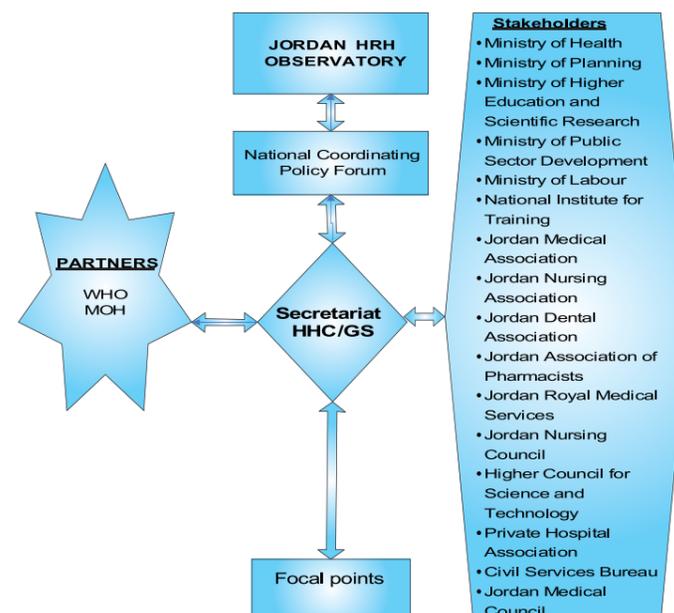


shown in the graph below:



Responsibilities of the Policy Forum:

1. Review HRH strategies in all health sectors to ensure their applicability and consistency with the national health goals.
2. Develop a national HRH database under the supervision of the HHC.
3. Support HRH studies and research according to identified priorities.
4. Establish a national HRH observatory pertaining to HRH.
5. Develop a national HRH plan.
6. Monitor implementation and follow up of the national HRH plan.



• Successive **meetings** of the forum were held. Priorities and common HRH cross-sectoral issues were identified based on consultation with all stakeholders. Plans and policies are continuously discussed to address the HRH key issues.



• The **National Agenda** is considered to be the most advanced referral document that maps the road ahead for modern Jordan for all sectors including the health sector. The HHC endorsed different HRH issues among the National Agenda Initiatives as being the responsible body for updating this Agenda periodically.

• The HHC also adopted the HRH issues within the **Executive Developmental Plan** for the years 2011-2013. This plan was derived from the National Agenda to identify the challenges, objectives, policies and programs according to the national health priorities. Improving public-private partnership was one of the main objectives of this plan. This type of coordination leads to sectoral and sub-sectoral policies, which are then translated into sectoral and sub-sectoral allocated plans or programs of work, and finally became operational or activity plans. The Human Resource Development (HRD) policy is part of the general health policy. Thus, the linkage between overall health and HRH policies is therefore ensured, so HRD is now recognized as being crucial and central to health systems development in Jordan.

• As a **result** of formulating this national HRH coordination policy forum, that is tasked to address the most pressing challenges and opportunities pertaining to HRH in Jordan. A national HRH observatory web site with updated information about HRH dynamics in Jordan was launched, completion of national HRH data set including that of private sector was achieved, a comprehensive HRH Country Profile was developed, an effective multi-sectoral cooperation and coordination mechanisms were also identified. Thus the process of making evidence - based policies and decisions became much easier.

How to reach us?

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World Health Organization



High Health Council/ General Secretariat Human Resources for Health Policy Brief

Jordan's Coordination & Facilitation Policy

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Introduction:

Globally, it is now well recognized that health workforce dynamics and challenges are cutting across too many organizational and sectoral lines and are too complex to be handled by a single entity, hence, the Government of Jordan realized that progress in Human Resources for Health (HRH) functions required coordination and cooperation between all health sectors. It is vital to bring together all HRH stakeholders around one table so as to address issues, build upon experiences and propose interventions and recommendations to solve HRH challenges.

The Country Coordination and Facilitation (CCF) is not a new concept or structure, nor intended to create burden on any existing system with new requirements, it creates or promotes the role of the existing HRH working group or committee as being central to the process of bringing together all stakeholders working in HRH at the country level. It was conceptualized in the year 2009 by the Global Health Workforce Alliance as an international effort to cultivate and expand the CCF strategies among different countries in response to the critical shortage of health workers. It is an attempt to harmonize the contribution of all stakeholders, facilitate a coherent, coordinated and relevant focus on different HRH issues at a national level. Jordan's health care system is a complex amalgam of three major sectors: public, private, and non for profit organizations. Each of these health sectors has its own financing and delivery system, so each health sector has its own HRH challenges, policies, strategies and plans.

The High Health Council (HHC) is the highest governmental entity that is responsible for the coordination between different components of the health sector and for drawing the general policy of the health sector in Jordan. The HHC put forward the National Health Strategy to organize and develop the health sector as a whole so as to extend health services to all citizens according to the most advanced methods and scientific technology.

In 2008, WHO country office and regional office advisors started discussions regarding HRH situation in Jordan. WHO believed in the importance of the role of the HHC in leading and coordinating all health sectors in Jordan, since its inception as a policy governing body. WHO agreed with the HHC and Ministry of Health that the HHC can lead the process of hosting the HRH National Observatory and the national HRH coordination policy forum to set the stage for policy change and HRH development.

Where we've been in Jordan?

The health sector study of 1996 found that Jordan had performed better than most of the countries in the region in terms of accessibility of services and outcomes, but also concluded that the system was costly, inefficient, and suffering from geographic mal-distribution of human resources. (World Bank study, 1996)

The National Health Strategy which was developed by the HHC for the years 2008- 2012 endorsed four main themes that constitute the input of health care, and comprehensively reflect the performance of the health care sector. The theme of "manpower" is considered the core pivot of service provision. Weak governance, coordination and facilitation to comprehensively address HRH at the national level were identified as important challenges facing the manpower theme of the NHS in Jordan.

Poor coordination mechanisms among HRH partners was also one of the major findings of the HRH poll survey that was conducted by the HHC in the year 2008 (83% of respondents thought that the coordination does not exist at the current stage, and 86% think that even if there is coordination, the existing mechanisms are not effective).

The traditional approach for HRH planning in Jordan has relied primarily on a supply-side analysis to respond to short-term concerns. The following are some **identified critical weaknesses in HRH planning** process:

- Planning has been based on fragmented sub-sectored plans and service delivery models rather than considering new ways of organizing or delivering services to meet needs.
- There has been insufficient collaboration between the education system, which produces health care providers, and the health system that manages and employs them, so the number and mix of providers that are produced by the education system each year are often influenced by academic priorities rather than population counts, geographic distribution or service delivery needs and utilization patterns.
- There is no HRH national plan that included effective strategies to ensure the available and equitable distribution of appropriate and well-motivated health workers.
- There is no endorsed national job descriptions and clear career path for most of the healthcare professions that ensure equity among different health sub-sectors.
- Ineffective national HRH information system and weak reporting from the private sector.
- Inadequate generation of evidence-based HRH decisions.

Why are Collaborative Approaches Important to HRH in Jordan?

The complex and wide-ranging challenges related to human resources for health care in Jordan are multi-factorial and cannot be solved by any organization working alone.

The World Health Report 2006, "Working Together for Health", advises nations to develop plans of action to address critical health workforce issues. Implementing these plans necessitates that stakeholders must work together through inclusive approach that cut across priority areas of health care; the report advocates for cooperative structures to pool limited expertise and fiscal resources and promote mutual learning.

Because Jordan is a country with scarce resources, collaboration enhances partners' ability to expand capabilities and "do more with less", it facilitates the work, avoids duplication of investments and activities, accelerates momentum and mobilizes funding and resources, thus enhances achieving the objectives of the National Health Strategy and health related MDGs.

Given the fact that the population of the country is expected to double within the next 15 years, chronic health conditions are increasing, the population is aging, burden on the public health services is increasing, problem of HRH brain drain and migration is expanding, and in order to respond to HRH challenges, the policy makers made paramount concern for the urgent need to address the human resources for health issues as crucial to fulfill the identified HRH gaps. This cannot be achieved without adapting good coordination and cooperation mechanisms to plan effectively for future health workforce development.

Country Response and policies

• An important component of a successful exertion is **good governance**. The governing structure must appropriately fit the overall goals of the venture and be predicated on how closely partners must work together in order to maximize value. Governing body must represent all sectors, be responsible for organizing the health sector and have flexibility and accountability to lead national strategy for HRH. Selection of Governing board was believed to be a crucial milestone for successful CCF process. It was agreed that the HHC is the ideal entity for leading the efforts of strengthening a comprehensive national HRH development in Jordan as being the main body for setting national health policies and coordinating different health sectors in Jordan. Such national mandate is consistent with the structure, role and responsibilities of the HHC and in line with its law.

• An effective, HHR planning also requires **governmental commitment**. The Jordanian government has stated on many occasions the importance of the HRH as a key element in the provision of equitable high quality healthcare services. This was manifested clearly in the speech of his majesty King Abdullah II Ibn Al-Hussein in many occasions.

• An international support reflected by the **WHO contribution** was considered to be one main key factor for successful CCF process in Jordan. Improving inter-sectoral collaboration for health development was identified to be one of the seven strategic directions for WHO cooperation with Jordan in the Common Country Strategy (CCS) which was prepared by WHO in November, 2007 in partnership with national stakeholders in Jordan.

• To strengthen the HRH coordination and cooperation mechanisms among stakeholders, we strongly believed that we must have one **national reference system** with up-to-date information that can address the HRH challenges and propose evidence-based recommendations and policies. The HHC together with WHO and MOH agreed that this can be achieved through establishing the **National HRH Observatory** in Jordan. Accordingly, a national HRH observatory focal point was appointed and a proposal for establishing the observatory including the action plan for the first year was developed.

• An effective change requires **leaders**. WHO and MOH together with the HHC work as a team to champion collaborative HRH planning and shared vision. So, a task force was formed at the HHC/General Secretariat headed by the Secretary General of HHC and composed of HHC staff including the national observatory focal point, HRD Director at the MOH and one WHO representative. This task force defined all HRH relevant stakeholders, conducted HRH poll survey and organized a national stakeholder's meeting to assess the current status of HRH in Jordan.

• For the purpose of identifying the most effective corporation and coordination mechanisms among all concerned HRH parties to bridge the gaps in the current situation, The HHC with WHO facilitation held a **National Stakeholder's Meeting** on June, 2008, in the presence of all related parties including governmental entities, syndicates, academia, donors and all other health sectors.



• In line with the resolutions made at the National Stakeholders' Meeting and the recommendation of the poll survey, the Prime Minister of Jordan announced the formation of **National HRH Coordination Policy Forum** headed by the Secretary General of the HHC and includes in its membership all HRH Stakeholders as