

# Jordan: Obesity Health System



## Economic classification



Upper Middle Income<sup>1</sup>

## Health system summary

Jordan has a mixed healthcare system, made up of a public sector, private sector and an international/charity sector. The health system has been renowned for delivering high-quality care and as a result has been a major health tourism destination in the Middle Eastern region.

Care in the public sector is delivered by the Ministry of Health and the Royal Medical Services. Groups eligible for free insurance in the public sector include those aged 60 and over and 6 and under and those considered impoverished by the Ministry of Social Development. The private sector consists of hospitals and various clinics, but it is considered to be fragmented. A recent census estimated that 70% and 55% of Jordanians and the overall population respectively had health insurance, with 80% of Jordanians having public insurance as opposed to private<sup>2</sup>. There are calls for health insurance to be made mandatory to improve coverage. Out-of-pocket expenditure was estimated to be 28.8% of total health expenditure in 2013<sup>3</sup>.

Jordan's health system has been challenged by the geopolitical crises in neighbouring Syria and Palestine. Large numbers of refugees have stretched services and has exacerbated the impact of an ageing population and the rise in non-communicable diseases. Several humanitarian agencies support healthcare delivery to many of the displaced people.

Does Jordan's government define 'Obesity as a disease'?



Does Jordan's healthcare provider(s) define 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Bariatric

Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



Bariatric

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## Obesity prevalence

21.9%	27.8%
Women	Men
11.2%	18.9%
Girls	Boys

## Overweight prevalence

32.2%	35.5%
Women	Men
18.9%	15.3%
Girls	Boys

## Key prevention policies

- ⇒ Food standards regulating foods served in school canteens

## Summary of stakeholder feedback\*

It is reported that while obesity is accepted as a major health issue in Jordan, it is not yet recognised or treated as a disease by the government or health professionals. Specifically, it was noted that insufficient efforts are being made in prevention, treatment and research.

Stakeholders reported that treatment is rarely covered by insurance (there appears to be exceptions for bariatric surgery at a high BMI), and so in practice, obesity treatment in Jordan is mostly paid for out of pocket. This reflects the overall poor financial investment into obesity. Due to the long waiting lists for surgery in the public sector, it is reported that it is commonplace for people to seek treatment privately where there are no waiting lists. Bariatric surgery in the private sector however has been criticised for not using multidisciplinary approaches and for not having clear pathways up to surgery. Unlike other Middle Eastern countries, it appears that the Jordanian population are hesitant to have bariatric surgery - one stakeholder reported that his patients refrain from attending support groups because they are reluctant to admit that they had surgery and would prefer to attribute weight loss to personal efforts.

The Jordanian Society for Obesity Surgery published bariatric surgery guidelines in 2018 for adults and children. These appear to be the only guidelines that exist in Jordan. Stakeholders reported there to be no obesity-specific training, except a sole fellowship available for bariatric surgery.

*\*Based on interviews/survey returns from 4 stakeholders*

## Perceived barriers to treatment

- Lack of political will, interest and action
- High cost of out-of-pocket payments
- Lack of treatment guidelines or pathways
- Stigma
- Poor health literacy & behavior
- Obesity considered an aesthetic issue and/or a sign of wealth
- Lack of evidence, monitoring and research

## References

- <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.2019)
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5407425/> (last accessed on 12.11.19)
- [http://www.nationalplanningcycles.org/sites/default/files/planning\\_cycle\\_repository/jordan/national\\_strategy\\_for\\_health\\_sector\\_2016-2020\\_jordan.pdf](http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/jordan/national_strategy_for_health_sector_2016-2020_jordan.pdf) (last accessed 13.11.2019)

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