MOH and RMS.

Even as the financing in the entire health sector is highly fragmented, within the public and private sector it is highly centralized and controlled leaving little room for flexibility and maneuverability at the facility level.

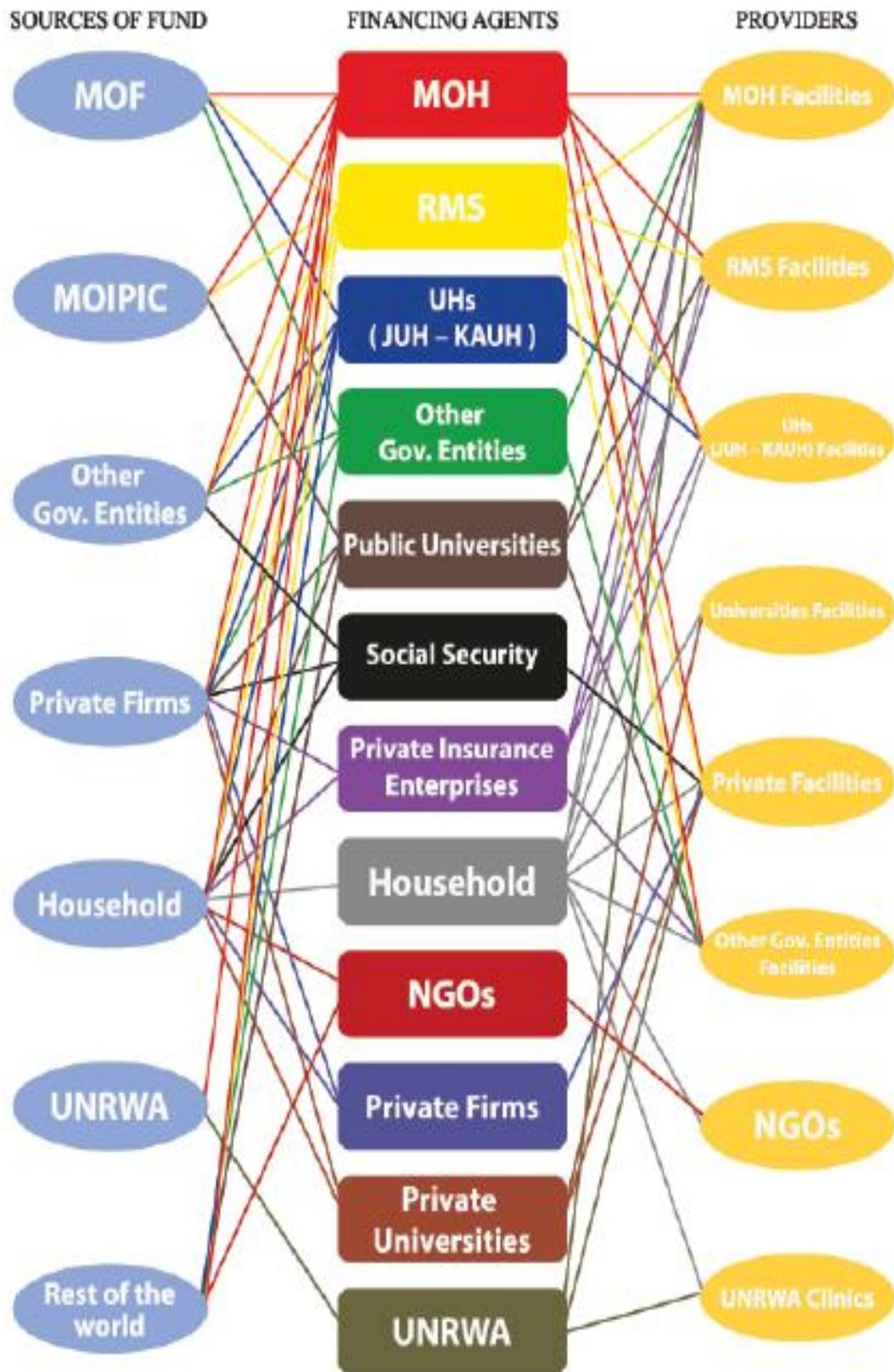


Figure1: Jordanian Health Sector's Flow of Funds 2016-2017

2. NHA Methodology

Data Collection and Validation Process for 2016 and 2017 fiscal years.

The NHA team was established by H.E. the Minister of Health / the chairman of the High Health Council HHC and hosted by HHC. As was done with the earlier NHA rounds, the team members spent roughly 11 months defining, agreeing upon data definitions, rules of classification, and uniform data auditing and validation requirements.

The 2016 - 2017 data collection efforts were enhanced significantly, due to the following changes:

- Expansion of the NHA Team: membership was expanded to include representatives from HHC, MOH, MOF, MOPIC, MOSD, RMS, JUH, JPD, KAUH, DOS, JFDA, GBD, and PHA.
- Establishment of a Centralized Data Collection Unit: an active NHA Unit had been established in the HHC in 2010. Having such a location allowed for easier exchange of information and provided NHA team members a centralized place for data collection by using standardized NHA collection forms and auditing work; currently, this unit has only one member. USAID/HFG supported the NHA team in the data collection process, they gathered significant needed data from public, donor, and NGO sources, in addition to universities. Other important data has been captured from the private employers and private insurance companies through the Ministry of Trade and Industry/ Directorate of Health Insurance.
- Official HHC Executive-level Participation: to encourage the participation of all relevant agencies from which data were going to be obtained, the HHC general secretariat issued a request to more than 50 public and private sector agencies, requesting their participation in the 2016 – 2017 data gathering efforts. This approach was supported with field visits for follow up to ensure the accuracy of reported data.
- The source of private expenditure data on out of pocket (OOP) was from the Household Income and Expenditure Survey 2017-2018 Department of Statistics (DOS). However, the source of public expenditure data on OOP was obtained from Government and public sources. This provides the most accurate public OOP and was based on official income statements.
- For each estimate placed in the NHA matrices, every effort was made to validate each number, especially through triangulation when possible.
- Moreover, by 2000, International Classification for Health Accounts (ICHA) had been developed by the Organization for Economic Cooperation and Development (OECD). The ICHA provides a comprehensive structure for classifying NHA information. This ICHA has made data compilation between agencies, within country, and among countries more comparable.
- Two major contributions of the ICHA were the definitions utilized for organizing and categorizing recurrent and capital expenditures. Organizing expenditures into these categories and reaching agreement from various agencies on what constituted each of them, represented a significant point.

The ICHA classifies each as follows:

- Recurrent expenditures: Recurrent expenditures consist of items such as salaries (including other benefits), drugs, supplies, treatment, training cost and equipment maintenance; and
- Capital expenditures: Capital expenditures are those on medical and non-medical equipment, as well as construction. They include expenditures that record the value of non-financial assets that have been purchased, disposed of, or have changed in value during the period under study, such as land holdings and structure.

NHA Data Collection Strategy

The Jordanian health care sector is an amalgam of public and private sector providers and financing agents. The predominate source of public sector financing, emanates from the general revenues of the Ministry of Finance (MOF) and is earmarked for the MOH and RMS. The MOH and RMS serve as both financiers and providers of health care services in the Kingdom. The predominate form of private sector financing of health care services emanates from private households. Therefore, the data required for completion of this report were obtained from a complex array of public and private sector agencies, including households. Below is a summary of data sources, both secondary and primary; all data sources mentioned were reviewed and validated according to NHA team member rules and definitions, and these activities are documented in the NHA minutes of meetings.

Data sources and data collection process:

NHA data is collected from public and private sources. NHA team and the HHC collect the NHA data through a standardized data collection forms(Annex1). The HHC has trained NHA liaison officers working in different public and private institutions whose responsibility is to prepare and report NHA data to the HHC. In case of any delay in the NHA data reporting the HHC carried out field visits to gather any missing data from different institutions.

A: Public Sources

- MOF: Data on MOF funds earmarked for various public agencies was obtained from the MOF Annual Statistical Reports (annual and monthly reports) and from MOF Budget Department reports.
- MOH: Data on MOH including CIP expenditures was obtained mainly from the MOH annual reports and the MOH Budget Department. It's worth mentioning that the expenditures would include budgeted and off budgeted allocations (budgeted allocations based on General Budget Law and off budgeted allocations such as saving account, external grants, etc.)
- Ministry of Social Development (MOSD): Data on the MOSD health care expenditures was obtained from the MOH Health Insurance Administration accounts, as well as the MOSD Budget Department (monthly and annual statement of accounts).

- RMS: Data on RMS including MIF expenditures was obtained from the RMS Finance and Accounting Department and MOF budget department reports. Also, from off budget sources like MOH.
- Other public expenditure data were obtained from JUH, KAUH, HHC, JNC, JFDA, and JPD through their Departments of Finance and Accounting
- Data on GDP and population was provided by the Department of Statistics

B: Private sources:

- The ministry of trade and industry provides data on premiums paid by households for private health insurance and on private companies' expenditures for commercial health insurance
- Data on health care expenditures incurred by self-insured firms, on behalf of their employees; is provided by these firms or was obtained in some through the association of banks
- NGOs data is provided by the MOSA. However, the MOH provides specific expenditure data on the NGOs that provides health care to Syrian refugees and vulnerable Jordanians.
- Donors data is provided by the NHA team member representing the Ministry of Planning and International Cooperation MOPIC. Data includes a breakdown of the amounts of loans and grants received by some financing agents, and a breakdown on its expenditures by function to get an understanding of their level of external funding for health programs in Jordan.
- The source of Out-Of-Pocket expenditure data for health care services and pharmaceuticals was the recent Household Income and Expenditure Survey 2017.
- UNRWA provided its expenditure data.

Data Analysis Process:

All data sources mentioned above were reviewed and validated according to NHA rules and definitions adopted by the NHA team(Annexes 2&3), and these activities were documented by the team. For each estimate placed in the NHA matrices, every effort was made to validate each number, especially through triangulation when possible, for example:

- In order to determine the expenditure value of treating MOH patients at RMS and the expenditure value of treating RMS patients at MOH more than one method was used. Remittances of both institutions were checked and reviewed by representatives from the two parties including concerned NHA team members from GPD, MOF and HHC.
- The expenditure data on out of pocket (OOP) was analyzed by the NHA team from the recent Household and Expenditure Survey HIES 2017, and the team also analyzed a second source of data on Public OOP which was originated from Government income statements and it reflects the OOP paid by the patients when they received health care at the Public facilities including hospitals, clinics, and health centers After comparing the two results, the team found that the public OOP value is higher than the value given by the survey so the higher value was adopted to avoid underestimation. It's worth mentioning here that the informal or under the table OOP payments from the patient to the provider (either cash or in kind) are not common in Jordan.

- Expenditure data on the NGOs that provides health care to Syrian refugees and vulnerable Jordanians was analyzed from two sources, the MOH and the MOPIC. The level of expenditures was higher at the MOH and it was disaggregated by function, so the team adopted the MOH's source.

Handling of double counting was taken into consideration by the NHA team. An important example is the following:

- The MOF allocated a special fund in the MOH budget to cover the treatment of the uninsured patients who benefit from Royal Court exemptions. The MOH transfers this fund to the CIP as a financing agent which manages the fund. To avoid double counting of this fund at each of the MOH and the CIP, the NHA team considered this fund as if its coming from MOF to CIP directly (this fund should not be handled as revenue and expenditure for both MOH and CIP, because it's a revenue and expenditure for the CIP only)

Limitations

The users of NHA results should be aware of the following limitations:

- The spending by donors through implementing partners is currently classified within different entities spending under an off-budget item, such as MOH, RMS, and UHs. The next NHA report will consider donors not only as a source of fund but also as a financing agent because they manage their funds.
- Data on self-insurance schemes is under reported. The NHA team is planning to improve the data collection process for self-insurance schemes though engaging the Jordanian Association of Medical Insurance (JAMI).
- Expenditure data by inpatient and outpatient is missing. However, the NHA team and HHC will request from the Department of Statistics to incorporate specific relevant questions on inpatient and outpatient in the questionnaire of the next Household Income and Expenditure Survey.

Introducing NHA SHA2 (2011) Methodology:

Jordan has started shifting gradually from the old methodology called System of Health Accounts SAH1(2003) to the new methodology SHA2 (2011) with the technical assistance provided by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean (EMRO) and the USAID Health Finance and Governance HFG Activity. In this round of national health accounts, we were able to segregate current expenditure from capital expenditure according to the new methodology and we were able to calculate and introduce a new set of NHA indicators as highlighted in Table 1. These new indicators provide a concise picture and better understanding of health expenditures in Jordan and provides more detailed data for stakeholders and decision makers. Also the next NHA round 2018–2019 will include more NHA indicators based on SHA2 methodology as part of a gradual transition from the old to the new methodology which will be completed once the NHA team is fully trained and capable to use the electronic NHA Health Accounts Production Tool (HAPT) and the NHA Health Accounts Analytical Tool (HAAT).

3. Overview of NHA Results

As Table 1 shows, Jordan's total health care expenditure (THE) reached approximately JD 2.357 billion (US\$ 3.3 billion) and JD 2.566 billion (US\$ 3.6 billion) in 2016 and 2017 respectively. Per capita healthcare spending was JD 241 (US\$ 340) in 2016 and JD 255 (US\$ 361) in 2017. Annex 4 shows trends of these two indicators over the period 2007-2017 among other main NHA indicators.

In 2016 and 2017 the public sector's share amounted to 60.9 percent and 57.6 percent respectively of the total funds circulating within the system. The private sources share amounted 33.9 percent and 33.8 percent respectively and 5.51 percent and 8.50 percent respectively originated from donors.

A breakdown of public health expenditures by function for 2016 – 2017 revealed that significant amounts of public sector expenditures, around JD 1.264 billion in 2016 and JD 1.307 billion in 2017 almost 73 percent is spent on curative services, 20 percent on primary care, 6 percent on administrative activities, 1 percent on training, and less than 1 percent on miscellaneous activities (Table 2).

Table 1: Jordan National Health Accounts' Main Indicators 2016 – 2017
The highlighted indicators are based on SHA.2 (2011)

Indicator	2016	2017
Total Population	9,798,000	10,053,000
Total Health Care Expenditures THE (JD)	2,357,453,687	2,566,425,650
Current Health Expenditure CHE	2,192,639,079	2,346,706,994
Capital Expenditure HK	164,814,609	219,718,653
Per Capita Health Care Expenditures (JD)	241	255
CHE Per Capita	224	233
HK Per Capita	17	22
Gross Domestic Product (GDP) (JD)	27,830,000,000	28,903,400,000
Gross National Product (GNP) (JD)	27,613,000,000	28,756,900,000
Per Capita GDP (JD)	2,840.4	2,875.1
Health Care Expenditures as Percent Of GDP	8.5%	8.9%
CHE as Percent Of GDP	7.9%	8.1%
HK as Percent Of GDP	0.6%	0.8%
OOP as percent of THE	27.6%	27.8%
OOP as percent of CHE	29.7%	30.4%
Health Care Expenditures as Percent Of GNP	8.54%	8.92%
Percent of Government of Jordan Budget allocated to health	12.12	11.83
Sources of Health Care Financing (Percent Distribution)		
• Public	60.88%	57.61%
• Private	33.62%	33.89%
• Donors	5.51%	8.50%
Distribution of Health Expenditure		
• Public	62.40%	62.29%
• Private	33.54%	33.82%
• UNRWA	0.65%	0.81%
• NGOs	3.41%	3.09%
Public Health Expenditure as Percent Of GDP	5.3%	5.5%
Private Health Expenditure as Percent Of GDP	3.2%	3.3%
Total Expenditure on Pharmaceuticals (JD)	550,154,562	593,583,735
Per Capita Pharmaceutical Expenditure (JD)	56.15	59.05
Pharmaceutical as Percent of GDP	1.98%	2.05%
Pharmaceutical as Percent of Total Health Expenditure	23.34%	23.13%
Pharmaceutical as Percent of CHE	25.1%	25.3%
Distribution of Pharmaceutical Expenditure		
• Public	10.83%	10.46%
• Private	12.50%	12.67%
Distribution of Pharmaceutical Expenditure of Total Pharmaceutical Expenditure		
• Public	46.43%	45.23%
• Private	53.57%	54.77%

Note: Numbers may not add up to 100% due to rounding

Table 2 : Distribution of Public Expenditure by Function (JD), in 2016 (A) and 2017 (B)

Table 2 – A: Distribution of Public Expenditure by Function 2016 (JD)										
Function	MOH / CIP		RMS / MIP		UHs				Total	
					JUH		KAUH			
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Curative	575,382,936	72.99%	233,562,708	64.82%	60,119,348	97.95%	51,523,334	94.06%	920,588,326	72.8%
Primary	183,519,842	23.28%	72,711,300	20.18%	0	0.00%	0	0.00%	256,231,142	20.3%
Administration	23,801,341	3.02%	50,443,000	14.00%	1,226,925	2.00%	547,762	1.00%	76,019,028	6.0%
Training	5,497,002	0.70%	3,528,280	0.98%	27,038	0.04%	1,908,711	3.48%	10,961,031	0.9%
Other	140,282	0.02%	75,000	0.02%	2,785	0.00%	796,486	1.45%	1,014,553	0.1%
Total	788,341,403	100.00%	360,320,288	100.00%	61,376,096	100.00%	54,776,293	100.00%	1,264,814,080	100.0%
Table 2 – B: Distribution of Public Expenditure by Function 2017 (JD)										
Function	MOH / CIP		RMS / MIP		UHs				Total	
					JUH		KAUH			
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Curative	608,595,257	74.20%	228,440,158	64.41%	66,843,912	97.98%	59,044,239	91.79%	962,923,566	73.7%
Primary	182,453,569	22.25%	73,803,743	20.81%	0	0.00%	0	0.00%	256,257,313	19.6%
Administration	23,221,888	2.83%	49,202,496	13.87%	1,364,161	2.00%	596,406	0.93%	74,384,951	5.7%
Training	5,287,045	0.64%	3,122,066	0.88%	15,049	0.02%	1,985,931	3.09%	10,410,091	0.8%
Other	640,293	0.08%	80,000	0.02%	1,615	0.00%	2,700,653	4.20%	3,422,561	0.3%
Total	820,198,053	100.00%	354,648,463	100.00%	68,224,737	100.00%	64,327,229	100.00%	1,307,398,482	100.0%

4. Jordan NHA Results: National Level

Structure of National Health Accounts Results

The Jordan NHA team derived expenditure results using the two-step method of interlinked NHA matrices to depict the flow of funds throughout the system. The series of two-dimensional Matrices are listed in the Annex No.5

First, we tracked the flow of health care funds from Financing Sources (public and private sector organizations, including households) to Financing Agents (public and private sector organizations, including households). Matrices 1-2 and Matrices 3-4 (Annex No.5) present this flow in Jordan, for 2016 and 2017, respectively. The primary source of health care funds was the Ministry of Finance. Its contribution amounted to JD (894) million in 2016 and JD (911) million in 2017. The second largest source is the households, their contribution was JD (785) million in 2016 and JD (853) million in 2017.

Second, we tracked health care funds from Financing Agents to Providers. Financing Agents purchase health care services from providers on behalf of their beneficiaries. Matrices 5-8 (Annex No.5) show, the main providers: MOH, RMS, Jordan University Hospitals (JUH, and KAUH), private sector providers, nongovernmental organizations NGOs, and the United National Relief Works Agency. A separate line item, Treatment Abroad, measures the amount of expenditures earmarked to overseas providers (exported services).

Financing Sources (sources of funds in the Jordanian health sector)

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

Table 4 below shows that MOF was the major source of health care funds, accounting for 38 percent in 2016 and 35.5 percent in 2017. The households were the second largest source, accounting for 33.3 percent in 2016 and 33.25 percent in 2017. Private firms provided around 8.6 percent in 2016 and 8.7 percent in 2017, by funding for their employees' health insurance plans through self-insurance or commercial insurers. Self-insured firms are different from commercial insurers, in that they provide direct reimbursement for employees' consumption of health care services from a health insurance fund that is managed by the company and often administered by a Third-Party Administrator. Alternatively, companies can also enroll their employees in plans managed by commercial insurers. Donor contributions (Rest of the world), without the UNRWA contributions was around 4.8 percent in 2016 and 7.7 percent in 2017. UNRWA's share amounted to 0.7 percent and 0.8 in 2016 and 2017 respectively, while other governmental entities supplied 14.1 percent and 13.6 percent of health care funds in 2016 and 2017 respectively.

Table 3: Total Amounts Allocated by Original Financing Sources (JD) in 2016 & 2017

Entity		MOF	MOPIC	Other Government Entities	Private Firms	Households	UNRWA	Rest of The World	Total
2016	Amount	894,950,853	13,830,000	331,416,684	202,094,099	785,375,203	16,042,112	113,744,737	2,357,453,688
	Percent	37.96%	0.59%	14.06%	8.57%	33.31%	0.68%	4.82%	100%
2017	Amount	911,071,774	11,949,000	349,021,344	222,831,610	853,278,887	21,358,171	196,914,863	2,566,425,649
	Percent	35.50%	0.47%	13.60%	8.68%	33.25%	0.83%	7.67%	100%

Note: Numbers may not add up to 100% due to rounding

Financing Agents (entities that manage health sector funds)

Financing agents are institutions or entities that receive and channel the funds provided by financing sources and use those funds to pay for or purchase the activities inside the health accounts boundaries (WHO et al. 2003). They consolidate and distribute funds on behalf of their clients. The main Financing Agents in Jordan are:

- ❖ MOH: for CIP beneficiaries and other categorical groups;
- ❖ RMS: for active and retired military personnel and public security personnel, and their dependents;
- ❖ Other public entities, such as the High Health Council, and the National Population Council: primarily for policy, research and training in health field;
- ❖ Public universities: such as Jordan University of Science and Technology for employees and their dependents, as well as students;
- ❖ Social Security Corporation (SSC): for work-related injuries;
- ❖ Insurance firms (commercial insurers): for the purchase of services on behalf of their beneficiaries;
- ❖ Households: through out-of-pocket expenditures and various user fees at point of service;
- ❖ NGOs: for categorical groups of patients, such as the Jordan Association of Family Planning and Protection;
- ❖ Private firms and universities: for employees;
- ❖ UNRWA: for Palestinian refugees.

Use of Funds (entities that purchase and provide health care)

Financing Agents use the funds they receive from Financing Sources to purchase health care from the following public and private sector providers. The following list considers the major Financing Agents and Providers:

- ❖ ***MOH to MOH facilities:*** The MOH is both a purchaser and provider of health care services. While the MOH does not allocate individual operating budgets to the hospitals and clinics that it owns, it uses the financing it receives from various sources to centrally budget and manage the delivery of services from its facilities;

- ❖ **RMS to RMS facilities:** Much like the MOH, the RMS is both a purchaser and provider of services, for RMS beneficiaries and other groups. Also, like the MOH, the RMS does so through a centralized budgetary and managerial process;
- ❖ **Private sector purchasers to providers:** Private sector purchasers include households, firms, universities, and commercial insurers, which purchase services on behalf of their beneficiaries from both public and private sector providers.

To better understand the previous health financing terminology lets address the following health policy questions:

Policy Questions

Where is the money coming from?

NHA tracks the flow of health funds as mentioned above in a two-step process. First, funds are assumed to flow from financing sources (FS) to financing agents (FA) who managed resources coming to health; and secondly, from FA to providers (P) who provide health care to beneficiaries.

As indicated in Figure 2 and Figure 3, the two major sources of health care funds in 2016 and 2017 is the MOF (37.96 percent and 35.5 percent respectively), followed by the households (33.31 percent 33.25 percent respectively).

Figure 2: Sources of Fund to Financing Agents 2016

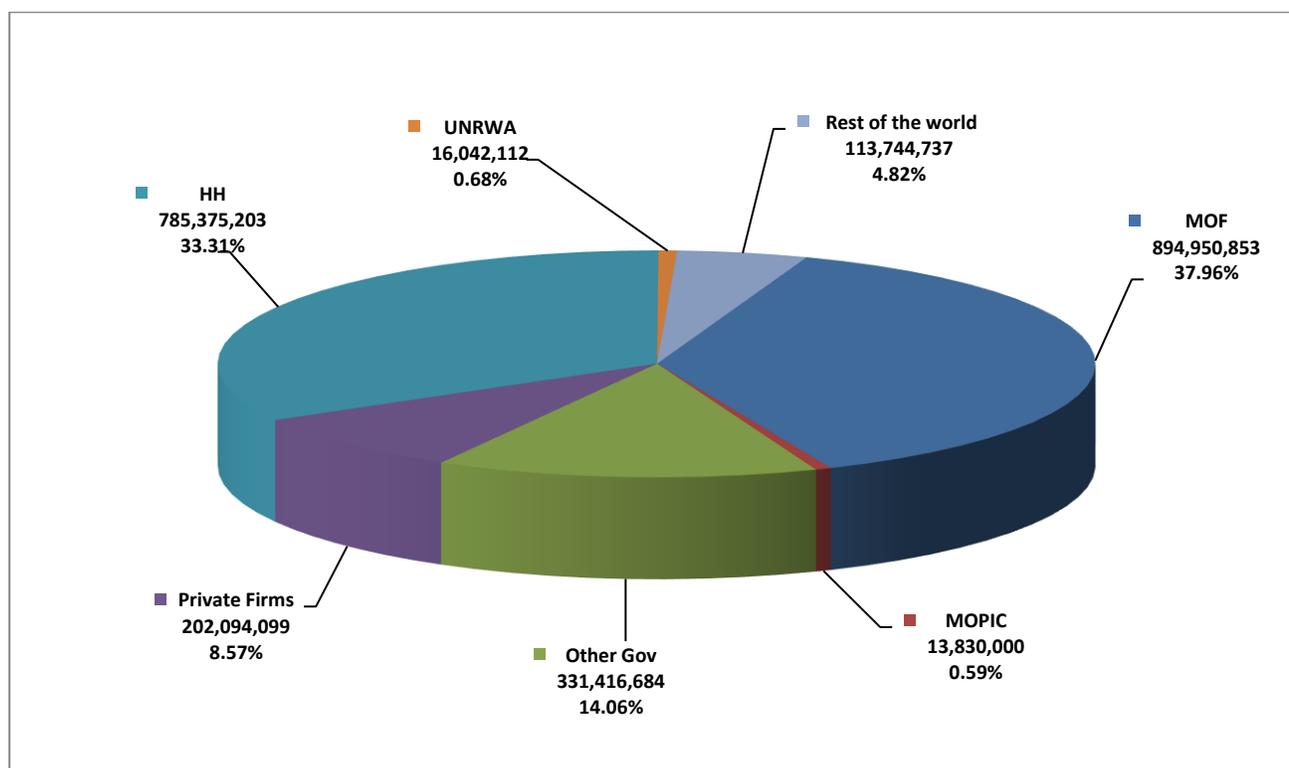
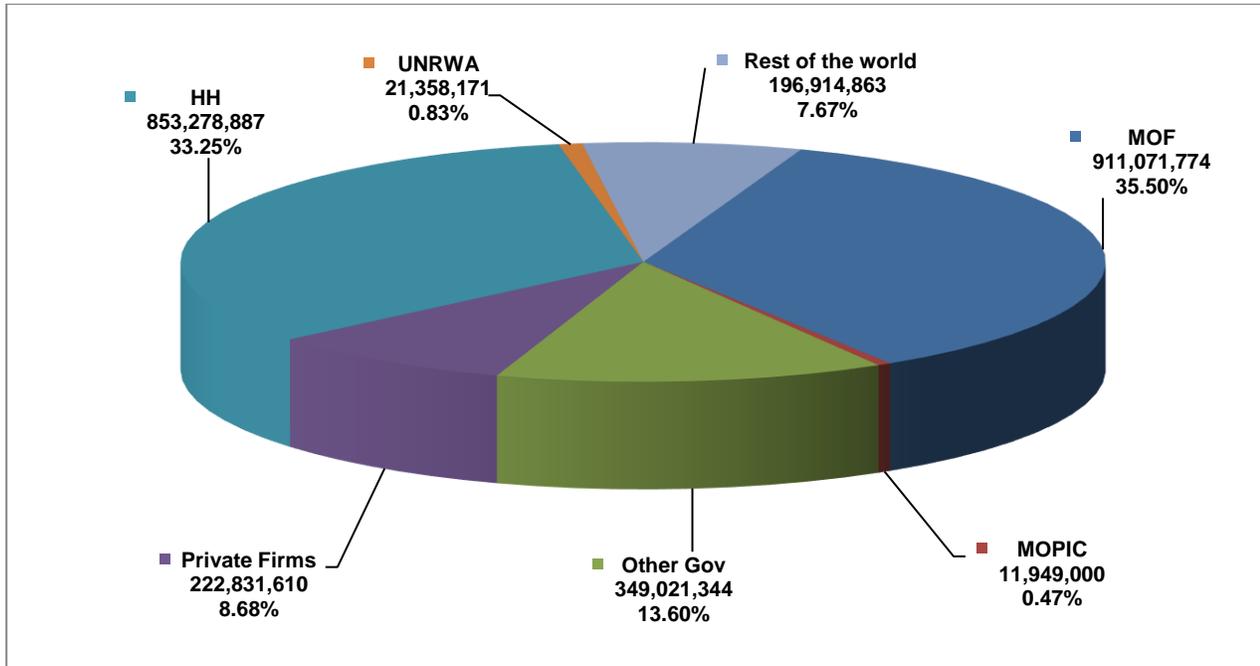


Figure 3: Sources of Fund to Financing Agents 2017



Who is responsible for managing the resources coming to health?

The financing agents that are responsible for managing the resources coming to health include MOH, RMS, UHs, Other Government entities, public universities, social security, private insurance enterprises, NGOs, private firms, private universities, and UNRWA.

In 2016 and 2017, public facilities (MOH including CIP, RMS including MIP, UHs, other public entities, and public universities) received 62.40 percent and 62.29 percent of health care funds respectively, while private facilities received 33.54 percent and 33.82 percent, respectively. UNRWA received 0.65 percent and 0.81, while 3.41 percent and 3.09 percent were earmarked for NGO facilities for 2016 and 2017 respectively. Among public facilities, MOH including CIP funds represent the largest share, 33.44 percent and 31.95 percent respectively, followed by the Household (HH) with 24.20 percent and 24.19 percent respectively. The RMS including MIP in the third place with 15.28 percent and 13.82 percent in 2016 and 2017 respectively and the UHs with 4.93 percent and 5.16 percent respectively as shown in Figure 4 and Figure 5.

Figure 4: Financing Agents to Providers 2016

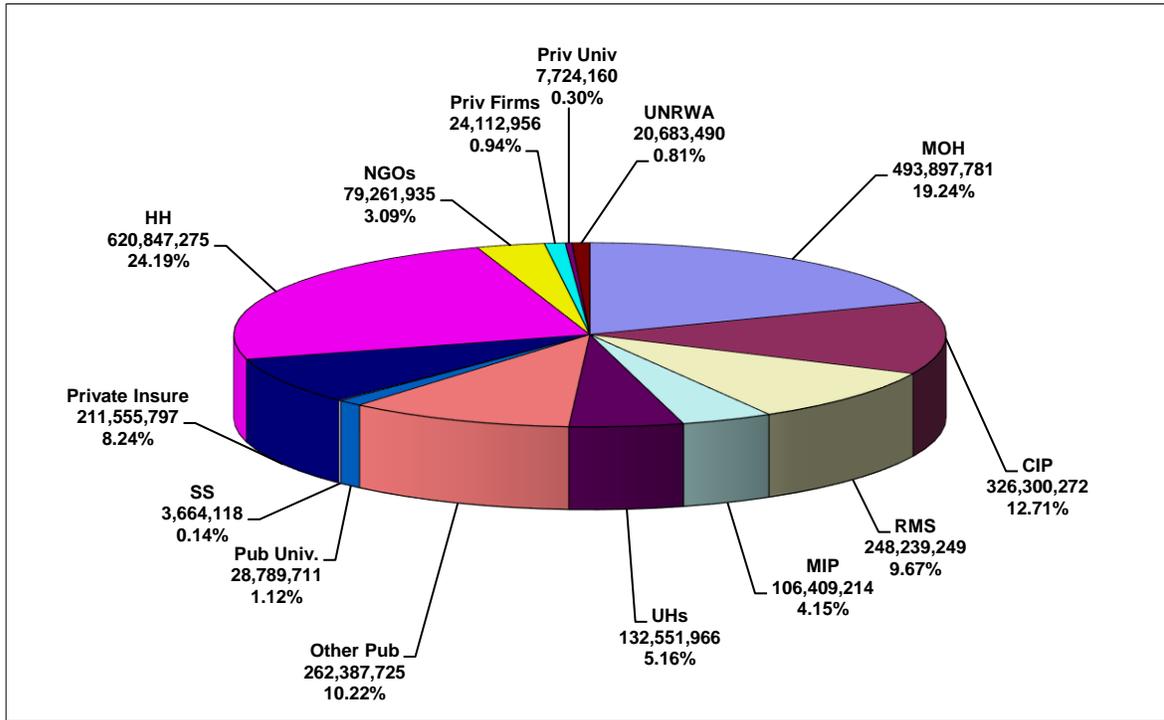
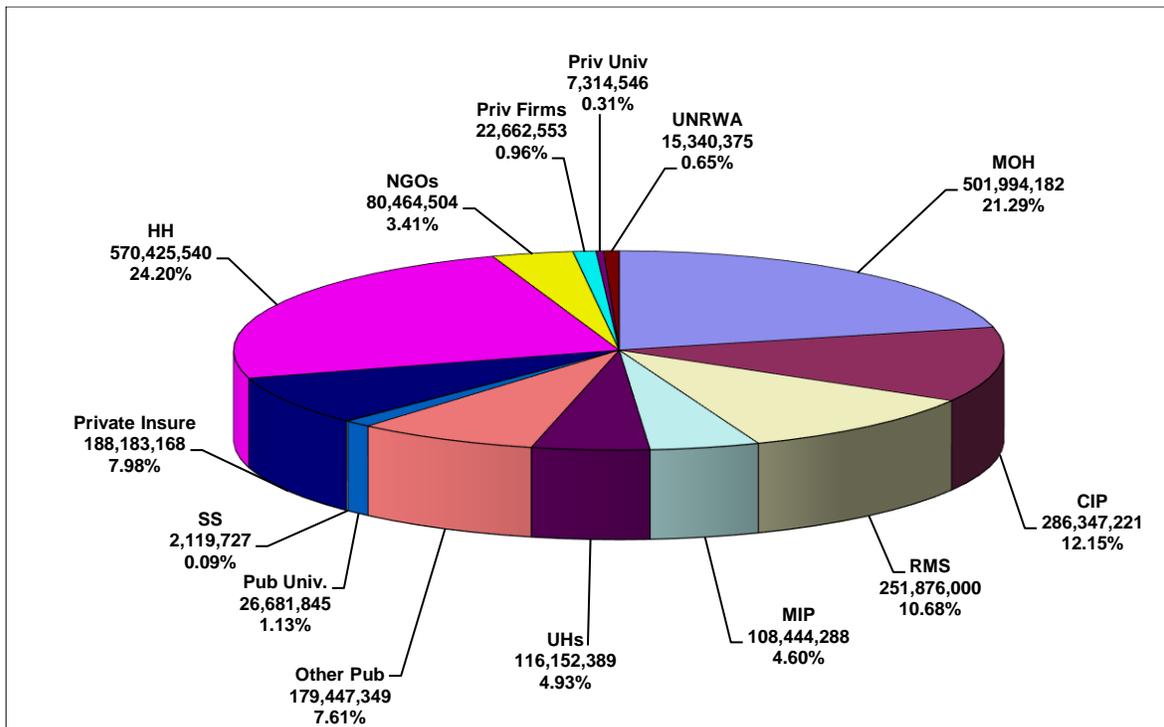


Figure 5: Financing Agents to Providers 2017



At what level is the spending on health being consumed?

The Public health expenditures in Jordan are higher than the private health expenditures. The public health expenditures as percentage of GDP was 5.3 and 5.5 in 2016 and in 2017 respectively. Meanwhile, the private health expenditures as percentage of GDP was 3.2 and 3.3 in 2016 and in 2017 respectively. Also, public health expenditures as a percentage of total health expenditures represented the highest share at 62.4 and 62.3 in 2016 and in 2017 respectively, versus only 33.5 and 33.8 in 2016 and in 2017 respectively for private expenditures.

For what purpose?

The public sector spent more than 1.3 billion JD on health broken down by the following functions: on secondary care 962.9 million JD (73.7%), on PHC 256.3 million JD (19.6%), on administration 74.4 million JD (5.7%), on training 10.4 million JD (0.8%), and on others 3.4 million JD (0.3%). The next NHA report will include analysis on the breakdown of expenditures by function which includes preventive and curative care between hospitals and primary health care facilities.

What is the current situation of pharmaceutical spending in Jordan?

In 2016 and 2017, pharmaceutical expenditures amounted to JD 550 million US\$ (777) and JD 593 million US\$ (838) which represents 23.34 percent and 23.13 percent of total health care expenditure and roughly 1.98 percent and 2.05 percent of GDP respectively. Private sector expenditure on pharmaceuticals represents 53.57 percent and 54.77 percent of total pharmaceutical expenditures in 2016 and 2017 respectively, compared with the public sector which represents 46.43 percent and 45.23 percent respectively. This level of expenditure is considerably high for an Upper-middle income country like Jordan.

The high level of expenditures on pharmaceuticals might be explained by the following factors:

Provider prescribing behavior: the prescribing behavior of physicians and pharmacists might be the primary reason for the high level of drug consumption in Jordan. This is partly due to the lack of sufficient pharmaceutical regulatory policies. In addition, providers in Jordan have vastly different medical training backgrounds, and thus different prescribing behaviors. Hence, changing the prescribing behaviors of providers is a necessary condition for achieving overall cost containment objectives.

Consumer behavior: the health seeking behavior of consumers (patients), particularly with respect to the practice of self-medication, is a major reason for inefficient consumption of pharmaceuticals. Pharmacists tend to dispense the most expensive drugs to consumers who do not have prescriptions. Hence, the behavior and expectations of consumers must be changed significantly in order to achieve overall reductions in pharmaceutical expenditures in Jordan;

Pharmaceutical promotion efforts: the relative influence of pharmaceutical companies in promoting their products is extensive and uncontrolled in Jordan. Most Continuous Medical Education sessions within the private sector is sponsored and/or organized by the pharmaceutical industry.

What share of spending on health comes from households and out-of-pocket spending?

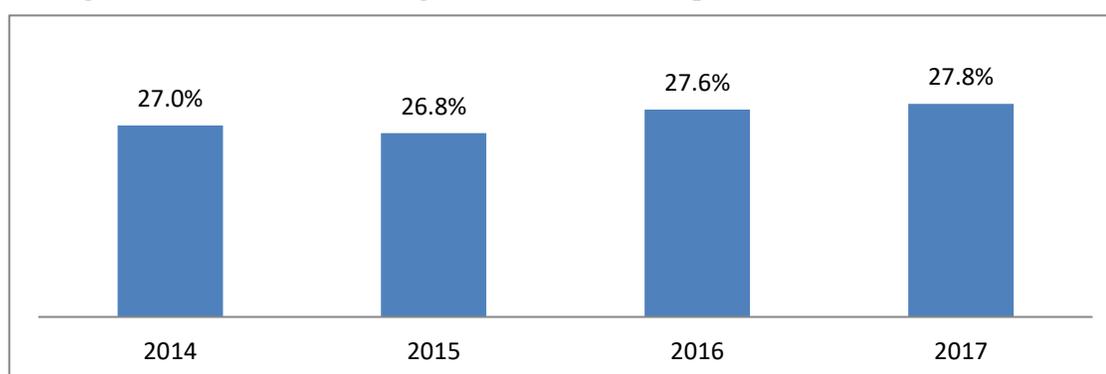
The expenditure data on out of pocket (OOP) was analyzed by the NHA team from the HIES (DOS, 2017), and the team also analyzed a second source of data on Public OOP which was originated from Government income statements and it reflects the OOP payed by the patients when they received health care at the Public facilities including hospitals, clinics, and health centers, and after comparing the two results, the team found out that the public OOP value is higher that the value given by the survey, so the higher value was adopted in an attempt to avoid underestimation. It's worth to mention here that the informal or under the table OOP payments from the patient to the provider (either cash or in kind) are not common in Jordan.

Household expenditures were either paid to providers as OOP expenditures in public and private health facilities or paid as premiums for public and private health insurance. OOP expenditures represented around 83 percent and 84 percent of total HH expenditures in 2016 and 2017 respectively. Private OOP as percent of total OOP represents 87.8% (JD 571.6 million) and 87.1% (JD 622 million) in 2016 and 2017 respectively. Figure 6 shows OOP as a Percentage of Total Health Expenditures 2014 – 2017. There is a slight increase in 2016 and 2017 OOP which affects negatively the financial sustainability in the health sector. There is an urgent need now to develop and implement a robust national health finance strategy to improve financial sustainability and strengthen financial risk protection in Jordan.

Table 4: Household Health Care Expenditures 2016 - 2017 (JD)

HH		2016		2017	
		Amount	Percent	Amount	Percent
OOP	Public	79,418,930	12.20%	91,995,266	12.88%
	Private	571,625,540	87.80%	622,047,275	87.12%
Total OOP		651,044,470	100%	714,042,541	100%
Premiums	Public	88,594,668	65.95%	88,365,910	63.46%
	Private	45,736,064	34.05%	50,870,436	36.54%
Total Premiums		134,330,732	100%	139,236,346	100%
Total HH:		785,375,203	100.00%	853,278,887	100.00%
<ul style="list-style-type: none"> • Total OOP • Total Premiums 		651,044,470 134,330,732	82.90% 17.10%	714,042,541 139,236,346	83.68% 16.32%

Figure 6: OOP as a Percentage of Total Health Expenditures 2014 - 2017



5. Recommendations

Recommendations related to health policy

1. Link national health policies and strategies to the findings of the NHA which are considered as evidenced base indicators for health policy formulation and monitoring purposes.
2. Support Primary Health Care (PHC) and preventive programs as means to control the increasing prevalence of costly Non-Communicable Diseases (NCDs).
3. Promote cost containment policies and set measures to control unjustifiable spending on pharmaceuticals through rationalizing spending, applying treatment protocols, and expanding national automation programs.
4. Support the current HHC efforts in the development of the National Health Financing Strategy (NHFS) and its implementation plan by using relevant NHA indicators to monitor and evaluate the progress of its implementation.
5. Reduce out of pocket (OOP) spending levels by increasing prepayment schemes and pooling mechanisms to strengthen financial risk protection of the population whilst moving towards achieving the Universal Health Coverage goal (UHC) by 2030.
6. Introduce and apply the concept of strategic purchasing in health care which saves money by applying various performance-based payment mechanisms to pay health providers.
7. Contain increasing pharmaceuticals' costs by promoting the joint procurement of pharmaceuticals and medical consumables in the public sector.

Recommendations related to NHA production

1. Support the General Secretariat of the High Health Council (HHC) with qualified technical staff in order to complete the report within the specified time period.
2. Build the capacity of the NHA team and the NHA liaison officers at different national institutions.
3. Utilize the Department of Statistics' surveys to obtain updated utilization and private expenditure data. The NHA team should streamline the collection of household data by incorporating household survey questions into existing national surveys, like the biannual Household Income and Expenditure Survey.
4. The next report will consider donors not only as a source of fund but also as a financing agent because they manage their funds.
5. Include in the next report an analysis of the breakdown of curative vs. preventive care between hospitals and primary health care facilities (i.e. provider by function analysis)
6. Issue the next report in two separate parts, the first is a brief summary report for stakeholders and policy makers and the second is a technical statistical report targeting technical experts and specialists.
7. Build on the current accomplishments and coordinate between the HHC, USAID's Health Finance and Governance Activity (HFG), and the World Health Organization (WHO) and continue providing technical support in the following areas:
 - Build the capacity of NHA team and provide technical assistance needed to issue the next NHA report in 2020 for the fiscal years 2018 and 2019.
 - Conduct training workshops for NHA liaison officers in different institutions to ensure coordination and reporting the NHA data within the specified time period.

- Set a clear policy for NHA data collection in collaboration with USAID HFG, to ensure the flow of data to the HHC, confidentiality of reported data by institutions, and that the HHC will use the collected data to produce National indicators on health expenditures (at the macroeconomic level).
- To continue receiving technical support from USAID HFG in data collection efforts for developing the next 2018-219 NHA report.
- To continue receiving technical support from USAID HFG in strengthening the NHA institutionalization process in Jordan according to its elements mentioned in the System of Health Accounts SHA2.

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Annex No.1

National Health Account Data Collection Form

نموذج جمع بيانات
الحسابات الصحية الوطنية

Institute:		اسم المؤسسة:	
Revenues		الإيرادات	Amount
Ministry of finance		وزارة المالية	Percent
Ministry of health		وزارة الصحة	
Other government entities		المؤسسات الحكومية الأخرى	
Ministry of Planning		وزارة التخطيط والتعاون الدولي	
Households	Out OF Pocket	إنفاق المواطنين من جيوبهم الخاصة	إنفاق الأسر
	Premiums	اشتراكات التأمين الصحي	
Donors*		الجهات المانحة *	
Private firms		الشركات والمؤسسات الخاصة	
Other sources **		مصادر تمويل أخرى **	
Total		المجموع	

Expenditure		النفقات	
Expenditure by Line Item		الإنفاق حسب البنود	
Recurrent Expenditure		المصاريف الجارية	
Type		النوع	
Salaries		الرواتب	
Drugs		الأدوية	
Medical supplies		المستلزمات الطبية	
Non - Medical supplies		المستلزمات غير طبية	
Exp. Of Sustainability & Operation		مصاريف الإدامة	
Exp. Of Food & Housekeeping		مصاريف الطعام والشراب والتدبير المنزلي	
Treatment		المعالجة	
Training		التدريب	
Others Exp.		مصاريف أخرى	
Total of Recurrent Expenditure		مجموع النفقات الجارية	

Capital Investment		المصاريف الرأسمالية	
Medical Equipment		المعدات والأجهزة الطبية	
Non-Medical Equipment		المعدات والأجهزة غير الطبية	
Construction		الإشاعات	
Others Exp.		مصاريف أخرى	
Total Capital Investment		مجموع النفقات الرأسمالية	
Grand Total		المجموع الكلي	

Expenditure by function	الاتفاق حسب الوظائف	Amount	Percent
Type	النوع		
Curative Care	الرعاية الصحية العلاجية (المستشفيات)		
Primary Care	الرعاية الصحية الأولية (العيادات والمراكز الصحية)		
Administrative	الإدارة		
Training	التدريب		
Others Exp.	المصاريف الأخرى		
Total	المجموع		

Annex No. 2

Unified definitions of expenditures by line item

1. Salaries: salaries, allowances, wages, fees, bonuses, incentives, day payments and the costs of official duties, contributions/ reimbursements such as social security, and health insurance.
2. Drugs: medicines, medical supplies including medical gazes, vaccines and serums (in cash or kind).
3. Supplies: medical and nonmedical: medical devices and consumables such as medical glasses and headphone, clothing, fabrics, stationery, printings, furniture, materials, and raw materials (in cash or kind).
4. Sustainability and operating expenses and maintenance:
 - a. 4.A Recurrent public expenditure: telephone, fax, water, electricity, fuel, rents, studies, insurance of cars and buildings, building permit fees, customs fees, announcements, and expenses of official travels.
 - b. 4.B Maintenance: (the maintenance of medical and non-medical equipment, maintenance and repairs and modernization of buildings, car spare parts and maintenance).
5. Food and beverage, and Housekeeping:
 - a. 5.A: Food and beverage including contracts.
 - b. 5.B: Housekeeping and security including contracts.
6. Treatment :(treatment outside the institution in private and public hospitals, medical centers, and clinics, within the kingdom and outside the kingdom).
7. Training and research :(training within and outside the kingdom including salaries and wages and expenses of training institutions and travel expenses related to training).
8. Medical devices and equipment (all devices and medical equipment).
9. Non-medical devices equipment (vehicles, electrical appliances and mechanical).
10. Constructions (buildings and lands, constructions and work with feasibility studies).
11. Other expenditures: (contributions and any other expenses that are not mentioned in the previous items).

Annex No.3

Unified definitions of expenditures by function

1. Administration and supported services: include salaries, wages, operating expenses and manufacturing expenses and capital expenditures, which belong to the Department.
2. Training and research: include salaries, wages, operating expenses and transferring expenses and capital expenditures, which belong to colleges, institutes and training and travel expenses related to training.
3. Preventive services (Primary care): this includes salaries and wages, operating expenses and transferring expenses and capital expenditures related to the health centers.
4. Curative services (secondary care): This includes salaries and wages, operating expenses and transferring expenses and hospital capital expenditures.
5. Other expenditures: contributions and any other expenses that are not mentioned in the previous items.

Annex No.4

Jordan National Health Accounts' Main Indicators 2007 – 2017

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Per Capita Health Care Expenditures (JD)	177.5	236	269.3	251.5	252.9	260.6	231.8	237	236	241	255
CHE Per Capita									214	224	233
HK Per Capita									22	17	22
Gross Domestic Product (GDP) (JD)	11,225,300,000	16,108,000,000	16,912,200,000	18,762,000,000	20,476,600,000	21,965,500,000	23,851,600,000	25,437,100,000	26,637,400,000	27,830,000,000	28,903,400,000
Gross National Product (GNP) (JD)	11,817,400,000	16,602,000,000	17,340,500,000	18,697,300,000	20,349,000,000	21,749,300,000	23,611,200,000	25,141,200,000	26,289,600,000	27,613,000,000	28,756,900,000
Per Capita GDP (JD)	1,961.4	2753.5	2828.1	3069.2	3275.8	3438.6	2939.6	2,889.3	2,794.5	2,840.4	2,875.1
Health Care Expenditures as Percent Of GDP	9.05%	8.58%	9.52%	8.19%	7.72%	7.58%	7.89%	8.20%	8.4%	8.5%	8.9%
CHE as Percent Of GDP									7.7%	7.9%	8.1%
HK as Percent Of GDP									0.8%	0.6%	0.8%
OOP as percent of THE									26.7%	27.6%	27.8%
OOP as percent of CHE									29.0%	29.7%	30.4%
Health Care Expenditures as Percent Of GNP	8.60%	8.32%	9.29%	8.22%	7.77%	7.66%	7.97%	8.30%	8.56%	8.54%	8.92%
Percent of Government of Jordan Budget allocated to health	9.10	10.16	10.52	9.76	9.14	10.50	11.00	10.92	11.35	12.12	11.83
Sources Of Health Care Financing (Percent Distribution)											

Public	54.90%	57.00%	65.75%	62.40%	61.95%	61.93%	61.47%	59.24%	60.69%	60.88%	57.61%
Private	40.20%	37.49%	29.47%	33.20%	34.42%	35.13%	34.78%	34.65%	34.54%	33.62%	33.89%
Donors	4.90%	5.51%	4.77%	4.40%	3.63%	2.94%	3.75%	6.11%	4.76%	5.51%	8.50%
Distribution of Health Expenditure											
Public	58.20%	60.78%	69.17%	67.94%	66.85%	66.17%	65.75%	65.25%	64.95%	62.40%	62.29%
Private	40.30%	38.24%	29.80%	30.27%	31.34%	31.88%	31.57%	31.48%	31.43%	33.54%	33.82%
UNRWA	1.00%	0.69%	0.59%	0.75%	0.67%	0.75%	0.74%	0.74%	0.72%	0.65%	0.81%
NGOs	0.40%	0.29%	0.43%	1.04%	1.14%	1.20%	1.93%	2.54%	2.89%	3.41%	3.09%
Public Health Expenditure as Percent Of GDP	5.27%	5.21%	6.59%	5.57%	5.16%	5.02%	5.18%	5.35%	5.48%	5.3%	5.5%
Private Health Expenditure as Percent Of GDP	3.78%	3.37%	2.93%	2.62%	2.56%	2.56%	2.70%	2.85%	2.96%	3.2%	3.3%
Total Expenditure On Pharmaceuticals (JD)	344,899,762	496,453,222	449,395,115	423,658,862	427,835,670	445,408,952	500,330,700	593,766,764	581,900,389	550,154,562	593,583,735
Per Capita Pharmaceutical Expenditure (JD)	60.3	84.86	75.15	69.30	68.46	69.73	61.66	67.44	61.05	56.15	59.05
Pharmaceutical as Percent of GDP	3.10%	3.08%	2.66%	2.26%	2.09%	2.03%	2.10%	2.33%	2.18%	1.98%	2.05%
Pharmaceutical as Percent of Total Health Expenditure	34.00%	35.94%	27.91%	27.56%	27.07%	26.75%	26.60%	28.45%	25.87%	23.34%	23.13%
Pharmaceutical as Percent of CHE									28.5%	25.1%	25.3%
Distribution of Pharmaceutical Expenditure											
Public	11.30%	13.81%	14.14%	13.01%	12.22%	12.17%	12.17%	14.25%	11.74%	10.83%	10.46%
Private	22.70%	22.13%	13.77%	14.55%	14.85%	14.58%	14.43%	14.20%	14.13%	12.50%	12.67%

Distribution Of Pharmaceutical Expenditure Of Total Pharmaceutical Expenditure											
Public	33.30%	38.44%	50.67%	47.19%	45.12%	45.49%	45.77%	50.09%	45.36%	46.43%	45.23%
Private	66.70%	61.56%	49.33%	52.81%	54.88%	54.51%	54.23%	49.91%	54.64%	53.57%	54.77%

Annex No.5: List of Two-Dimensional Matrices. Matrix1: Financing Sources to Financing Agents 2016 (JD)

	Financing Agents	PRIMARY SOURCES OF FUND (JD)							TOTAL
		MOF FS.1.1.1	MOPIC FS.1.1.2	Other Gov. Entities FS.1.4	Private Firms FS.2.1	HH FS.2.2	UNRWA FS.3.1	ROW FS.3.2	
1	MOH (within budget) HF.1.1.1	472,701,203	10,875,000	2,365,767				16,052,212	501,994,182
2	CIP HF.1.1.1.2	151,000,000		16,731,627	3,245,746	114,668,111	701,737		286,347,221
3	RMS HF.1.1.2.1	248,620,000	2,400,000					856,000	251,876,000
4	MIP HF.1.1.2.2			89,526,000	2,335,836	13,982,000		2,600,452	108,444,288
5	UHs HF.1.1.3			94,573,560	4,924,673	16,654,156			116,152,389
6	Other Government Entities HF.1.1.4	22,629,650		111,943,805	17,043,914	12,303,411		15,526,569	179,447,349
7	Public Universities HF.1.1.5			16,275,925		10,405,920			26,681,845
8	Social Security HF.1.2				2,119,727				2,119,727
9	Private Insurance Enterprises HF.2.2				150,546,534	37,636,634			188,183,168
10	Household HF.2.3					570,425,540			570,425,540
11	NGOs HF.2.4		555,000			1,200,000		78,709,504	80,464,504
12	Private Firms HF.2.5				21,877,669	784,884			22,662,553
13	Private Universities HF.2.5.1					7,314,546			7,314,546
14	UNRWA HF.3.1						15,340,375		15,340,375
	TOTAL	894,950,853	13,830,000	331,416,684	202,094,099	785,375,203	16,042,112	113,744,737	2,357,453,688

Matrix 2: Financing Sources to Financing Agents 2016 (Percentages)

	Financing Agents	PRIMARY SOURCES OF FUND (Percent)							
		MOF FS.1.1.1	MOPIC FS.1.1.2	Other Gov. Entities FS.1.4	Private Firms FS.2.1	HH FS.2.2	UNRWA FS.3.1	ROW FS.3.2	TOTAL
1	MOH (within budget) HF.1.1.1	94.16%	2.17%	0.47%	0.000%	0.00%	0.00%	3.20%	100%
2	CIP HF.1.1.1.2	52.73%	0.00%	5.84%	1.13%	40.05%	0.25%	0.00%	100%
3	RMS HF.1.1.2.1	98.71%	0.95%	0.00%	0.00%	0.00%	0.00%	0.34%	100%
4	MIP HF.1.1.2.2	0.00%	0.00%	82.55%	2.15%	12.89%	0.00%	2.40%	100%
5	UHs HF.1.1.3	0.00%	0.00%	81.42%	4.24%	14.34%	0.00%	0.00%	100%
6	Other Government Entities HF.1.1.4	12.61%	0.00%	62.38%	9.50%	6.86%	0.00%	8.65%	100%
7	Public Universities HF.1.1.5	0.00%	0.00%	61.00%	0.00%	39.00%	0.00%	0.00%	100%
8	Social Security HF.1.2	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100%
9	Private Insurance Enterprises HF.2.2	0.00%	0.00%	0.00%	80.00%	20.00%	0.00%	0.00%	100%
10	Household HF.2.3	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100%
11	NGOs HF.2.4	0.00%	0.69%	0.00%	0.00%	1.49%	0.00%	97.82%	100%
12	Private Firms HF.2.5	0.00%	0.00%	0.00%	96.54%	3.46%	0.00%	0.00%	100%
13	Private Universities HF.2.5.1	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100%
14	UNRWA HF.3.1	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100%
	TOTAL	37.96%	0.59%	14.06%	8.57%	33.31%	0.68%	4.82%	100%

Matrix 3: Financing Sources to Financing Agents 2017 (JD)

	Financing Agents	PRIMARY SOURCES OF FUND (JD)							
		MOF FS.1.1.1	MOPIC FS.1.1.2	Other Gov. Entities FS.1.4	Private Firms FS.2.1	HH FS.2.2	UNRWA FS.3.1	ROW FS.3.2	TOTAL
1	MOH (within budget) HF.1.1.1	469,259,468	9,569,000	1,572,071				13,497,242	493,897,781
2	CIP HF.1.1.1.2	185,000,000		14,778,259	1,802,055	124,045,277	674,681		326,300,272
3	RMS HF.1.1.2.1	234,083,249	1,800,000					12,356,000	248,239,249
4	MIP HF.1.1.2.2			86,547,000	3,002,071	14,775,143		2,085,000	106,409,214
5	UHs HF.1.1.3	0	0	111,348,837	4,359,723	16,843,406	0	0	132,551,966
6	Other Government Entities HF.1.1.4	22,729,057	0	117,213,454	17,481,165	13,469,363	0	91,494,686	262,387,725
7	Public Universities HF.1.1.5			17,561,723		11,227,987			28,789,710
8	Social Security HF.1.2				3,664,118				3,664,118
9	Private Insurance Enterprises HF.2.2				169,244,638	42,311,159			211,555,797
10	Household HF.2.3					620,847,275			620,847,275
11	NGOs HF.2.4		580,000			1,200,000		77,481,935	79,261,935
12	Private Firms HF.2.5				23,277,840	835,117			24,112,956
13	Private Universities HF.2.5.1					7,724,160			7,724,160
14	UNRWA HF.3.1						20,683,490		20,683,490
	TOTAL	911,071,774	11,949,000	349,021,344	222,831,610	853,278,887	21,358,171	196,914,863	2,566,425,649

Matrix 4: Financing Sources to Financing Agents 2017 (Percentages)

	Financing Agents	PRIMARY SOURCES OF FUND (Percent)							
		MOF FS.1.1.1	MOPIC FS.1.1.2	Other Gov. Entities FS.1.4	Private Firms FS.2.1	HH FS.2.2	UNRWA FS.3.1	ROW FS.3.2	TOTAL
1	MOH (within budget) HF.1.1.1	95.01%	1.94%	0.32%	0.000%	0.00%	0.00%	2.73%	100%
2	CIP HF.1.1.1.2	56.70%	0.00%	4.53%	0.55%	38.02%	0.21%	0.00%	100%
3	RMS HF.1.1.2.1	94.30%	0.73%	0.00%	0.00%	0.00%	0.00%	4.98%	100%
4	MIP HF.1.1.2.2	0.00%	0.00%	81.33%	2.82%	13.89%	0.00%	1.96%	100%
5	UHs HF.1.1.3	0.00%	0.00%	84.00%	3.29%	12.71%	0.00%	0.00%	100%
6	Other Government Entities HF.1.1.4	8.66%	0.00%	44.67%	6.66%	5.13%	0.00%	34.87%	100%
7	Public Universities HF.1.1.5	0.00%	0.00%	61.00%	0.00%	39.00%	0.00%	0.00%	100%
8	Social Security HF.1.2	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100%
9	Private Insurance Enterprises HF.2.2	0.00%	0.00%	0.00%	80.00%	20.00%	0.00%	0.00%	100%
10	Household HF.2.3	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100%
11	NGOs HF.2.4	0.00%	0.73%	0.00%	0.00%	1.51%	0.00%	97.75%	100%
12	Private Firms HF.2.5	0.00%	0.00%	0.00%	96.54%	3.46%	0.00%	0.00%	100%
13	Private Universities HF.2.5.1	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100%
14	UNRWA HF.3.1	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100%
	TOTAL	35.50%	0.47%	13.60%	8.68%	33.25%	0.83%	7.67%	100%

Matrix 5: Financing Agents to Providers 2016 (JD)

End - Users	Financing Agents														
	MOH HF.1.1.1.1	CIP	RMS HF.1.1.1.2	MIP	UHs HF.1.1.1.3	Other Pub Entities HF.1.1.1.4	Pub Univ. HF.1.1.1.5	SS HF.1.2	Private Insure HF.2.2	HH HF.2.3	NGOs HF.2.4	Private Firms HF.2.5	Private Univ. HF.2.5.1	UNRWA HF.3.1	TOTAL
MOH Curative Care HP.1.1.1.1	314,883,491	36,978,717			0	0									351,862,208
MOH Primary Care HP.3.4.9.1	161,821,716	14,438,698			0	0									176,260,414
MOH Administration HP.6.1	19,793,518	4,007,823			0	0									23,801,341
MOH Training & Research HP.8.2	5,495,457	1,545			0	0									5,497,002
MOH HP.N.S.K	0	140,282			0	0									140,282
MOH Facilities	501,994,182	55,567,065			0	0	0	0	0	0	0	0	0	0	557,561,247
RMS Curative Care HP.1.1.1.2		50,263,160	164,505,000	69,057,708	0	0									283,825,868
RMS Primary Care HP.3.4.9.2			49,938,000	22,773,300	0	0									72,711,300
RMS Administration HP.6.1			35,260,800	15,182,200	0	0									50,443,000
RMS Training & Research HP.8.2			2,097,200	1,431,080	0	0									3,528,280
RMS HP.N.S.K			75,000	0		0									75,000
RMS Facilities	0	50,263,160	251,876,000	108,444,288	0	0	0	0	0	0	0	0	0	0	410,583,448
UHs Curative Care HP.1.1.1.3		75,607,354			111,642,682	0	11,019,602								198,269,638
UHs Primary Care Clinic HP.3.4.9.3					0	0									0
UHs Administration HP.6.1					1,774,687	0									1,774,687
UHs Training & Research HP.8.2					1,935,749	0									1,935,749
UHs HP.N.S.K					799,271	0									799,271
UHs Facilities	0	75,607,354	0	0	116,152,389	0	11,019,602	0	0	0	0	0	0	0	202,779,345

Universities Facilities					0	0	533,637						2,194,364		2,728,001
Private Curative Care HP.1.1.2		13,874,864			0	2,488,881	12,193,603	1,483,809	62,335,372	190,150,985		9,027,928	1,280,045		292,835,487
Other Private Facilities HP.3.1					0	393,240	346,864	635,918	63,468,350	217,075,462		9,617,382	2,304,082		293,841,298
Private Pharmacies HP.4.1					0	1,151,400	1,200,683		46,080,368	163,199,094		3,473,289	1,536,055		216,640,889
Private Training & Research HP.8.2					0	0									0
Private HP.N.S.K					0	155,669	1,387,456		16,299,078			543,954			18,386,157
Private Facilities	0	13,874,864	0	0	0	4,189,190	15,128,606	2,119,727	188,183,168	570,425,540	0	22,662,553	5,120,182	0	821,703,830
Other Gov. Entities Curative Care HP		83,501,881			0	113,382,091									196,883,972
Other Gov. Entities Primary Care HP		7,259,428			0	39,875,372									47,134,800
Other Gov. Entities Administration HP					0	18,385,379									18,385,379
Other Gov. Entities T & R HP.					0	770,493									770,493
Other Gov. Entities HP.N.S.K					0	2,192,769									2,192,769
Other Gov. Entities Facilities	0	90,761,309	0	0	0	174,606,104	0	0	0	0	0	0	0	0	265,367,413
NGOs Curative Care HP.1.1.3					0	0					27,712,347				27,712,347
NGOs Primary Care HP.3.4.9.4					0	0					52,752,157				52,752,157
NGOs facilities	0		0		0	0	0	0	0	0	80,464,504	0	0	0	80,464,504
UNRWA					0	0								15,340,375	15,340,375
Treatment Abroad HP.9.2		273,469			0	652,055									925,524
TOTAL	501,994,182	286,347,221	251,876,000	108,444,288	116,152,389	179,447,349	26,681,845	2,119,727	188,183,168	570,425,540	80,464,504	22,662,553	7,314,546	15,340,375	2,357,453,687

Matrix 6: Financing Agents to Providers 2016 (Percentages)

End - Users	Financing Agents													
	MOH HF.1.1.1.1	CIP	RMS HF.1.1.1.2	MP	UHs HF.1.1.1.3	Other Pub Entities HF.1.1.1.4	Pub Univ. HF.1.1.1.5	SS HF.1.2	Private Insure HF.2.2	HH HF.2.3	NGOs HF.2.4	Private Firms HF.2.5	Private Univ. HF.2.5.1	UNRWA HF.3.1
MOH Curative Care HP.1.1.1.1	62.73%	90.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MOH Primary Care HP.3.4.9.1	32.24%	7.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MOH Administration HP.6.1	3.94%	1.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MOH Training & Research HP.8.2	1.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MOH HP.N.S.K	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MOH Facilities	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS Curative Care HP.1.1.1.2	0.00%	0.00%	65.31%	63.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS Primary Care HP.3.4.9.2	0.00%	0.00%	19.83%	21.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS Administration HP.6.1	0.00%	0.00%	14.00%	14.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS Training & Research HP.8.2	0.00%	0.00%	0.83%	1.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS HP.N.S.K	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS Facilities	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs Curative Care HP.1.1.1.3	0.00%	0.00%	0.00%	0.00%	96.12%	0.00%	41.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs Primary Care Clinic HP.3.4.9.3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs Administration HP.6.1	0.00%	0.00%	0.00%	0.00%	1.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs Training & Research HP.8.2	0.00%	0.00%	0.00%	0.00%	1.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs HP.N.S.K	0.00%	0.00%	0.00%	0.00%	0.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs Facilities	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	41.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Universities Facilities	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.00%	0.00%
Private Curative Care HP.1.1.2	0.00%	0.00%	0.00%	0.00%	0.00%	1.39%	45.70%	70.00%	33.12%	33.33%	0.00%	39.84%	17.50%	0.00%
Other Private Facilities HP.3.1	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	1.30%	30.00%	33.73%	38.06%	0.00%	42.44%	31.50%	0.00%
Private Pharmacies HP.4.1	0.00%	0.00%	0.00%	0.00%	0.00%	0.64%	4.50%	0.00%	24.49%	28.61%	0.00%	15.33%	21.00%	0.00%
Private Training & Research HP.8.2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Private HP.N.S.K	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	5.20%	0.00%	8.66%	0.00%	0.00%	2.40%	0.00%	0.00%
Private Facilities	0.00%	0.00%	0.00%	0.00%	0.00%	2.33%	56.70%	100.00%	100.00%	100.00%	0.00%	100.00%	70.00%	0.00%
Other Gov. Entities Curative Care HP	0.00%	0.00%	0.00%	0.00%	0.00%	63.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Gov. Entities Primary Care HP	0.00%	0.00%	0.00%	0.00%	0.00%	22.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Gov. Entities Administration HP	0.00%	0.00%	0.00%	0.00%	0.00%	10.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Gov. Entities T & R HP.	0.00%	0.00%	0.00%	0.00%	0.00%	0.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Gov. Entities HP.N.S.K	0.00%	0.00%	0.00%	0.00%	0.00%	1.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Gov. Entities Facilities	0.00%	0.00%	0.00%	0.00%	0.00%	97.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
NGOs Curative Care HP.1.1.3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	34.44%	0.00%	0.00%	0.00%
NGOs Primary Care HP.3.4.9.4	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	65.56%	0.00%	0.00%	0.00%
NGOs facilities	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
UNRWA	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Treatment Abroad HP.9.2	0.00%	0.00%	0.00%	0.00%	0.00%	0.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
TOTAL	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Matrix 7: Financing Agents to Providers 2017 (JD)

End - Users	Financing Agents														
	MOH HF.1.1.1.1	CIP	RMS HF.1.1.1.2	MIP	UHs HF.1.1.1.3	Other Pub Entities HF.1.1.1.4	Pub Univ. HF.1.1.1.5	SS HF.1.2	Private Insure HF.2.2	HH HF.2.3	NGOs HF.2.4	Private Firms HF.2.5	Private Univ. HF.2.5.1	UNRWA HF.3.1	TOTAL
MOH Curative Care HP.1.1.1.1	308,501,429	46,553,936			0	0									355,055,365
MOH Primary Care HP.3.4.9.1	160,970,128	14,371,156			0	0									175,341,284
MOH Administration HP.6.1	19,142,346	4,079,542			0	0									23,221,888
MOH Training & Research HP.8.2	5,283,878	3,167			0	0									5,287,045
MOH HP.N.S.K	0	640,293			0	0									640,293
MOH Facilities	493,897,781	65,648,095			0	0	0	0	0	0	0	0	0	0	559,545,876
RMS Curative Care HP.1.1.1.2		62,392,373	160,052,327	68,387,831	0	0									290,832,531
RMS Primary Care HP.3.4.9.2			51,709,213	22,094,530	0	0									73,803,743
RMS Administration HP.6.1			34,472,809	14,729,687	0	0									49,202,496
RMS Training & Research HP.8.2			1,924,900	1,197,166	0	0									3,122,066
RMS HP.N.S.K			80,000	0		0									80,000
RMS Facilities	0	62,392,373	248,239,249	106,409,214	0	0	0	0	0	0	0	0	0	0	417,040,836
UHs Curative Care HP.1.1.1.3		87,165,728			125,888,151	0	11,890,151								224,944,030
UHs Primary Care Clinic HP.3.4.9.3					0	0									0
UHs Administration HP.6.1					1,960,567	0									1,960,567
UHs Training & Research HP.8.2					2,000,980	0									2,000,980
UHs HP.N.S.K					2,702,268	0									2,702,268
UHs Facilities	0	87,165,728	0	0	132,551,966	0	11,890,151	0	0	0	0	0	0	0	231,607,845

Universities Facilities					0	0	575,794						2,317,248		2,893,042
Private Curative Care HP.1.1.2		14,097,496			0	2,415,852	13,156,898	2,564,883	70,648,569	206,923,753		9,605,715	1,351,728		320,764,894
Other Private Facilities HP.3.1					0	381,883	374,266	1,099,235	71,665,438	236,329,023		13,928,474	2,433,110		326,211,429
Private Pharmacies HP.4.1					0	1,185,246	1,295,537		51,272,877	177,594,499		550,392	1,622,074		233,520,626
Private Training & Research HP.8.2					0	0						0			0
Private HP.N.S.K					0	179,031	1,497,065		17,968,913			28,375			19,673,384
Private Facilities	0	14,097,496	0	0	0	4,162,012	16,323,766	3,664,118	211,555,797	620,847,275	0	24,112,956	5,406,912	0	900,170,333
Other Gov. Entities Curative Care HP		89,737,311			0	185,458,862									275,196,173
Other Gov. Entities Primary Care HP		7,112,285			0	48,018,346									55,130,631
Other Gov. Entities Administration HP					0	20,739,479									20,739,479
Other Gov. Entities T & R HP.					0	887,468									887,468
Other Gov. Entities HP.N.S.K					0	2,619,006									2,619,006
Other Gov. Entities Facilities	0	96,849,596	0	0	0	257,723,161	0	0	0	0	0	0	0	0	354,572,757
NGOs Curative Care HP.1.1.3					0	0					28,031,321				28,031,321
NGOs Primary Care HP.3.4.9.4					0	0					51,230,614				51,230,614
NGOs facilities	0		0		0	0	0	0	0	0	79,261,935	0	0	0	79,261,935
UNRWA					0	0								20,683,490	20,683,490
Treatment Abroad HP.9.2		146,984			0	502,552									649,536
TOTAL	493,897,781	326,300,272	248,239,249	106,409,214	132,551,966	262,387,725	28,789,711	3,664,118	211,555,797	620,847,275	79,261,935	24,112,956	7,724,160	20,683,490	2,566,425,650

Matrix 8 : Financing Agents to Providers 2017 (Percentages)

End - Users	Financing Agents													
	MOH HF.1.1.1.1	CIP	RMS HF.1.1.1.2	MIP	UHs HF.1.1.1.3	Other Pub Entities HF.1.1.1.4	Pub Univ. HF.1.1.1.5	SS HF.1.2	Private Insure HF.2.2	HH HF.2.3	NGOs HF.2.4	Private Firms HF.2.5	Private Univ. HF.2.5.1	UNRWA HF.3.1
MOH Curative Care HP.1.1.1.1	62.46%	91.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MOH Primary Care HP.3.4.9.1	32.59%	6.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MOH Administration HP.6.1	3.88%	1.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MOH Training & Research HP.8.2	1.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MOH HP.N.S.K	0.00%	0.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MOH Facilities	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS Curative Care HP.1.1.1.2	0.00%	0.00%	64.48%	64.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS Primary Care HP.3.4.9.2	0.00%	0.00%	20.83%	20.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS Administration HP.6.1	0.00%	0.00%	13.89%	13.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS Training & Research HP.8.2	0.00%	0.00%	0.78%	1.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS HP.N.S.K	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
RMS Facilities	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs Curative Care HP.1.1.1.3	0.00%	0.00%	0.00%	0.00%	94.97%	0.00%	41.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs Primary Care Clinic HP.3.4.9.3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs Administration HP.6.1	0.00%	0.00%	0.00%	0.00%	1.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs Training & Research HP.8.2	0.00%	0.00%	0.00%	0.00%	1.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs HP.N.S.K	0.00%	0.00%	0.00%	0.00%	2.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UHs Facilities	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	41.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Universities Facilities	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.00%	0.00%
Private Curative Care HP.1.1.2	0.00%	0.00%	0.00%	0.00%	0.00%	0.92%	45.70%	70.00%	33.39%	33.33%	0.00%	39.84%	17.50%	0.00%
Other Private Facilities HP.3.1	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	1.30%	30.00%	33.88%	38.07%	0.00%	57.76%	31.50%	0.00%
Private Pharmacies HP.4.1	0.00%	0.00%	0.00%	0.00%	0.00%	0.45%	4.50%	0.00%	24.24%	28.61%	0.00%	2.28%	21.00%	0.00%
Private Training & Research HP.8.2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Private HP.N.S.K	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	5.20%	0.00%	8.49%	0.00%	0.00%	0.12%	0.00%	0.00%
Private Facilities	0.00%	0.00%	0.00%	0.00%	0.00%	1.59%	56.70%	100.00%	100.00%	100.00%	0.00%	100.00%	70.00%	0.00%
Other Gov. Entities Curative Care HP	0.00%	0.00%	0.00%	0.00%	0.00%	70.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Gov. Entities Primary Care HP	0.00%	0.00%	0.00%	0.00%	0.00%	18.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Gov. Entities Administration HP	0.00%	0.00%	0.00%	0.00%	0.00%	7.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Gov. Entities T & R HP.	0.00%	0.00%	0.00%	0.00%	0.00%	0.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Gov. Entities HP.N.S.K	0.00%	0.00%	0.00%	0.00%	0.00%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Gov. Entities Facilities	0.00%	0.00%	0.00%	0.00%	0.00%	98.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
NGOs Curative Care HP.1.1.3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.37%	0.00%	0.00%	0.00%
NGOs Primary Care HP.3.4.9.4	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	64.63%	0.00%	0.00%	0.00%
NGOs facilities	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
UNRWA	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Treatment Abroad HP.9.2	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
TOTAL	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

