



# **Women Leaders in Health Forum Strategy 2019-2022**

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## Strategy Purpose

This document presents the key features of the Women Leaders in Health Forum's strategic direction in Jordan. It describes and analyzes the current situation of women leaders in health in Jordan and presents the vision, mission, and values of the newly established Forum. The purpose of this strategy document is to identify the priorities and the strategic directions the Forum will take in the short, medium, and long term to empower women in Jordan and increase their chances and opportunities for assuming leading positions at all levels in the health sector. Empowering women to advance in healthcare leadership promotes a better response to the health needs of the entire population. This outcome is the cornerstone of economic growth and continued security in Jordan.

## Introduction

Jordan, a middle-income country with limited natural resources, has an area of 89,300 km<sup>2</sup> and a population of almost 10.1 million, including 4.7 million women (47 percent of the population). Its people are distributed among 12 governorates in three regions (North, Central, and South). Amman, Jordan's capital and largest city, contains about 42 percent of the population (Jordan in Figures, Department of Statistics, 2017).

Jordan's health sector is among the best in the Middle East — due primarily to the stability of the kingdom and to the range of effective development plans and projects that have included health as a key element. The basic health indicators of the kingdom reflect this: The average life expectancy is 73.2 years (72.5 for males and 74.0 for females), and maternal deaths from pregnancy and childbirth have decreased from 800 per 100,000 births in 1969 to 19 per 100,000 in 2008.

In 2017, the World Economic Forum's *Global Gender Gap Report* ranked Jordan 135th out of 144 countries, due to poor economic participation of women. The unemployment rate among women in Jordan was 27.8 percent, the highest in years. Eighty-four percent of women were economically inactive (Labor and Unemployment Survey - Quarterly - Department of Statistics, 2017). Studies have shown that women resign from the labor market early, limiting their access to decision-making positions. They represent only seven percent of senior management positions in the public sector (Gender Indicators Tables, Department of Statistics, 2018).

Within the health sector, approximately 44% of the total health workforce are women. Women in Jordan were estimated as comprising 81% of pharmacists and 80% of nurses, compared with 21% of physicians (The Jordan Times, 2017). While these numbers show a high level of participation from women in the health sector, female health professionals hold a disproportionately low number of managerial positions. In 2016, an unpublished gender audit within the MOH indicated that women represented more than half (53.8%) of the ministry staff in 2015; however, they held a very small proportion of management positions: 32.6% of low-level management positions, 13.2% of middle management positions, and 9.5% of the top-level management positions.

The issue of gender-based equity and women's access to managerial and leadership positions as a fundamental right and an objective of development is of global interest. Jordan has a long history of supporting programs aimed at increasing gender-based equity in the workplace, and studies have shown that high levels of women's participation in leadership will increase economic growth rates in the kingdom and increase the well-being of the family on a personal level.

USAID has invested in supporting gender programs in the health sector, with a view to expanding access to health services, improving the skills and performance of service providers, and thus improving the quality of health services provided. Nevertheless, obstacles to equal opportunities for men and women working in health professions still negatively affect women's chances of taking up leadership and management positions. To identify these obstacles, the USAID-funded Human Resources for Health in 2030 (HRH2030) Activity conducted a 2017 research study, "The Barriers

and Enablers of Women’s Career Progression to Management Positions in Jordan’s Health Sector.” The aim was to assist the health sector in providing the necessary information and evidence for policymaking and in identifying interventions that will improve women’s career advancement and lead them to senior management positions. The findings and recommendations of this research are outlined in the section below titled “Current Situation of Women’s Leadership in Jordan’s Health Sector.”

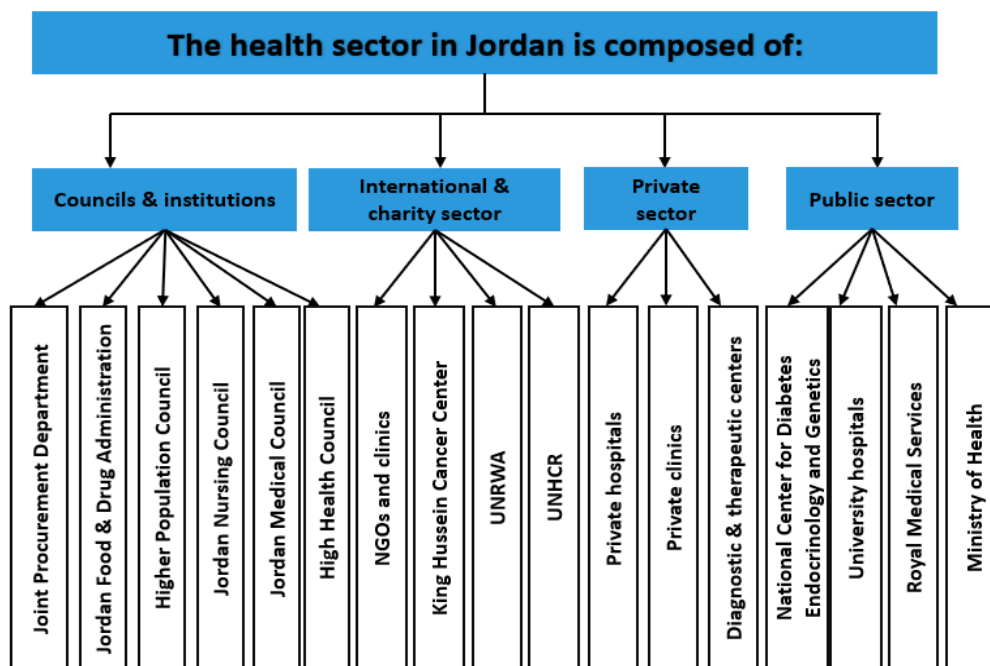
## The Health Sector in Jordan

Since the establishment of the emirate in 1921, Jordan has been characterized by a stable political system that defines and distributes responsibilities between the public and private sectors, as well as supervision, follow-up, and enactment of laws, to protect public rights and achieve equity among the population in all their positions and spectrums.

The health sector in Jordan consists of health policymakers (councils and institutions) as well as sectors providing health services (public, private, international, and charitable). The public sector includes the Ministry of Health, Royal Medical Services, university hospitals (Jordan University Hospital and King Abdullah University Hospital), and the National Center for Diabetes, Endocrinology, and Genetics. The private sector consists of private hospitals, diagnostic and therapeutic centers, and hundreds of private clinics. The international and charitable sector comprises the United Nations refugee agencies (UNRWA and UNHCR), the King Hussein Cancer Center, and charity clinics.

The policymaking process for the health sector in Jordan occurs mainly through the High Health Council, in accordance with its law No. 9 of 1999 and its amendments in 2017. Nevertheless, other institutions in the health sector participate in the development of health policy, such as the Jordan Medical Council, the Higher Population Council, the National Council for Family Affairs, the Jordan Food and Drug Administration, and the Joint Procurement Department. Health professional syndicates are the main partners in the work of the councils; these syndicates contribute to the organization and supervision of the health professions and enhance their capacity through laws and regulations related to their work.

**Figure 1: Jordan’s health sector**



## Current Situation of Women's Leadership in Jordan's Health Sector

Evidence has shown that when women assume leadership positions in health systems, the result is achievement of more equitable health outputs, especially for women and girls.

Yet the gender inequality present in the Jordanian health system reduces the chances of women's taking managerial and leadership positions. An unpublished study of the gender distribution of Ministry of Health staff in 2015 showed that women constituted 53.8 percent of ministry staff (74.9 percent of pharmacists, 69.8 percent of nurses, 57.1 percent of medical assistants, and 15.3 percent of physicians). Although women represented more than half of the ministry's cadres, they held only a small percentage of management positions (32.6 percent of junior positions, 13.2 percent of middle management positions, and 9.5 percent of senior management positions).

Studies of a number of sectors in Jordan have shown many obstacles to women's career advancement and attainment of management positions. These include negative attitudes of men toward the management and leadership of women, as well as social customs, stereotypes, and personal and family circumstances.

To identify the enabling factors and the obstacles that affect the career progress of women in the health sector at the public and private levels, a mixed-methods study examined men and women working in different health professions and in all sectors, to identify obstacles and propose recommendations and interventions that would promote the advancement of women to senior management positions. Such developments would enhance the effectiveness of the health system and improve national and international health outcomes. The study produced the following results:

- Nearly three-quarters (73.2 percent) of women reported having the skills and abilities required for their professional advancement; 69.4 percent of women in the health professions believed that they deserve to hold higher management positions.
- Most participants (64.0 percent of men and 77.2 percent of women) reported that men do not want to share authority with women.
- Sixty-one percent of men in health professions believe that women are less capable than men of managing the institution.
- About 90 percent (89.8 percent of women and 90.6 percent of men) reported that employees should be rewarded for their performance, regardless of their sex.
- Fifty-nine percent of women health workers believed that women were more vulnerable than men to obstacles to their career advancement.
- About one-third of women indicated that "the lack of women holding public/direct administrative positions" and "discrimination against women by direct supervisors/managers in promotion" are among the most important factors hindering the career advancement of women.
- Sixty-two percent of men reported that the main obstacle to women's career advancement is their "social and family responsibilities."
- Individual skills represented the least significant obstacles from the women's perspective; they were more likely to choose perceptions such as "Women do not work hard" (24.8 percent), "Women do not have self-confidence" (27.5 percent), and "Women do not have managerial skills" (33.6 percent) as significant obstacles.
- More than three-quarters of leading women indicated that "self-confidence," "relevant work experience," "social skills," and the "desire to learn new things and take charge" helped them to overcome factors that hindered their career progression, while "flexible working hours," "social activities," and "nepotism" have helped them to reduce barriers.

Recommendations stemming from the research included establishing clear and transparent promotion criteria for all employees and ensuring gender diversity in selection processes, increasing professional development opportunities with equitable access for all staff (including targeting women to strengthen management and soft skills), offering courses during work hours, and linking training to

career planning and promotion and enhancing mentoring and networking possibilities by forming a national network for women's leadership in health and establishing formal and informal institutional mentoring programs. Additionally, the report recommended addressing institutional discrimination by committing to gender equity as a workplace value in policies and regulations, maintaining gender-disaggregated human resources data, and putting mechanisms in place to report and address gender discrimination violations.

## Strategic Analysis

An internal and external environment analysis was conducted to identify strengths and weaknesses in the internal environment affecting women's leadership in the health sector and to analyze opportunities and risks in the external environment, using the quadratic analysis model (known as SWOT analysis). The following results were identified:

### Strengths

- Qualified and competent medical and health staff of both sexes
- Political support at the highest levels of both sexes for women's issues, and top priority given to their assumption of leadership positions
- High percentage of health education in all its specialties among women in Jordan
- Women's associations in all governorates to support women's issues
- Inclusion of enhancement of women's role in health leadership as a goal in national strategies, such as the National Human Resources Strategy for Health 2018–2022

### Weaknesses

- Poor development and implementation of health policies that guarantee gender equality and no gender discrimination
- Lack of a database and indicators showing the distribution of leadership positions by sex in the health sector
- Weak training and capacity building for women in leadership and governance
- No monitoring and evaluation systems to link institutional performance to promotion of leadership positions in the public health sector
- Lack of research and scientific studies on women's seeking of leadership positions in the health sector
- Obstacles to women's management and leadership, such as family responsibilities
- Lack of a supportive or encouraging environment for women's development and assumption of decision-making positions
- Lack of women's awareness of relevant legislation, regulations, and rights



## Opportunities

- Political support at the highest levels for women's issues, and top priority given to placing them in leadership positions
- Existence of national strategies that deal with women's issues
- International organizations that support women's issues
- Civil society associations and organizations that support women
- Existence of organizations working to promote integrity, transparency, and the fight against corruption
- Increased awareness of women's rights in general and of women's interest in their right to hold leadership positions
- The international, regional, and national plans and strategies on goals related to equality and the elimination of gender discrimination, such as the Sustainable Development Goals
- Adoption of the flexible working hours system in the government sector
- Continuation of policies and orientations of health education and higher education in Jordan on gender and leadership
- Existence of organizations and institutions concerned with the building of competencies and leadership skills (such as the Institute of Public Administration)
- Leadership models that can be used at all levels from local communities
- A supportive legislative environment, such as the flexible work system
- Digital and linear media
- Recognition of online training certificates for promotion
- Training courses to enhance the role of the family
- Empowerment of the role of women as mothers and leaders in some school curricula
- Implementation of the decentralization of health leadership functions

## Threats

- Lack of clarity about, activation of, and compliance with standards of advancement and promotion and leadership positions in the public and private sectors
- Spread of corruption, moderation, and favoritism during promotion consideration
- Weak empowerment of citizens to win support for their interests, claim their rights, and hold local governments accountable
- Poor social conviction about women's performance in and ability to take leadership positions
- Lack of financial resources to support women's initiatives in the health sector
- Weakness of women's confidence in themselves and in their ability to take up leadership positions
- Poor monitoring systems and performance development
- Lack of legislation regulating equal opportunity between sexes
- Absence of a practical application of the flexible hours system
- Lack of coordination between various committees dealing with women's affairs, and no follow-up of implementation of concerned strategies, such as the National Strategy for Jordanian Women 2013–2017

## Building the Strategy

### Vision

The national health sector operates with the efficient leadership of men and women within a fair and equitable environment, on all levels.

### Mission

Strengthen the legislative, institutional, and community environment to ensure the advancement of qualified and competent women into leadership positions and the continuity and effectiveness of their role in the development of the health sector.

### Values

1. Cooperation and partnership
2. Women's empowerment
3. Sharing of knowledge and expertise
4. Entrepreneurship and creativity
5. Professionalism
6. Commitment

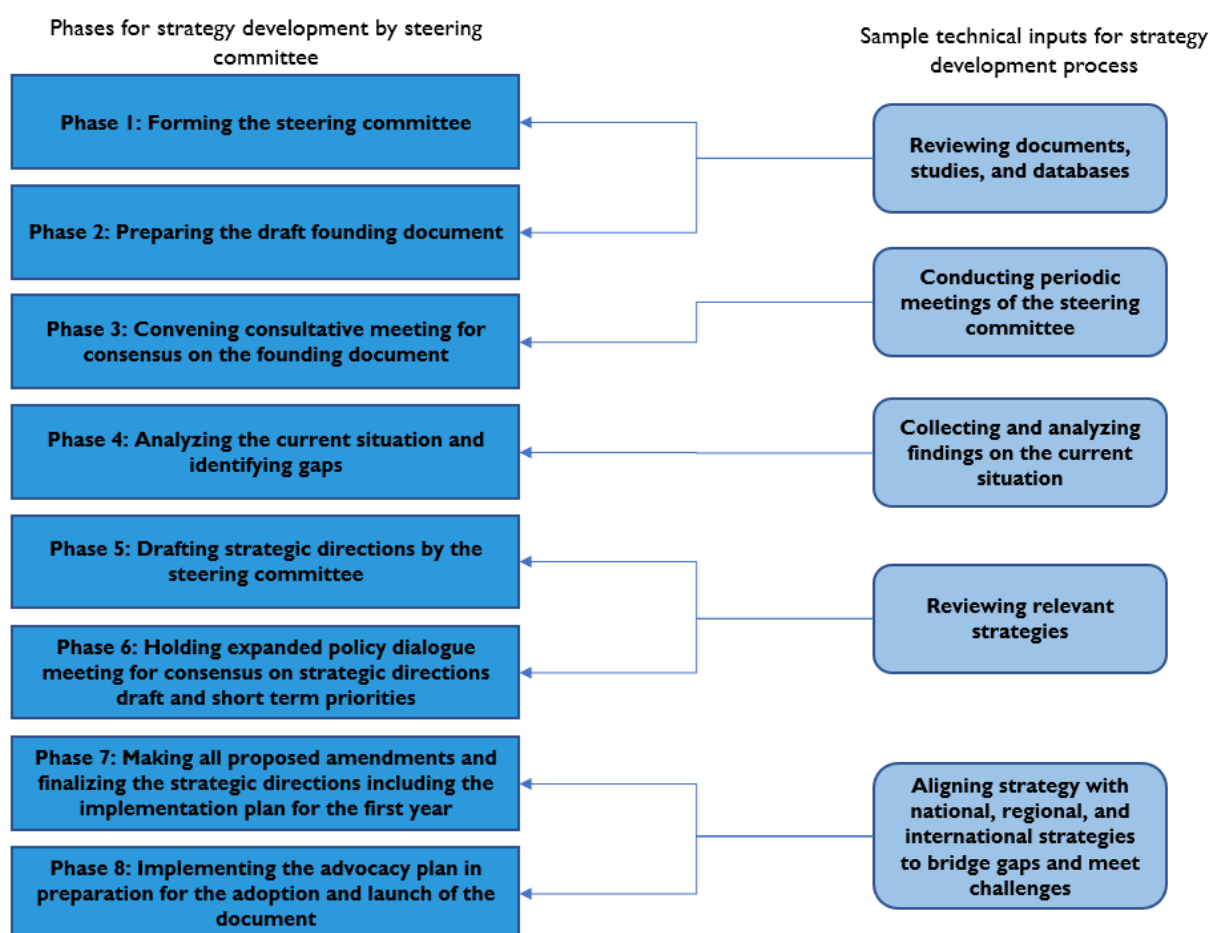
## Methodology

The Women Leaders in Health Forum Strategy 2019–2022 was developed using a scientific and participatory methodology that included women leaders from all health sectors and from different related professions and health disciplines.

The first phase of the methodology included the formation of the Women Leaders in Health Forum Steering Committee, which included women leaders from the public and private health sectors, academic and educational hospitals, and NGOs, as well as experts and researchers in the field of women's empowerment. (Committee members are listed in Annex 1.) The main objective of this steering committee was to oversee the implementation of the forum's tasks and responsibilities, the most important of which was the development of a framework for the strategic directions document to guide the forum's work in achieving its objectives.

The steering committee worked on preparing, presenting, and discussing the draft "Founding Document" of the forum through a consultative meeting of more than 75 women, including legislators and officials from both the public and private sectors, NGO activists, representatives of professional associations and civil society organizations, researchers, and representatives of all governorates of the kingdom. This workshop resulted in agreement and consensus on the main components of the Founding Document, which included the vision, mission, values, objectives, and terms of membership. The steering committee was divided into three subcommittees (the Governance and Organizational Structure Committee; the Planning, Follow-up, and Evaluation Committee; and the Information and Advocacy Committee). (Subcommittee details are given in Annex 2.) Participants then reviewed and revised the outcome of the consultative meeting, the steering committee and subcommittees met several times, a number of experts were consulted, and all relevant documents, studies, strategies, and literature were reviewed. In addition to available national databases, representatives also used indicators and surveys. The overall aim was to conduct a thorough preliminary analysis and evaluation of all relevant documents and studies, to identify gaps and priority issues (Figure 2).

**Figure 2: Approach to strategy development**



Development of the Women Leaders in Health Forum Strategy 2019–2022 included the study of the internal environment to identify strengths and weaknesses and the analysis of opportunities and risks in the external environment, using the SWOT analysis model described above. Based on this assessment, the following four main strategic directions were identified for the Forum to promote women in health leadership in Jordan:

1. Contribute to the strengthening of the legislative environment within the framework of strengthening governance and policies to achieve the Sustainable Development Goals and the National Strategy for Human Resources for Health 2018–2022
2. Ensure a supportive environment for empowerment, capacity building, and selection
3. Communication, media, advocacy, networking, and guidance
4. Contribute to ensuring that resources are available to promote institutionalization and sustainability

In the section below, these strategic directions are disaggregated into short term, medium term, and long-term strategic objectives that guide the Forum’s activities to enhance women’s leadership in the health sector.

Subsequently, based on the objectives of the relevant national, regional, and international strategies, such as the National Health Sector Strategy, the National Strategy for Human Resources for Health, the Sustainable Development Goals, and other relevant strategies and initiatives, the objectives for each strategic direction were proposed, and the first draft of "Women Leaders in Health Forum Strategy 2019–2022" was developed.

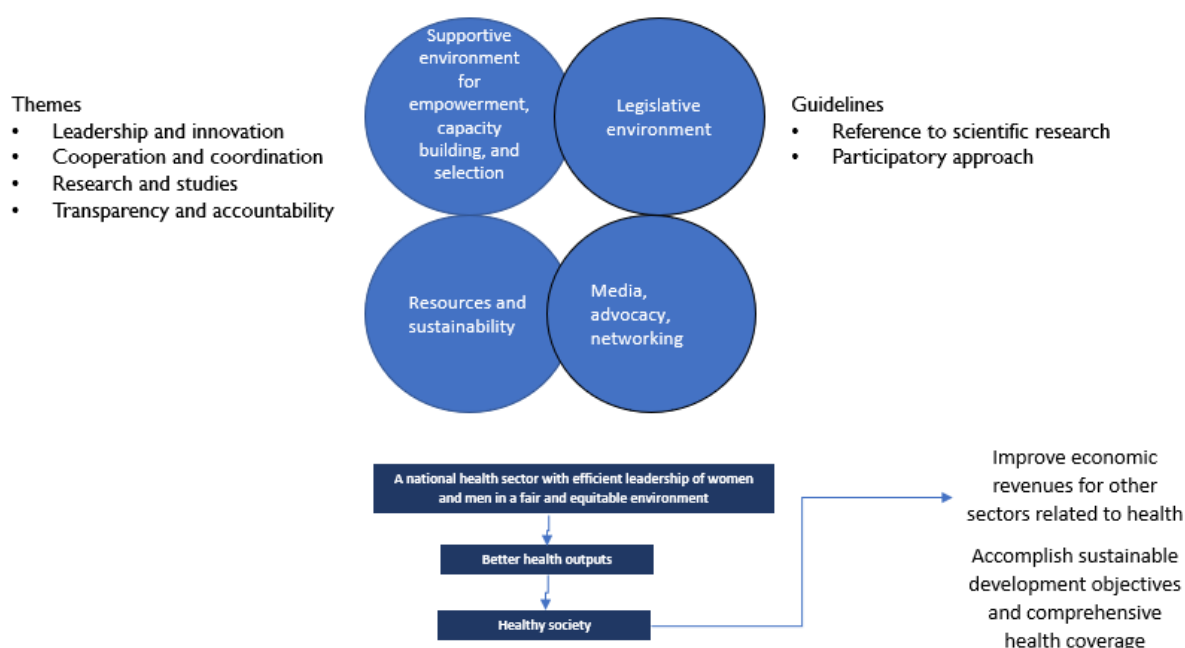
After that, an expanded meeting was held to discuss policies with all concerned leaders of the health sector and members of the steering committee, to present and discuss the strategic directions based on analyzing the reality of the Women Leaders in Health Forum and reach consensus on them. The meeting attendees also reviewed the objectives emanating from each strategic direction, to ensure their alignment with the national objectives set out in the National Strategy for Human Resources for Health in Jordan 2018–2022, as well as related Sustainable Development Goals (e.g., Goal 5). Also, during the meeting, strategic health objectives of health sector leaders were prioritized according to time frame (short, medium, and long-term). This was done by dividing the participants into four working groups, according to the four strategic directions. (Annex 3 lists the predefined criteria, including necessity/urgency, relevance, and feasibility.) Also, the four working groups collaborated in developing implementation plans for the first year, with these plans including interventions, time frames, activities, the main entity responsible for implementation, and the partners, measurement indicators, and expected output for each strategic objective. After the meeting, all proposals and feedback were merged and included in the document to produce the agreed-upon modified version.

This revised version of the strategic directions detailed in this document will be presented by members of the Women Leaders in Health Forum Steering Committee and discussed with the Minister of Health, to integrate his remarks and guidance, as well as to obtain buy-in in preparation for final adoption of the document. In addition, workshops will be held with women leaders in various governorates of the kingdom, to ensure that all issues and challenges in this document are included at the regional levels, as well as to gain support and discuss considerations of the implementation process, follow-up, and evaluation, especially under the kingdom's principle of decentralization. Funding for these workshops will be sought by the members of the Women Leaders in Health Forum Steering Committee; this could include support from Hikma Pharmaceuticals, which provided initial support in launching the Forum.

It should be noted here that it was agreed that the time frame for interventions to implement strategic directions should be as follows:

- **Short term** reflects the time period for interventions to be completed in one year's time.
- **Medium term** stands for interventions to be completed within two to three years.
- **Long term** represents interventions that will be achieved during the fourth year or later.

**Figure 3. Strategic Directions Conceptual Framework**



## Strategic Directions

**Strategic Direction 1:** Contribute to the strengthening of the legislative environment within the framework of strengthening governance and policies to achieve the Sustainable Development Goals and the objectives of the National Strategy for Human Resources for Health 2018–2022

### Strategic objectives

- **Short term (during 2019)**
  - 1.1 Review relevant legislation and policies and propose possible amendments to ensure their fairness and gender equality
  - 1.2 Monitor changes in national indicators related to relevant legislation and policies, to ensure their impartiality and respect for gender equity, and provide feedback to the relevant authorities
- **Medium term (during 2020 and 2021)**
  - 1.3 Support gender balance and equal opportunities in leadership positions in the public and private sectors and among all workers in the health professions
- **Long term (2022 or later)**
  - 1.4 Contribute to the explicit inclusion of gender equity in the institutional values and strategic documents of all health institutions while encouraging adherence to these values and strategies

**Strategic Direction 2:** Ensure a supportive environment for empowerment, capacity building, and selection.

### Strategic objectives

- **Short term (during 2019)**

- 2.1 Hold specialized training programs to build the leadership and managerial competencies of women working in the health sector, and to improve their access to these training programs
- 2.2 Promote the provision of factors and conditions conducive to the career advancement of women in the health sector at the central and regional levels
- 2.3 Contribute to addressing obstacles that prevent women from holding management positions in the health sector at the central and regional levels
- **Medium term (during 2020 and 2021)**
  - 2.4 Enhance the role of managers and decision-makers in performance management, gender equality, and nondiscriminatory selection and promotion of management positions
  - 2.5 Exchange leadership experiences and present the success stories of women leaders in the health sector at the local, regional, and international levels
  - 2.6 Promote a culture in the community to support women's leadership positions at the individual, family, and community levels
- **Long term (2022 or later)**
  - 2.7 Contribute to the evaluation of career development models based on competencies and transparency to access management and leadership positions

**Strategic Direction 3:** Communication, media, advocacy, networking, and guidance

**Strategic objectives**

- **Short term (during 2019)**
  - 3.1 Identify and collaborate with partners to develop and implement a communication and advocacy plan that identifies the objectives, target groups, and communication messages required to bring about social change and that details the communication tools and channels and the roles and responsibilities of relevant stakeholders.
  - 3.2 Contribute to launching national advocacy campaigns that contribute to social change and awareness of the importance of women's assuming leadership positions, to achieve healthier and more equitable outcomes
- **Medium term (during 2020 and 2021)**
  - 3.3 Strengthen guidance and networking in the health sector and establish national programs to address this
- **Long term (2022 or later)**
  - 3.4 Support the development of a forum website

**Strategic Direction 4:** Contribute to ensuring that resources are available to promote institutionalization and sustainability

**Strategic objectives**

- **Short term (during 2019)**

- 4.1 Agree on the legal framework of the forum and its membership, as well as the entity that will monitor implementation of the interventions and activities under each strategic direction
  - 4.2 Cooperate with partners to mobilize and secure adequate and sustained resources to support various interventions and activities (human, technical, financial, and operational)
  - 4.3 Strengthen public-private partnerships and cooperation, as well as with civil society and donor organizations
- **Medium term (during 2020 and 2021)**
- 4.4 Develop and implement a follow-up and evaluation plan that includes an integrated set of indicators to measure progress and increase women's participation in leadership of the health sector.
  - 4.5 Contribute to the development of a national database of health sector leaders categorized by sex for use by decision-makers as a tool for monitoring and evaluating selection and recruitment processes, performance management, succession planning, promotion decisions, and access to management positions.
- **Long term (2022 or later)**
- 4.6 Cooperate with stakeholders to establish mechanisms for reporting and addressing any gender-based discrimination.

## Year I Implementation Plan

Strategic Direction I: Contribute to the strengthening of the legislative environment within the framework of strengthening governance and policies to achieve the Sustainable Development Goals and the National Strategy for Human Resources for Health 2018–2022							
Objectives	Interventions	Time Frame	Activities	Responsibility	Stakeholders/ Partners	Output	Indicators
I.1 Review relevant legislation and policies and propose possible amendments to ensure fairness and gender equality	Form representative committee from all concerned entities in the health sector	First quarter	<ul style="list-style-type: none"> <li>- Develop terms of reference for the work of the committee and the specifications of its members</li> </ul>	Governance and Policy Committee/ Steering Committee	Relevant legal authorities in the health sector	Draft document with proposed legal amendments	Number of revised legislation and policies
	Identify relevant laws and legislation and assess gaps, in accordance with the Sustainable Development Goals and the objectives of the National Human Resources Health Strategy 2018 – 2022	Third quarter	<ul style="list-style-type: none"> <li>- Invite members to periodic meetings</li> <li>- Compile and review relevant legislation and policies</li> <li>- Identify gaps and proposed amendments</li> </ul>				
	Prepare a draft document with the proposed amendments	Fourth quarter	<ul style="list-style-type: none"> <li>- Identify important legal areas to be amended in legislation and policies</li> <li>- Propose amendments</li> <li>- Consult concerned parties about these amendments</li> </ul>				



## Year I Implementation Plan

Strategic Direction 1: Contribute to the strengthening of the legislative environment within the framework of strengthening governance and policies to achieve the Sustainable Development Goals and the National Strategy for Human Resources for Health 2018–2022							
Objectives	Interventions	Time Frame	Activities	Responsibility	Stakeholders/ Partners	Output	Indicators
1.2 Monitor changes in national indicators related to relevant legislation and policies, to ensure their impartiality and respect for gender equity, and provide feedback to the relevant authorities on this	Form a representative committee from all stakeholders in the health sector	First quarter	- Develop terms of reference for the work of the committee and the specifications of its members	Governance and Policy Committee/ Steering Committee	Relevant legal authorities in the health sector	Draft document with proposed legal amendments	Percentage of national indicators related to gender-sensitive legislation and policies
	Analyze the patterns of national indicators related to relevant legislation and policies and propose amendments and additions	Fourth quarter	- Identify national indicators in the field of relevant legislation and policies - Analyze indicators and identify gaps - Amend/propose new indicators to monitor changes in relevant legislation and policies to ensure neutrality				

Strategic Direction 2: Ensure a supportive environment for empowerment, capacity building, and selection							
Objectives	Interventions	Time Frame	Activities	Responsibility	Stakeholders / Partners	Output	Indicators
2.1 Hold specialized training programs to build the leadership and managerial	Identify training needs to enable and follow up the development of leadership and managerial	Second quarter	- Identify the competencies necessary for women to assume leadership positions	Ministry of Health	NGOs	List of competencies required for women to take	Proportion of trainees who showed improvement in their skills as a result of training

Strategic Direction 2: Ensure a supportive environment for empowerment, capacity building, and selection							
Objectives	Interventions	Time Frame	Activities	Responsibility	Stakeholders / Partners	Output	Indicators
competencies of women working in the health sector and improve their access to these programs	competencies of women in the health sector		<ul style="list-style-type: none"> <li>- Identify gaps in training needs</li> <li>- Ensure fair selection criteria for these training courses</li> <li>- Hold training programs, according to needs</li> </ul>			<p>leadership positions</p> <p>List of training needs</p>	Number of licenses for all female health workers renewed every five years based on the required number of hours of continuous professional development
	Link the training to the license renewal system for health professionals and the continuous professional development system	Third quarter	<ul style="list-style-type: none"> <li>- Ensure that training programs and activities are approved by health councils before training</li> <li>- Ensure that the training providers are accredited for the purposes of license renewal and the continuous professional development system</li> </ul>	Syndicates, Ministry of Health, Royal Medical Services, universities, health boards	Private sector NGOs	Database of women leader trainees	
2.2 Promote the provision of factors and conditions conducive to the career advancement of women in the health sector at the central and regional levels	Identify factors and conditions conducive to the career advancement of women in the health sector at the central and regional levels	First quarter	<ul style="list-style-type: none"> <li>- Conduct a review of studies and indicators related to factors and conditions conducive to the career advancement of women in the health sector at the central and regional levels</li> </ul>	Ministry of Health, High Health Council, Royal Medical Services, private sector, syndicates and associations, Ministry of Labor	Steering Committee	Report detailing the strategies used to provide the enabling conditions for the benefit of women's career advancement	Mechanisms applied at the central and regional levels that strengthen the enabling factors which encourage women to take up management positions in the health sector
	Propose and apply recommendation	Second quarter	<ul style="list-style-type: none"> <li>- Prepare a report detailing the factors, as well as the mechanisms,</li> </ul>				Percentage of health sector leaders (for

Strategic Direction 2: Ensure a supportive environment for empowerment, capacity building, and selection							
Objectives	Interventions	Time Frame	Activities	Responsibility	Stakeholders / Partners	Output	Indicators
	s to promote and disseminate these enabling conditions		<p>promoting the enabling conditions and how to utilize them based on available evidence and research</p> <ul style="list-style-type: none"> <li>- Create the appropriate environment to provide the conditions</li> </ul>				the base year and then collected annually)
2.3 Contribute to addressing obstacles that prevent women from holding management positions in the health sector at the central and regional levels	Identify obstacles that prevent women from holding management positions in the health sector at the central and regional levels	First quarter	<ul style="list-style-type: none"> <li>- Develop a policy summary that shows the problems and obstacles, based on the available evidence and research, their causes, and mechanisms to overcome them</li> </ul>	Ministry of Health	Steering Committee	A list of obstacles that prevent women from holding management positions in the health sector at the central and regional levels  Evaluation report to measure the applicability of the recommendations	Percentage of health sector leaders (for the base year and then collected annually)  Mechanisms applied at the central and regional levels to reduce obstacles and increase number of women holding management positions in the health sector
	Suggest solutions and recommendations to remove obstacles	Second quarter	<ul style="list-style-type: none"> <li>- Strengthen guidance and networking</li> <li>- Support the application of a flexible work system</li> <li>- Provide nurseries in the workplace</li> <li>- Provide transportation</li> </ul>	Ministry of Labor			
	Promote and advocate for the implementation of these	Third quarter	<ul style="list-style-type: none"> <li>- Gain the support of decision-makers to apply the recommendations</li> </ul>	Syndicates, the High Health Council, the Ministry of Health, the	Steering Committee		

Strategic Direction 2: Ensure a supportive environment for empowerment, capacity building, and selection							
Objectives	Interventions	Time Frame	Activities	Responsibility	Stakeholders / Partners	Output	Indicators
	recommendations		- Prepare and implement an informational media plan for the implementation of recommendations	Royal Medical Services, the private sector, the trade syndicates and their associations, the Ministry of Labor			

Strategic Direction 3: Communication, media, advocacy, networking, and guidance							
Objectives	Interventions	Time Frame	Activities	Responsibility	Stakeholders / Partners	Output	Indicators
3.1 Identify and collaborate with partners to develop and implement a communication and advocacy plan that identifies the objectives, target	Develop a communication and advocacy plan	First quarter	- Form a committee of concerned partners	Communication and Advocacy Committee/ Steering Committee	Concerned partners	An applied communication and advocacy plan	Existence of communication and advocacy plan
	Identify partners	Third quarter	- Develop terms of reference for the work of the committee and the specifications of its members	Communication and Advocacy Committee/ Steering Committee			

Strategic Direction 3: Communication, media, advocacy, networking, and guidance							
Objectives	Interventions	Time Frame	Activities	Responsibility	Stakeholders / Partners	Output	Indicators
groups, and communication messages required to bring about social change and that details the communication tools and channels and the roles and responsibilities of relevant stakeholders	Identify roles and responsibilities for implementing the plan	Fourth quarter	<ul style="list-style-type: none"> <li>- Invite members to periodic meetings</li> <li>- Develop a draft communication and advocacy plan</li> </ul>	Communication and Advocacy Committee/ Steering Committee			
	Implement, follow up on, and evaluate the plan		<ul style="list-style-type: none"> <li>- Achieve consensus on the plan by holding a workshop with all concerned entities</li> <li>- Implement, follow up on, and evaluate the plan</li> </ul>				
3.2 Contribute to launching national advocacy campaigns that contribute to social change and awareness of the importance of women assuming leadership positions	Properly plan campaigns based on needs	First quarter	<ul style="list-style-type: none"> <li>- Identify needs</li> <li>- Develop a campaign action plan</li> </ul>	Communication and Advocacy Committee/Steering Committee	All concerned partners	Evaluation report measuring the impact of implemented campaigns	Number of implemented campaigns
	Launch national campaigns	Third quarter	<ul style="list-style-type: none"> <li>- Select channels to launch campaigns</li> <li>- Launch campaigns</li> </ul>				
	Measure the impact of the campaigns	Fourth quarter	<ul style="list-style-type: none"> <li>- Conduct surveys to measure the impact of campaigns</li> </ul>				

**Strategic Direction 4: Contribute to ensuring that resources are available to promote institutionalization and sustainability**

<b>Objectives</b>	<b>Interventions</b>	<b>Time Frame</b>	<b>Activities</b>	<b>Responsibility</b>	<b>Stakeholders / Partners</b>	<b>Output</b>	<b>Indicators</b>
4.1 Agree on the legal framework of the forum and its membership, as well as the entity that will monitor implementation of the interventions and activities under each strategic direction	Legalize the forum	Third quarter	<ul style="list-style-type: none"> <li>- Hold a legal consultation</li> <li>- Convene meetings to reach a consensus on the legal framework</li> <li>- Hire a lawyer to complete the proceedings</li> </ul>	Committee on Governance and Policies/Steering Committee	Legal entity	Forum with fully legal registration status	Stage of registration process
	Agree on the forum's membership requirements	Third quarter	<ul style="list-style-type: none"> <li>- Suggest membership requirements by the steering committee (individuals and institutions)</li> </ul>	Steering Committee	Legal entity	Membership requirements agreed upon by members	Number/percentage of members meeting agreed-upon requirements
4.2. Cooperate with partners to mobilize and secure adequate and sustained resources to support various interventions and activities (human, technical, financial, and operational)	Provide a forum secretariat (human resources)	Fourth quarter	<ul style="list-style-type: none"> <li>- Identify and provide the needed human resources</li> </ul>	Planning Committee/Steering Committee	Supporting companies and donors, private or public sector	Resources (financial and human) committed to operation of the forum	Ordinal scale assessing capacity of forum, using agreed-upon capacity assessment frameworks
	Provide financial support for the forum	Fourth quarter	<ul style="list-style-type: none"> <li>- Identify and provide the needed financial resources</li> </ul>	Planning Committee/Steering Committee			
	Ensure updated information on women leaders in the health sector	Fourth quarter	<ul style="list-style-type: none"> <li>- Establish initial parameters for an electronic national database</li> </ul>	Planning Committee/Steering Committee			

**Strategic Direction 4: Contribute to ensuring that resources are available to promote institutionalization and sustainability**

<b>Objectives</b>	<b>Interventions</b>	<b>Time Frame</b>	<b>Activities</b>	<b>Responsibility</b>	<b>Stakeholders / Partners</b>	<b>Output</b>	<b>Indicators</b>
4.3. Strengthen public-private partnerships and cooperation, as well as with civil society and donor organizations	Identify the relevant parties from the public and private sectors	Fourth quarter	<ul style="list-style-type: none"> <li>- Review the scope of work of the relevant bodies from the public and private sectors</li> <li>- Identify cooperating agencies and areas to build partnerships</li> </ul>	Steering Committee	Concerned ministries, such as the Ministry of Health, the government's human rights body, USAID, UN, NGOS, and universities	Signed cooperation agreements and memoranda of understanding to ensure sustainability	Number of signed agreements and memoranda of understanding signed with partners
	Conclude agreements and memoranda of understanding with the partners	Fourth quarter	<ul style="list-style-type: none"> <li>- Conclude agreements and memoranda of understanding with the partners</li> </ul>	Committee for Communication and Advocacy/ steering committee			
	Follow up on the implementation and evaluation of partnerships	Fourth quarter	<ul style="list-style-type: none"> <li>- Implement activities according to agreements</li> <li>- Evaluate partnerships periodically</li> </ul>	Strategic Planning and Monitoring and Evaluation Committee			

## **Monitoring and Evaluation Plan**

A monitoring and evaluation plan is essential to ensure that interventions and activities successfully achieve the vision and objectives of the strategy. The Strategic Planning and Monitoring and Evaluation Committee will develop a detailed follow-up and evaluation plan to be implemented at the central and regional levels. The indicators proposed in the action plan will be reviewed, and additional output and outcome indicators may be added as necessary to allow for systematic follow-up and measurement of progress toward achievement of the objectives.



# Annex I: Steering Committee Members

Institution	Name
Consultant for Her Royal Highness Princess Muna Al Hussein for Health and Social Development	Chair of Committee H.E. Prof. Rowaida Maaitah
Hikma	Vice Chair of Committee: Ms. Sandra Shaqareq
Sisterhood Is Global Institute	H.E. Prof. Asma Khader
Lawyer/human rights activist	H.E. Reem AbuHassan
Health Care Accreditation Council	Ms. Salma Jaouni
Jordanian National Commission for Women	Dr. Salma Al Nims
Ministry of Health	Dr. Malak Al Oury
Civil Service Bureau	Ms. Obaida Arafat
Educational Hospital	Dr. Banan Awawdeh
Biolab	Ms. Reem Saqqa
Private Hospitals Association	Dr. Lian Adnan Otay
Jordan University of Science and Technology	Dr. Muntaha Gharaibeh
Jordan University of Science and Technology	Dr. Raeda Abu ElRub
WHO	Dr. Ghada Khayali
Jordan Dentist Association	Dr. Ayah Al Asmar
Population and Family Health Office, USAID	Ms. Maysa Al Khateeb

# Annex 2: Membership and Terms of Reference for the Subcommittees

## The Women Leaders in Health Forum Steering Committee

The Women Leaders in Health Forum was established in August 2018 in response to the recommendations suggested in the Research Dissemination Event for the HRH2030 study entitled “Barriers and Enablers of Women’s Career Progression to Management Positions in Jordan’s Health Sector,” which took place on June 24, 2018. The purpose of the forum was to bring together women across all professions of the health sector to promote women’s empowerment through networking, mentoring, building capacity, and sharing best practices. The steering committee was selected to represent prominent women from different sectors and health professions who have expertise in women’s empowerment. As the Forum is in the founding stages, the steering committee decided it would be a best practice to divide into subcommittees to tackle the founding pillars of the Forum.

### Generic functions of subcommittees:

The overall purpose of each subcommittee is to provide a platform to guide and coordinate the inputs of the Women Leaders in Health Forum through the design and implementation of strategies to increase resources and action to empower women in the health sector. The three main subcommittees are:

- Governance and Organizational Structure
- Strategic Planning and Monitoring and Evaluation
- Advocacy and Communication

### Constitution and membership of subcommittees:

Subcommittees will have three levels of participation

1. Core membership consists of members of the steering committee. The steering committee members will have an option to rank their interest in each subcommittee, but ultimately, they will be spread out evenly among the subcommittees based on interest and experience.
2. General membership is open to any member of the forum, as an individual or an organization/agency. This will be a self-selected membership and will comprise a maximum of 15 people. Steering committee members may change the number of general membership participants based on need.
3. The subcommittee may consider the creation of task forces dedicated to specific objectives and tasks, as well as to establishment of standing relationships with individual experts from outside the forum whose specific skills are deemed by the subcommittee core group to meet the forum’s objectives.

### Functionality

- The subcommittee will be chaired by a member of the core group.
- Core members will serve for a period of at least two years and are asked to dedicate five percent of their time to the work of the subcommittee group.
- Subcommittee members will each have specific areas of responsibility agreed upon with the core members.
- Core members representing institutions will also be invited to indicate other resources (human resources, in-kind resources, funds, networking, etc.) that may be available from their institution to assist in the operations of the subcommittee.
- A meeting cannot take place unless there is a quorum (defined as 50% or more of the voting membership).

- All members will have equal voting rights. Decisions will be taken when 50 percent or more have come to agreement.
- The time spent on general and core group membership is not funded.
- The group will convene at least once monthly during the first six months to develop and begin implementing the action plan. Other meetings will be held according to need and will not necessarily involve all members.
- The agenda will be prepared by the chair prior to the meeting and circulated to all members of the subcommittee at least three days prior to the meeting.
- The committee will select an individual to record the meeting minutes and circulate them to all members within one week of the meeting.

## **Governance and Organizational Structure Subcommittee**

### **Purpose**

The Governance and Organizational Structure Subcommittee will be responsible for the legal registration of the forum, along with the forum's organizational structure. This includes, but is not limited to, the steering committee, the subcommittees, the membership criteria, etc.

### **Responsibilities**

1. Draft legal scenarios for the registration of the Women Leaders in Health Forum. This document will be submitted to the steering committee for review
2. Develop membership criteria for the forum
3. Develop all strategic documents regarding governance and organizational structure
4. Propose the forum structure
5. Build consensus within the steering committee regarding the structure of the forum
6. Undertake actions regarding the registration or legality of the forum
7. Oversee the registration process
8. Monitor the forum and ensure that all activities fall within the scope of the forum
9. Create a sustainability plan for the forum for the next three years, taking finance generation in consideration

### **Deliverables**

1. Minutes of meetings
2. Legal registration scenarios
3. Outline of the forum's structure
4. Membership criteria
5. Sustainability plan

## **Strategic Planning and Monitoring and Evaluation Subcommittee**

### **Purpose:**

The Strategic Planning and Monitoring and Evaluation Subcommittee will be responsible for developing a three-year strategy for the Women Leaders in Health Forum, ensuring its implementation and sustainability, and reviewing it periodically.

### **Responsibilities**

1. Support the work/activities of other subcommittees to meet the forum's shared vision and objectives
2. Actively participate in all matters related to the strategic planning of the Forum
3. Draft a three-year strategic plan, including the implementation plan, sustainability plan, and monitoring and evaluation plan

4. Present and discuss the strategic plan draft with the steering committee and other relevant stakeholders
5. Oversee the implementation of the plan
6. Develop and disseminate periodic monitoring and evaluation reports

### **Deliverables**

1. Minutes of meetings
2. SWOT analysis document
3. Final Women Leaders in Health strategy document
4. Periodic monitoring and evaluation reports

## **Advocacy and Communication Subcommittee**

### **Purpose**

The Advocacy and Communication Subcommittee will generate momentum for achieving the goals and activities of the forum by creating awareness campaigns, increasing political commitment for women in health leadership, and mobilizing resources and funding to advance the activities of the forum.

### **Responsibilities**

1. In collaboration with the Strategic Planning and Monitoring and Evaluation Subcommittee, target priority areas for campaigns and national policy
2. Prepare for the Women Leaders in Health Strategy launch
3. Create an action plan based on the agreed-upon priority areas, listing relevant campaigns, events, and trainings along with their timeline
4. Collect information on similar health and women's empowerment initiatives and map out potential collaboration to maximize impact
5. Review and document experiences from similar forums and present best practices, including success stories and proven fundraising techniques
6. Create a funding plan, including a sustainability strategy for the forum
7. Develop and generate content for social media outlets
8. Create and build a consensus on the branding of the forum
9. Plan quarterly forum events in line with the mission and vision of the forum
10. Oversee the design and development of all marketing materials, events, and campaigns

### **Deliverables**

1. Minutes of meetings
2. Advocacy action plan
3. Funding plan, including sustainability strategy
4. Quarterly forum events and reports

## Annex 3: Model for Prioritizing Strategic Directions

### First strategic direction

#### Group Action Guidelines:

1. A leader, facilitator, and timekeeper are selected for each group.
2. The definitions of criteria and the prioritization mechanisms are reviewed (Table 1).
3. The objectives of each strategic direction are reviewed and revised, and any other relevant objectives are added according to the strategic direction (Table 2).
4. A tick (✓) is drawn in the appropriate box of strategic objectives, based on criteria of need, feasibility, and relevance (Table 2).
5. Other related objectives are added according to strategic direction and assessment of the degree of their importance.
6. Prioritized strategic objectives are identified that will be implemented within the short-term time frame during 2019.
7. The draft of the executive plan for priority strategic directions will be completed to include priority objectives, interventions, time frame, proposed activities, responsible entity, supporting bodies, outputs, and indicators, according to the implementation plan model.
8. The group's work is presented, discussed, and finalized in front of the audience.

**Table 1**

Criteria	Evaluation domain	Definitions	Evaluate the degree of importance
Necessity/urgency	Strategic objective	The need to achieve this strategic direction over the next four years.	1 = High score
Relevance/importance	Strategic objective	The strategic objective is in line with the national, regional, and international objectives and priorities that have been established and committed.	2 = Medium score
Feasibility/applicability	Strategic objective	The strategic objective is realistic, feasible, and cost-effective	3 = Low score

**Table 2**

Proposed strategic objective	Modified strategic objective	Necessity			Applicability			Relation		
		1	2	3	1	2	3	1	2	3

**Please add any strategic objectives that did not currently exist in the first strategic direction that you think are important and feasible and should be included with an assessment of their relevance:**

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**Additional notes:**

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