

Summary report on the

# National workshop for health research prioritization in Jordan

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Amman, Jordan  
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REGIONAL OFFICE FOR THE

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## **1. Introduction**

The WHO Eastern Mediterranean Region is facing unprecedented health challenges, including epidemiological transitions, a heavy burden of disease (communicable and noncommunicable) and injuries, and the consequences of emergencies, conflict and massive population movements (internally and across borders). Research for health is therefore essential for generating evidence that can contribute to health improvement, economic growth and equity.

Health research priority-setting is one the four pillars of WHO's strategy on research for health. The other three pillars are standards and governance, capacity-building and the translation of evidence to policy and practice. Research prioritization is crucial, as it assists in best utilization of available resources in areas that maximize the research impact on population health. Research prioritization is also important given the strong evidence of substantial waste in the conduct of research.

To achieve this goal, in September 2020, WHO published guidance on adopting a systematic approach to undertaking research priority-setting<sup>1</sup>. To support the roll out of this guidance to WHO staff and Member States, the following activities were proposed: adaptation of the WHO guidance to the regional context; translation of the publication; and responding to specific requests from Member States to plan research prioritization activities.

The systemic approach outlined in the guidance suggests four phases for health research prioritization: Plan, Implement, Publish and Evaluate (PIPE).

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<sup>1</sup> A systemic approach for undertaking a research priority-setting exercise: guidance for WHO staff. Geneva: World Health Organization; 2020.

- Phase 1. Plan: Plan and design the exercise to match it to the specific/local context. You need to agree who the priorities are for and why the priority-setting is needed.
- Phase 2. Implement: Put the plan into action according to an agreed timetable, with the stakeholders already identified as appropriate for the context.
- Phase 3. Publish: Develop a publication and dissemination plan to ensure awareness, uptake and implementation of the research priorities.
- Phase 4. Evaluate: Develop a plan to measure the impact on your original objectives – usually an improvement in public health, which can be an aggregate of awareness, uptake, implementation, translation and impact of the research priorities.

Countries of the Eastern Mediterranean Region have demonstrated best research practices at various levels of development and resources in their national health research systems, but very few countries have reported setting national health research priorities<sup>2</sup>. This suggests a need for further national level action on identification of research priorities in the Region.

Jordan was the first country in the Region to conduct a national health research priority-setting exercise using the WHO guidance. The WHO Regional Office for the Eastern Mediterranean and the WHO country office in Jordan supported the Ministry of Health of Jordan to undertake a research priority-setting exercise, with the aim of improving the impact of research on the public health priorities of the country through mapping and utilizing the available resources in different areas of health research. The timeframe suggested for the implementation of the identified research priorities was the next 3–5 years.

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<sup>2</sup> Mandil A, Rashidian A, Hajjeh R. Health research prioritization: global and regional perspectives. *East Mediterr Health J.* 2020;26(3).

A workshop was held virtually using the interactive Zoom platform on 15 February 2021. It was attended by more than 50 participants from Jordan's public sector and from different national and international organizations.

The main aim of the workshop was to enhance research for health through research mapping activities and prioritizing a list of research areas for Jordan.

The specific objectives of the workshop were to:

- review the national health research priority-setting exercise in Jordan; and
- develop a short list of research statements for each of the three research areas from pre-developed long lists, through voting on two criteria: public health importance and feasibility.

The meeting was co-chaired by Professor Mohamed Salah Ben Ammar (Tunisia) and Professor Gamal Serour (Egypt). The workshop was inaugurated by Dr Ammar Al-Shorafa, Secretary-General of the Ministry of Health of Jordan, Dr Maria Cristina Profili, WHO Representative to Jordan, and Dr Arash Rashidian, Director for Science, Information and Dissemination at the WHO Regional Office.

## **2. Methodology**

A nominal group technique (NGT) methodology was used for the Jordan health research priority-setting exercise. NGT uses small group discussion to generate a list of research options, then the facilitator asks the participants to independently prioritize the ideas by voting, rating or ranking. The facilitator summarizes the scores to determine the priorities.

In an agreement between WHO and the Ministry of Health, three main research areas had been chosen according to national strategies, plans and prioritized action plans.

These were:

1. Health systems, including universal health coverage and resource management.
2. Health services, including digital health and health migration.
3. COVID-19 response, including public health surveillance.

Ministry of Health experts, with the support of WHO, provided a long list of research statements covering these three identified main research areas.

During the workshop, participants worked in three groups to review the long list of research statements. Each participant privately voted on each research statement on a scale of 0–9, based on two criteria: 1) public health importance; and 2) feasibility (a composite criterion covering technical, financial and logistic feasibility). An average score was calculated by the facilitators, ranking the research statements. As an outcome, a short list of health research priorities for Jordan per area of work was developed.

### **3. Opening plenary session**

During the opening session, Dr Randa Obeidat, Director of Institutional Development and Quality Control, Ministry of Health, talked about the importance of the health research priority-setting exercise in Jordan and described the steps taken to prepare for the workshop. She explained to participants how the long list of research statements was prepared for the three research areas covered by the exercise.



Dr Ammar Al-Shorafa emphasized the role of the research prioritization exercise for evidence-based policy-making and expressed his appreciation for the work done by the national experts and WHO regional and country office staff.

Dr Maria Cristina Profili highlighted that the WHO country office, with support from the Regional Office, was holding the workshop to support the Ministry of Health to undertake the research priority-setting exercise using WHO guidance, with the aim of improving the impact of research on the public health priorities of Jordan. She expressed her appreciation for the strong coordination undertaken in preparation for the workshop and expressed her hope that the exercise would become a model for other countries in the Region for health research prioritization.

Dr Arash Rashidian described the structure and functions of the Science, Information and Dissemination department at the WHO Regional Office, including its activities to support research priority-setting, capacity-building, standards development (good research practice) and the translation of evidence to practice. He expressed his appreciation for the work done by the Ministry of Health of Jordan and WHO country office in undertaking the national health research priority-setting exercise.

Professor Raeda Al Qutob, a Jordanian Senator and senior researcher, presented an analysis of Jordan's health research system. She explained that although the large number of research projects and scientific publications undertaken in the country were valuable and significant, the subject matter of the studies was not always related to health priorities, and were mostly based on the interests of researchers and funding agencies. She noted the fragmentation of research funds and resources and expressed the hope that the research prioritization exercise would be an effective step in mobilizing research funds toward health priorities.

Dr Ahmed Mandil, Coordinator, Research and Innovation, WHO Regional Office, reviewed the experience of WHO in health research priority-setting at global and regional levels and outlined the nine common themes of good practice in health research prioritization. He described how to identify research domains based on the recognized gaps and challenges in technical programmes. He also explained that public health importance (based on national health priorities and WHO strategic priorities) and feasibility (technical, financial, logistic and ethical) were the two criteria being used for prioritizing research statements.

Dr Seyed Abbas Motevalian, a WHO consultant on health research priority-setting, summarized the four phases of health research prioritization described in the WHO guidance and outlined the planning phase carried out before the workshop. He elaborated on the two voting criteria (public health importance and feasibility) used for the research statements and the scoring process used for the working groups and defined the roles of the participants, facilitators and chairpersons.

Finally, Dr Obeidat introduced the refined long list of 103 research statements provided to the three groups (health systems, health services and COVID-19 response) and requested participants to vote on the defined criteria during the group work that followed.

#### **4. Group work**

Using the breakout room function of the Zoom platform, three parallel working groups with pre-defined members were initiated, each focused on one of the three main research areas.

Group 1 on health systems, including universal health coverage and resource management, was co-chaired by Professor Raeda Al Qotob and Dr Ghazi Sharkas from the Ministry of Health, and facilitated by Dr Fatima Thneibat from the Ministry of Health and Dr Ghada Al Kayyali,

Dr Arfa Chokri and Dr Ahmed Mandil from the WHO Secretariat. Group participants included representatives from the High Health Council, Higher Council for Rights of Persons with Disabilities, Higher Population Council, Economic and Social Council, International Medical Corps, Jordan University of Science and Technology, King Hussein Foundation, Ministry of Health, Mutah University, and Prince Hamza Hospital.

Group 2 on health services, including digital health and health migration, was co-chaired by Dr Reem Ajlouni from the Jordan Breast Cancer Program and Dr Randa Obeidat, and facilitated by Dr Ayman Naimat from the Ministry of Health and Dr Hadeel Alfar, Dr Hala Boukerdenna, Dr Abbas Motevalian and Dr Nazeema Muthu from the WHO Secretariat. Group participants included representatives from IOM, Jordan University Hospital, King Hussein Cancer Foundation and Center, King Hussein Foundation, Ministry of Health, National Center for Mental Health, Royal Health Awareness Society, Royal Medical Services, The Hashemite University, and UNHCR.

Group 3 on COVID-19 response, including public health surveillance, was co-chaired by Dr Yousef Khader from Jordan University of Science and Technology and Dr Mohamed Tarawneh from the Jordan Medical Association and facilitated by Dr Mohammad Maayah from the Ministry of Health and Dr Ala'a Al Shaikh, Dr Arshad Altaf, Dr Saverio Bellizzi and Dr Ghada Muhjazi from the WHO Secretariat. Group participants included representatives from the Cancer Medical Association, Electronic Health Solutions, Jordan Cancer Registry, Ministry of Health, and UNICEF.

During the group work, the participants: (a) added some items to the long list of research statements; (b) merged some items into new statements; and (c) deleted duplicates or those covered by other research statements. Subsequently, each individual gave his/her vote on

the two criteria for each research statement (public health importance and feasibility) on a scale of 1–9. All scores were recorded by facilitators on a dedicated spreadsheet for each group. An average score for each research statement was calculated which was ranked by sorting from the largest to smallest of average scores.

### *Workshop outcomes*

The three parallel groups successfully prioritized the long list of research statements and provided short lists of 10–15 research statements. The short list of prioritized research statements in three groups are summarized in Tables 1 to 3 (below).

The short lists of health research priorities will be shared with participants for further comments/suggestions, before endorsement and dissemination to stakeholders in Jordan. This would conclude the first step in the WHO guide for national health research prioritization exercises (the planning phase).

**Table 1. Research priorities in health systems, including universal health coverage and resource management**

<b>Rank</b>	<b>Research statement</b>	<b>Average score (1–9)</b>
1	Knowledge, attitude and practices (KAP) assessment of frontline health care providers (GPs, family physicians, nurses, etc.) about screening and early detection of diseases and disabilities	8
2	Assessment of economic burden of noncommunicable diseases (NCDs) and risk factors	8
3	Quality of health care services, patient safety and satisfaction	8
4	Facilitators, barriers, challenges and opportunities within and beyond the health system towards universal health coverage implementation in Jordan	8
5	Barriers and facilitators of access to mental health care services at the primary care level (from perspectives of beneficiaries and service providers)	7
6	Development of an essential health services package for Jordan	7
7	The effect of drug–drug interactions on the elderly in Jordan	7
8	Health insurance investment for NCD prevention and control	7
9	Evaluation of the effectiveness of health facilities' accreditation programmes in Jordan	7
10	Feasibility and sustainability of universal health coverage in Jordan	7

**Table 2. Research priorities in health services, including digital health and health migration**

<b>Rank</b>	<b>Research statement</b>	<b>Average score (1–9)</b>
1	Analysis of challenges at system and community level that face early detection of common public health problems	7
2	Developing a national research agenda and data collection system on migration and health	7
3	Mental health needs of Jordanian children and adolescents	7
4	Factors necessary to improve the quality of care at primary health care in the Jordanian public sector	7
5	Needs assessment of psychological services in Jordan (number of cases that need this kind of therapy, number of facilities that should provide the psychological interventions, etc.)	7
6	Situation analysis and evaluation of current cancer control strategies and policies	7
7	Situation analysis of psychology interventions in the public sector (available services, trained staff, quality of psychological programmes, etc.)	7
8	Situation analysis of child psychiatry services in the Jordanian public sector (available beds, trained staff, quality of child mental health programmes, etc.)	7
9	Morbidity patterns of psychiatric disorders among children (citizens and refugees) in Jordan	7
10	Implementation of preventive programme for early detection of genetic and birth defects in Jordan	6

**Table 3. Research priorities in COVID-19 response, including public health surveillance**

<b>Rank</b>	<b>Research statement</b>	<b>Average score (1–9)</b>
1	Situation analysis of current NCD surveillance systems and registries	9
2	Impact of NCD surveillance on health policy- and decision-making	9
3	Impact of COVID-19 pandemic on routine/essential health services	9
4	Evaluation of national health care sector indicators and data sets	9
5	KAP assessment of health care providers and decision-makers towards use of key performance indicators (KPIs)	9
6	Testing and implementing screening programmes	9
7	Evaluation of data management procedures in the health care sector (collection, storage, analysis, reporting, dissemination and utilization)	8
8	Investigating the barriers for data-sharing in the health care sector	8
9	Implementation research for strengthening surveillance systems in Jordan	8
10	Seroconversion (and duration of immunity) post COVID-19 vaccination among citizens and refugee populations using different vaccine types	8

## **5. The way forward**

The Jordan Ministry of Health and WHO country office will collaborate to formalize a national technical working group, which will be tasked to oversee the implementation of the outcomes of the national workshop. Other actions will include developing a timeline and a monitoring and evaluation plan, which will also be spearheaded by the Ministry of Health.



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