Jordan puts NCDs at heart of UHC and humanitarian response



Language English

Jordan's government and civil society are stepping up action to strengthen NCD prevention and care, working together as part of their commitment to Universal Health Coverage (UHC) to reduce the NCD burden among both refugees and vulnerable Jordanians.

Key Messages

- Noncommunicable diseases (NCDs) cause 78% of deaths and are the main driver of disease in Jordan.
- Jordan is home to the second largest refugee population worldwide (per capita).
- The dual NCD-humanitarian crisis is a major obstacle towards achieving Universal Health Coverage (UHC), which ensures that everyone can access healthcare without financial hardship.
- Delivering people-centred, inclusive primary health care (PHC) which prioritises NCD prevention and care is being seen as critical in Jordan's path towards UHC.

Jordan - home to the world's second largest refugee population

Noncommunicable diseases such as diabetes, cancer, and cardiovascular disease (CVD), cause 78% of deaths in Jordan every year. These diseases affect both the local population and the large number of refugees living in Jordan, which is home to the world's second largest refugee population, per capita. In Jordan, one out of every 15 people is a refugee[1], with many coming from Syria since the start of the crisis.

Latest figures for Jordan show that 37% of NCD deaths are due to heart diseases, 15% due to cancer and 7% due to diabetes[2]. Another recent study[3] found that 45% of the population have diabetes or prediabetes. Mental illness is also rising, with many impacted by the humanitarian crisis. High rates of smoking and vaping, overweight and obesity, unhealthy diets and physical inactivity are all contributing to the burden.

The NCD-humanitarian crisis is putting the health system under considerable pressure to meet the needs of people living with NCDs and prevent disease among those most at-risk. Refugees and marginalised populations in Jordan are particularly vulnerable, with many unable to access the health system and when do they face high, out-of-pocket costs for healthcare[4].

There is also growing concern about the lack of investment in NCD prevention programmes and policies that would support people to lead healthier lives. This investment gap perpetuates cycles of poor health and puts further strain on overly burdened healthcare systems.



Responding to a NCD-humanitarian crisis to strive for universal health coverage

Jordan's government and civil society are stepping up action to strengthen NCD prevention and care, working together as part of their commitment to Universal Health Coverage (UHC).

A new partnership was launched to reduce the NCD burden among both refugees and vulnerable Jordanians. The *Integrated NCD-Humanitarian Response* project has been implemented since 2020 by the Royal Health Awareness Society (RHAS) [1] and Ministry of Health in Jordan [2], with support from World Diabetes Foundation [3]and the Novo Nordisk Foundation [4].

The aim of the project is to integrate NCD prevention and care in the humanitarian response and as part of multi-sector commitment to UHC. The project focuses on strengthening health systems to address NCDs at the primary care level, with community-driven interventions geared towards the early detection of NCDs, the promotion of healthy lifestyles and adequate care.

The project works on three fronts:

1. Health Community Clinic [HCC] Programme: NCD prevention and awareness sessions are provided at 190 primary health care centers with a community outreach component.
2. A 'Health Schools Programme' delivers health education to students aged 6-18 on nutrition, personal hygiene, oral hygiene, physical activity, healthy diets, drug abuse and tobacco control in 160 public schools, while a

'Youth for Health' (known as Shababna) programme trains young people to raise awareness in their communities.
3. Media, advocacy and campaign and research activities to promote the project and share recommendations to integrate NCD prevention services at the primary care level.

> **"I am a Syrian Refugee – I am 21 years old. I joined the HCC Program and benefited a lot. I came for my mother and uncle. Since coming to the clinic, I noticed a positive change in my results. I learned the concept that 'Health is contagious' and how to spread the word and awareness we receive here to other people around us."** ***Programme participant***

This is the World Diabetes Foundations' largest project to date with around 180,000 refugees and Jordanians reached so far, and lessons and knowledge from the programme are also being shared nationally to help inform and promote integration efforts elsewhere in the country. The Jordanian Ministry of Health is also an active partner, and the programme is rolled out via existing public health clinics – the success of the project is largely owed to the high-level government ownership and political commitment

> **"Walking for short periods like 10 and 20 minutes used to be very exhausting for me. Now I enjoy long walks for at least one to two hours. 'Medications are useless' – that was a common saying in my community. Now I'm very adherent to my medications. I follow a healthy diet and have cut off the intake of fizzy soft drinks completely for more than a year now. We learnt how to deal with anxiety through breathing exercises. I even started to turn to my mother and friends to vent out."** ***A person living with diabetes***

Recommendations - replicating Jordan's success

The *Integrated NCD-Humanitarian Response* project is an example of how to deliver people-centred, community-based and integrated primary health care that leaves no one behind. The hope is that this project will be a catalyst, inspiring initiatives in similar humanitarian and emergency contexts across the region and globally as part of the progressive realisation of UHC.

In Jordan and other settings where large segments of the population are marginalised and vulnerable, often with high pre-existing NCDs, ensuring inclusive responses to NCDs will be essential to reducing the impact of disease, and making progress towards UHC. A broad set of recommendations for delivering care in humanitarian settings can be found in NCDA's discussion paper Neglected and in Crisis: Delivering NCD Care in humanitarian settings [5].

> **"Firstly I managed to reduce my weight from 108kg to 78kg. What I have learnt here was reflected on my health, on my surroundings, on my relationship with my wife and the whole community. I have become a more productive person."** ***A person living with hypertension***

UHC health benefit packages need to include essential NCD prevention and care services across the continuum of care and life course, drawing on guidance from the WHO Global NCD Action Plan. Also known as the NCD "best buys" and other recommended interventions, these provide a menu of cost-effective policies to prevent and manage NCDs.

By including these vital NCD prevention and care services in UHC health benefit packages, true progress can be made to make sure no one is left behind.

Find out more about NCD Alliance's policy asks for the 2023 UN High Level Meeting on UHC in our policy brief **[6].**

This case study is presented with thanks to the Royal Health Awareness Society (RHAS) ***[1] ,*** Ministry of Health in Jordan ***[2] ,*** World Diabetes Foundation ***[3]and the*** Novo Nordisk Foundation ***[4].***

Related Resource: NCD Alliance Advocacy Priorities For the 2023 UN High-Level Meeting on Universal Health Coverage (UHC) [7]
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