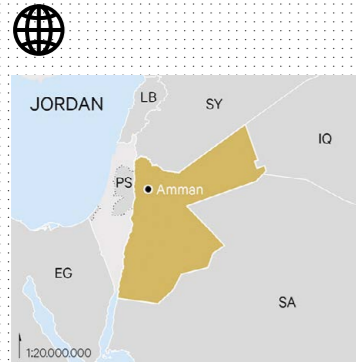




# Jordan



### General data

POPULATION, 2024  
**11,552,876**

PHYSICIANS/1000 INH. 2020-2022  
**2.51**

### Socioeconomic data

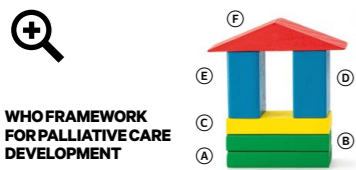
COUNTRY INCOME LEVEL, 2022  
**Lower middle**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**100**

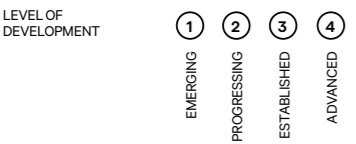
GDP PER CAPITA (US\$), 2023  
**4,455.51**

HEALTH EXPENDITURE, 2021  
**299.07**

UNIVERSAL HEALTH COVERAGE, 2021  
**65**



- A EMPOWERMENT OF PEOPLE AND COMMUNITIES
- B POLICIES
- C RESEARCH
- D USE OF ESSENTIAL MEDICINES
- E EDUCATION AND TRAINING
- F PROVISION OF PC

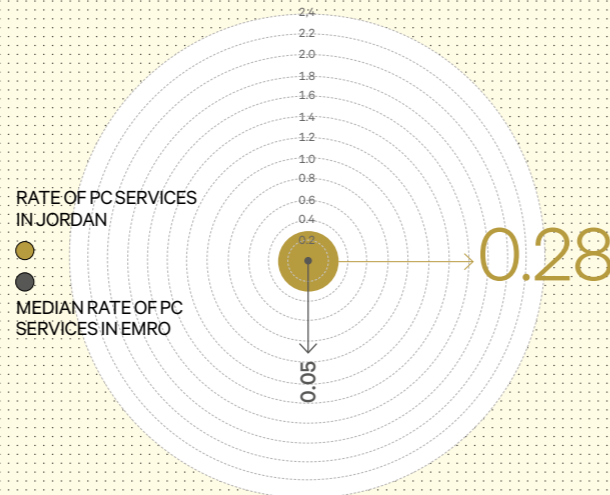


### F Provision of PC (Specialized Services)

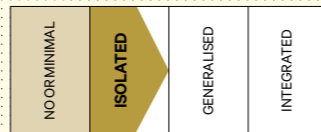
Total number of Specialized PC services  
**32**

Rate of PC services per 100,000 inhabitants  
**0.28**

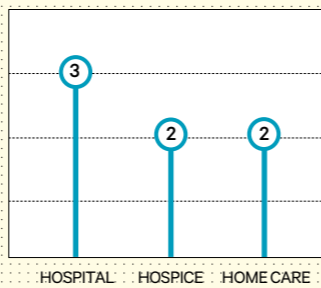
#### Jordan in the context of EMRO



#### Geographic distribution and integration of PC services



#### Level of development of different types of PC services



#### Pediatric PC Services

Geographic distribution and integration  
**2**

Total number  
**1**

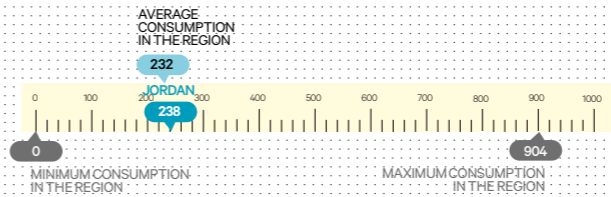


# Jordan

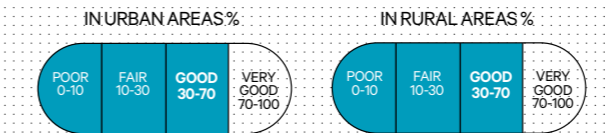
### D Use of essential medicines

Opioids consumption (excluding methadone)  
**238**  
S-DDD/MILL INHABITANTS/DAY

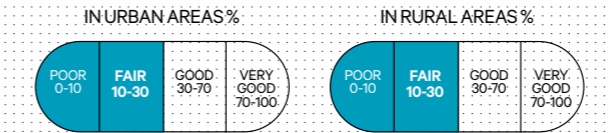
#### Jordan in the context of EMRO



#### Overall availability of essential medicines for pain and PC at the primary level



#### General availability of immediate-release oral morphine at the primary level



### C Research

PC-related research articles  
**3**

Existence of PC congresses or scientific meetings  
**4**

National Association: Jordan Palliative Care Society; National Palliative Care Committee.  
Consultants: Anwar Al-Nassan; Omar Shamieh.

Data collected: January-June 2025.  
Report validated by consultants: Yes  
Endorsed by National PC Association: Yes (by the National Palliative Care Committee)  
Report reviewed by the Ministry of Health  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

### E Education & Training

Medical schools with mandatory PC teaching  
**3/6**

Nursing schools with mandatory PC teaching  
**0/17**

Recognition of PC specialty  
**4**

### B Policies

National PC plan or strategy  
**4**



Responsible authority for PC in the Ministry of Health  
**4**



Inclusion of PC in the basic health package at the primary care level  
**4**





### A Empowerment of people and communities

Groups promoting the rights of PC patients  
**4**

Advanced care planning-related policies  
**3**

<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p></p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</p>	<p>In Jordan, several organizations actively support palliative care patients, caregivers, and survivors. The Jordan National Palliative Care Committee, established in 2003 under the MoPH with WHO support, leads national palliative care development. The King Hussein Cancer Center (KHCC) provides extensive palliative care services, including the country's only pediatric palliative care program. The Jordan Palliative Care Society, founded in 2010, collaborates with health authorities to improve service delivery and specialist training. Established in 1993, the Al-Malath Foundation was the Middle East's first hospice provider, offering free medical, psychological, and bereavement support. The Al Oun for Alzheimer's Patient Care Association, founded in 2020 and affiliated with Alzheimer's Disease International since 2022, provides caregiver education, support groups, and a helpline. These initiatives align with the MoH's 2023–2025 strategy, which prioritizes equitable access to palliative care services across Jordan.</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is/are national policies or guidelines on living wills and/or on advanced directives.</p>	<p>In Jordan, DNR orders are formally recognized and implemented in many hospitals, grounded in medical ethics and Islamic principles. A DNR decision requires consensus from three licensed physicians and consent from the patient and their family, especially when CPR is considered non-beneficial for terminally ill patients. Islamic jurisprudence allows withdrawal of futile treatments, but life support can only be withdrawn in cases of brain death, with family approval. Although DNR policies exist in several hospitals, staff experience in applying them varies. End-of-life care discussions remain culturally and religiously sensitive, underscoring the need for public education and culturally appropriate communication.</p>

<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p> <p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	<p></p> <p>Actualized in last 5 years, and actively evaluated or audited.</p> <p></p> <p>Yes, there is a stand-alone national palliative care plan and/or there is national palliative care law/legislation/ government decrees on PC.</p>	<p>Palliative care in Jordan is integrated into the National Cancer Control Plan (NCCP) and the national non-communicable diseases program. Launched in 2003 as a WHO demonstration project, the initiative prioritized training, education, and opioid policy reform. Significant developments include the creation of the Jordan Palliative Care Society and improved access to opioids, despite ongoing challenges such as coordination issues, limited funding, and workforce shortages. The 2016–2018 national strategy and the 2023 NCCP update have enhanced palliative care education, service delivery, and funding structures. Progress is monitored through measurable indicators set by the National Palliative Care Committee and the MoH's Cancer Control program. Collaborations with universities have enabled the certification of palliative care nurses. Legislative reforms have expanded access to narcotics. Palliative care services are provided by the King Hussein Cancer Center, Royal Medical Services, universi-</p>
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<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>The Indicators to monitor and evaluate progress are currently implemented.</p>	<p>ty and private hospitals, nonprofit home care agencies, and the main public oncology hospital.</p>
<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p>	<p>In Jordan, palliative care is formally included in the national health strategy. The MoH's 2023–2025 plan prioritises integrating palliative care into the essential health services package, aiming for equitable access nationwide. Specialist institutions like the King Hussein Cancer Center (KHCC) provide comprehensive palliative care, including the largest home care program, operating five days a week within a 100-mile radius of Amman. Additionally, efforts are ongoing to incorporate palliative care into primary care through team-based models, such as the Family Health Teams (FHTs), supporting national goals to achieve Universal Health Coverage (UHC). Although these initiatives mark important progress, continued efforts are necessary to fully integrate palliative care across all healthcare levels and ensure consistent access to services for all patients throughout Jordan.</p>
<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p></p> <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific &amp; technical).</p> <p></p> <p>There are concrete functions, staff and budget.</p>	<p>In Jordan, the MoH established the National Palliative and Home Care Committee, which plays a central role in developing and overseeing palliative care services nationally. The Committee is tasked with implementing the National Palliative and Home Care Strategic Framework, endorsed by the government in April 2018. This framework covers six key domains: policy, finance, service delivery, opioid access, capacity building, and information, research, monitoring, and evaluation. Government endorsement has enabled broad national engagement in policy-making, service provision, workforce development, education, training, and research related to palliative care. The Committee's leadership has been essential in advancing the integration and expansion of services, supporting the goal of improving access to comprehensive and equitable palliative care throughout Jordan.</p>

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one national conference specifically dedicated to palliative care every 3 years.

Jordan actively hosts several significant national events focused on palliative care. The King Hussein Cancer Research Conference, organized annually by KHCC, most recently took place on 15–16 November 2024 under the patronage of HRH Princess Ghida Talal. The annual conference of the Jordan Oncology Society includes a dedicated section on palliative care, providing a platform to discuss developments in the field. Additionally, the Jordan Palliative Care Society plays a key role in educating patients, families, and healthcare professionals, raising awareness and offering specialized training. KHCC also holds an annual palliative care symposium to mark International Hospice Day, attracting attendees nationwide.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



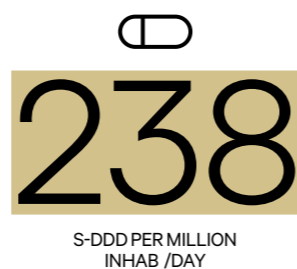
Represents a considerable amount of articles published.

A PubMed search revealed numerous articles from the past five years by Jordanian researchers focusing on palliative care. Topics covered include the integration of palliative care into the healthcare system, training and education for healthcare professionals, and patient-centered care at the end of life. Research also addresses cultural challenges, public awareness, and the effectiveness of home-based palliative care services in Jordan. Some studies examine the use of technology and data management to improve palliative care delivery. Others explore the specific needs of patients with chronic diseases and cancer. The increasing number of publications reflects growing research efforts to enhance palliative care within Jordan's healthcare system and its social context.

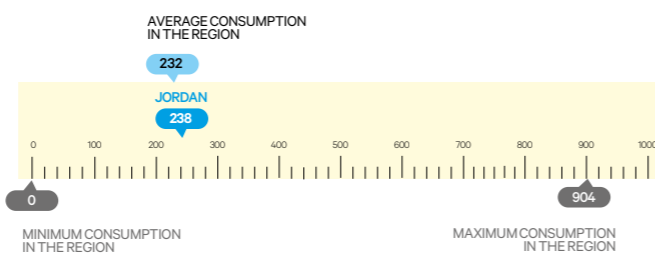
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.



COUNTRY VS REGION



Ind9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%.

In Jordan, opioids for pain and palliative care are mainly available at tertiary healthcare facilities, including the KHCC, Royal Medical Services, and MoH referral hospitals. At the primary healthcare level, opioids are generally unavailable, restricting pain management options. Oral morphine, in both liquid and tablet forms, is accessible at tertiary centers, though shortages of other opioids such as oxycodone and hydromorphone persist. pediatric opioid formulations tend to be stocked only at tertiary care centers. While other essential medicines for palliative care are more widely available, access to opioids, especially morphine, remains limited in rural areas. This uneven distribution highlights challenges in ensuring equitable availability of pain relief medications across Jordan's healthcare system.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Fair: Between 10% to 30%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Fair: Between 10% to 30%.

In Jordan, immediate-release oral morphine, both liquid and tablet forms, along with tramadol and fentanyl patches, are primarily available at tertiary healthcare facilities such as the KHCC, Royal Medical Services, and MoH referral hospitals. These opioids are largely inaccessible at the primary healthcare level, particularly in rural areas. Liquid and immediate-release morphine may also be obtained through KHCC, Royal Medical Services referral hospitals, King Abdullah University Hospitals, and via prescriptions from private pain and palliative care providers. This uneven distribution highlights a significant disparity in opioid availability between urban and rural areas. As a result, patients in rural settings requiring immediate-release morphine for pain management must be referred to higher-level public or private hospitals, creating barriers to timely and equitable care.



Ind 11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

3/6



Jordan has six accredited medical schools, three of which—The University of Jordan, Jordan University of Science and Technology, and Hashemite University—offer compulsory palliative care training. This is integrated into hematology and oncology clinical rounds, with mandatory sessions for fourth- and sixth-year students. The curriculum covers hospice and palliative care principles, end-of-life care, symptom management (pain, dyspnoea, nausea, delirium), ethical decision-making, and communication skills in clinical settings. In nursing education, palliative care training is more limited. Of the 17 nursing schools in Jordan, only five—Applied Science Private University, Philadelphia University, Jordan University of Science and Technology, Zarqa University, and Jerash University—offer palliative care education, solely as an optional subject within their nursing programs.

0/6

0/17

5/17

Ind 12

- Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

In Jordan, palliative medicine was officially recognized as a subspecialty in 2017. The KHCC offers a two-year fellowship in palliative medicine, accredited by the Jordanian Medical Council, providing training across various clinical settings, including inpatient hospice, outpatient clinics, and home healthcare. The University of Jordan offers a Master of Science in Clinical Nursing specialization in palliative care. Additionally, it provides a course titled “Introduction to Palliative and End of Life Care” as part of continuous education. Despite these educational advances, there remains a significant shortage of palliative care specialists. Estimates suggest that between 185 and 235 full-time equivalent physicians are needed to meet the country’s demand for specialist palliative care services.

Ind 13

- 13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.
- 13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialized PC services or teams in the country.



Isolated provision: Exists but only in some geographic areas.



Are part of most/all hospitals in some form.



Ad hoc/ in some parts of the country.



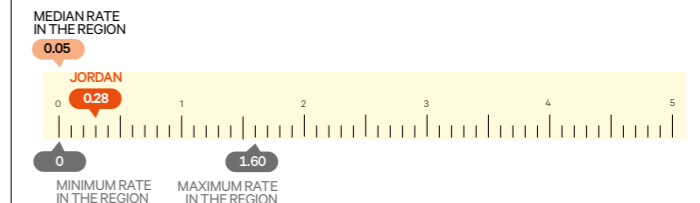
Ad hoc/ in some parts of the country.

1

PPC TEAMS

As of 2023, Jordan has over 32 specialized palliative care services across various regions, including hospital consultation teams, inpatient hospice units with dedicated beds, and home-based care. The KHCC operates 10 adult teams—five home care, two outpatient, two inpatient consultation, and one inpatient hospice—and one pediatric team. The Royal Medical Services provide 12 adult teams in multiple hospitals. Additional teams exist at King Abdullah University Hospital (KAUH) in Irbid, Al Basheer Hospital, Darwazeh Hospital, and the Al-Malath Foundation, which offers hospice and home care. The private sector contributes around five outpatient and inpatient consultation services. KHCC’s home care program covers all governorates except the far south.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



32 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

- 14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.
- 14.2. Number of pediatric specialized PC services or teams in the country.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

In Jordan, specialized pediatric palliative care (PPC) services are mainly centred at KHCC, which hosts the country’s only dedicated PPC team. KHCC offers a comprehensive range of services including medical consultations, inpatient and outpatient care, home healthcare, and a medical device lending programme. It also runs a fellowship training programme in PPC. Originally focused on children with cancer, KHCC’s services now cover various life-threatening conditions. While children with cancer receive treatment in pediatric oncology wards at KHCC and Royal Medical Services (RMS) hospitals such as Queen Rania Paediatric Hospital, only KHCC provides specialised PPC programmes. RMS and MoH hospitals offer supportive and pain management services but lack dedicated PPC units with interdisciplinary teams.