Country Profile: Jordan

Introduction

The Hashemite Kingdom of Jordan is an upper-middle-income country with a high level of development. Jordan has been one of the safe-haven countries for refugees, which hosts nearly 3 million officially registered refugees, including Palestinians and Syrians, and more than 600,00 non-registered Syrians.[1] Although Jordan has made significant improvements in nutrition in recent decades, a high prevalence of micronutrient deficiencies among women of reproductive age (WRA), especially among pregnant women, remains a public health problem, with a 2023 prevalence of 33.3% (48,800).[2] The data also shows that the prevalence of anemia in WRA among other nationalities (25%) is lower than that of Jordanian women (32%), while Syrian WRA living inside and outside the camps have a higher prevalence rate of 48% and 37%, respectively.[1]

The burden of the high anemia prevalence among WRA, especially during pregnancy, can have significant implications for birth outcomes. Data available on the World Health Organization's Global Health Observatory show that the stillbirth rate is at 7.2 per 1,000 total births (2023),[3] the pre-term birth rate is at 8.7% (2020),[4] and the prevalence of low birthweight is at 18.9% (2020).[5] Likewise, the infant mortality rate in Jordan is 12.2 per 1,000 live births (2022)[6].

Although Jordan's maternal health services are more accessible than in many lower-income countries, 63.4% of women had at least eight antenatal care (ANC) visits in 2023, while 97% of women had at least four ANC visits,[2] a figure that has remained stable since 2007.[7] The focus in Jordan has been on iron supplementation programs. In 2023, 81% of women who had given birth 2 years prior to the survey had taken iron supplements in tablet or syrup form during their pregnancy.[1] In addition to the national programs, the United Nations Relief and Works Agency (UNRWA) provides free-of-cost ANC services to approximately 20,000 pregnant Palestinian refugee women in Jordan annually.[8] However, the prevalence of anemia, combined with the considerable rates of stillbirth, low birth weight, and infant mortality, suggests that the current approach may be insufficient to address the spectrum of micronutrient deficiencies affecting pregnancy outcomes. Thus, UNRWA is exploring a

[1] Jordan Population and Family and Health Survey 2023. Table 9.7 Information on pregnancy health insurance, cash for essential health services, and iron-containing supplementation during pregnancy

[2] Jordan Population and Family and Health Survey 2023. Table 9.2 Number of antenatal care visits and timing of first visit

transition from iron and folic acid (IFA) supplementation to MMS in its ANC system,[9] which started in early 2020.[1]

This country profile presents a concise overview of UNRWA Jordan's status in transitioning from IFA supplementation to MMS for pregnant women. This document aims to inform policymakers, partners, and stakeholders about the current progress, challenges, and opportunities for scaling MMS within maternal nutrition and health strategies.

MMS Policy and Regulatory Status

In response to the WHO's decision to include MMS in its Essential Medicines List in 2021, UNRWA replaced IFA with MMS and conducted implementation research to evaluate coverage, side effects, adherence, acceptability, effectiveness (in terms of hemoglobin distributions and anemia at registration and in mid-pregnancy), and some cost elements.

One of the strategic objectives of the national nutrition strategy, established by the Ministry of Health for 2023 to 2030, is to reduce anemia among WRA by 40% and improve their nutrition status by gathering evidence to inform policies and interventions. Current strategies to reduce anemia among pregnant women focus on treating it. Thus, a national protocol or clinical guidelines for the treatment of anemia during pregnancy are available.[1]

Jordan plans to conduct a situation analysis to align with WHO's Essential Nutrition Actions and to align health systems to ensure universal coverage of these actions. Likewise, continuing the assessment of micronutrient intake through national surveys and revising supplementation programs are also planned.[1] The strategy document does not clarify the specifics of transitioning from IFA to MMS, and MMS is not formally listed as a standard medicine in Jordan's EML, as IFA is. However, the strategy provides the policy space to consider innovations, such as MMS, within ANC programming and shows a willingness to explore evidence-based options, including MMS pilots.[1]

Implementation Status

UNRWA serves an estimated 90,000 pregnant women annually in Palestine refugee communities in Jordan, Syria, Lebanon, and the Palestinian Territories of the Gaza Strip and West Bank, areas where there appear to be high rates of micronutrient malnutrition.[9] UNRWA also provides free of charge ANC services to ~20,000 Palestinian refugee pregnant women in Jordan annually. Overall, UNRWA has assessed the nutrition situation, delivery platforms, policy and regulatory environment, supply readiness, procurement, and stakeholder mapping to support the transition from IFA to MMS in Jordan.[Error! Bookmark not defined.] The first pilot MMS implementation program started in two of the clinics in Jordan Field Office from September 2022 to February 2023. UNRWA implemented the pilot through Vitamin Angels and received technical support from Johns Hopkins University and the Sight

and Life (SAL) Foundation, as well as a donation of UNIMMAP-formulated MMS from Kirk Humanitarian. [10]

With support from Vitamin Angels and Johns Hopkins, UNRWA has developed a comprehensive implementation protocol and strengthened its capacity and readiness to replace IFA with MMS in line with the latest global guidance. Implementation of systems research on MMS started in Jordan, with a plan to scale up MMS across all territories and countries served by UNRWA by 2026.[8] Johns Hopkins University conducted implementation research in Jordan in 2023, with UNRWA's approval, concurrently comparing MMS vs IFA delivery (the current standard of care). This included delivering MMS to 13 clinics (2 pilot + 11 randomized) for 10 months, until January 2024, while the remaining 12 clinics continued to receive the IFA regimen. The evaluation of this research focused on the acceptability, coverage, adherence, side effects, detectable cost elements, and the effectiveness of MMS anemia prevention compared to IFA.[11]

Regarding capacity building, initial training (pre-service) for healthcare students is in place.[8] Implementation research by UNRWA used MMS modules to train staff from all 25 clinics to assess and record MMS adherence and side effects in pregnant women. The MMS modules included information on patient flow, data collection, existing interviews for pregnant women, and monthly staff options in UNWRA's e-health system.[8,9] The program evaluation team continues to monitor e-Health data entry by midwives and nurses. Trained data collectors conduct exit interviews with pregnant women at 12 mid-to-large-sized clinics, while Clinician Surveys are completed each month by staff providing antenatal care.[9] The details of the MMS programming and implementation are presented in the chapter "Enabling the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)" in the Sight and Life Special report on MMS in pregnancy: second edition.[10]

Following, strategies and actions have been implemented to optimize MMS implementation outcomes:

a) Improving MMS supply chain and distribution systems,
b) Strengthening delivery platforms (e.g., training health workers),
c) Monitoring and Process evaluation,
d) Implementation outcome evaluation (acceptability, feasibility, sustainability, etc.).[9]

MMS Coverage and Utilization

The MMS supplied to UNRWA was United Nations International Multiple Micronutrient Antenatal Preparation (UNIMMAP) formulations. The first pilot implementation, conducted between September 2022 and February 2023, distributed a total of 2315 MMS bottles to pregnant women at two Health Centers (Amman New Camp and Marka HCs). From March to December 2023, the performance of 13 MMS-assigned clinics was compared concurrently with that of 12 IFA-assigned clinics.[12] In September 2024, all 25 clinics in Jordan Field started distributing MMS. Community engagement, distribution of educational materials, and counseling by midwives and other

healthcare providers at the healthcare center are being implemented as key strategies to improve adherence and compliance with MMS.[8]

Key Program Actors and Partners

The Jordan Ministry of Health is leading efforts to scale up MMS with UNRWA Jordan as a national partner. Furthermore, the list of national and international partners working with UNRWA and the Jordanian Ministry of Health is as follows:[8]

Table 1: List of national and international partners working to scale up MMS in Jordan.[8]

National Partners	International Partners
UNRWA Jordan	Johns Hopkins Bloomberg School of Public Health
	Kirk Humanitarian
	Sight and Life
	Vitamin Angels

Supply Chain

Currently, MMS is imported into the country in collaboration with the government[8] , and procurement is conducted at the regional level.[9]

Monitoring, Evaluation, and Research

The Jordanian Health Management Information System (HMIS) and the Demographic and Health Survey (DHS) both report the progress on anemia, ANC coverage, and IFA provision. These could be expanded to capture MMS indicators. An evaluation report on the implementation of antenatal MMS versus IFA supplementation within the UNRWA health care system in Jordan has been published. The outcomes of this research included coverage, adherence, side effects, acceptability as measured through anonymous exit interviews, mid-pregnancy hemoglobin (Hb) levels and anemia, and costs to recipients and the agency.Error! Bookmark not defined.

Likewise, the lessons learned in Jordan are expected to inform and guide future scale-up of MMS for pregnant Palestinian refugee women in all 140 antenatal clinics operated by UNRWA in its service territories and countries throughout the Middle Eastern Region. Error! Bookmark not defined.

Challenges and Next Steps

Jordan faces major challenges in the supply chain and financing for scaling up MMS and needs to conduct supply-chain forecasting and assess procurement channels to improve the MMS supply and distribution system. The next step is to create a costed roadmap and a financial plan for transition. Finally, there is a need to train health workers to strengthen delivery platforms. UNRWA needs support to share its experience and lessons learned with a global audience on scaling MMS programming.[8]

MMS Tools and Resources

Situation and Policy Analyses and formative research

The following documents outline the supply chain, monitoring, and evaluation, as well as the financial challenges related to scaling up MMS in Jordan, with a focus on collaboration between UNRWA and government partners. It highlights lessons learned from implementing MMS for pregnant Palestinian refugee women, aiming to guide future scale-up efforts in antenatal clinics across the Middle East.

1. Evaluating the implementation of antenatal multiple micronutrients versus iron-folic acid supplementation within the UNRWA health care system in Jordan.
2. Sight and Life Magazine. Enabling the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) to Implement and Evaluate Antenatal Multiple Micronutrient Supplementation in Jordan.
3. UNRWA MMS Program Implementation Overview Annual Report 2023

References

1. The Hashemite Kingdom of Jordan, Ministry of Health. *The Hashemite Kingdone of Jordan: National Nutrition Strategy 2023–2030*. Ministry of Health; 2023. https://moh.gov.jo/ebv4.0/root_storage/en/eb_list_page/nutriotion_english_final.pdf
2. Global Health Observatory (GHO) data. WHO Anaemia estimates: Anaemia in women of reproductive age (aged 15-49), prevalence (%), by pregnancy status. World Health Organization (WHO). 2025. Accessed September 26, 2025. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-women-of-reproductive-age-(-)
3. Global Health Observatory (GHO) Data. Stillbirth rate (per 1000 total births). World Health Organization (WHO). 2023. Accessed September 26, 2025. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/stillbirth-rate-(per-1000-total-births)
4. Global Health Observatory (GHO) data. Births, preterm (number). World Health Organization (WHO). 2020. Accessed September 26, 2025. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/preterm-births-(number)
5. Global Health Observatory (GHO) data. Low birthweight prevalence (%). World Health Organization (WHO). 2020. Accessed September 26, 2025.

https://www.who.int/data/gho/data/indicators/indicator-details/GHO/low-birth-weight-prevalence-(-)
6. Global Health Observatory (GHO) Data. Child deaths in infants, infant mortality rate (between birth and 11 months per 1000 live births). World Health Organization (WHO). 2023. Accessed September 27, 2025. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/infant-mortality-rate-(probability-of-dying-between-birth-and-age-1-per-1000-live-births)
7. Department of Statistics (DoS) Jordan and ICF. *Jordan Population and Family and Health Survey 2023*. DoS and ICF; 2024. https://dhsprogram.com/pubs/pdf/FR388/FR388.pdf
8. Healthy Mothers Healthy Babies. HMHB Survey 2025.
9. Healthy Mothers Healthy Babies Consortium, Micronutrient Forum. World Map of Activities - Healthy Mothers Healthy Babies Consortium (HHMB Survey 2021-2023) and (HMHB Survey 2025). Accessed October 1, 2025. https://hmhb.micronutrientforum.org/world-map/
10. Sight and Life. *Focusing on Multiple Micronutrient Supplements in Pregnancy: Second Edition*. Sight and Life Foundation; 2023. https://kirkhumanitarian.org/wp-content/uploads/2024/08/Sight-and-Life-MMS-Special-Report-2nd-Edition.pdf
11. Horino M. *Evaluating Implementation of Antenatal Multiple Micronutrient Versus Iron-Folic Acid Supplementation Within the UNRWA Health Care System in Jordan*. Johns Hopkins University; 2025. https://jscholarship.library.jhu.edu/handle/1774.2/70762
12. United Nations Relief and Works Agency for Palestine Refugees (UNRWA) Department of Health. *Annual Report 2022*. UNRWA; 2022. https://www.un.org/unispal/wp-content/uploads/2023/05/UNRWAHEALTHANNRPT_230523.pdf

The information and country-level data provided herein were received from our partners as of 2025 and are shared with permission for public dissemination. This profile will be updated periodically. If you have updates or additional information to share, please fill out this feedback form. For questions, contact us at HMHB@micronutrientforum.org.

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