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Report

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Abstract

Background: The WHO Regional Office for the Eastern Mediterranean and the United Nations System Staff College (UNSSC) implemented a leadership programme on epidemic and pandemic preparedness and response, specific to the COVID-19 pandemic, during the second half of 2021.

Aims: To highlight the leadership role played by the WHO Jordan Country Office during the COVID-19 pandemic in collaboration with UNSSC.

Programme: The WHO Jordan country office successfully leveraged the expertise of UNSSC to implement a leadership training to prepare key stakeholders in Jordan for the response to COVID-19 and similar pandemics or outbreaks. The training curriculum included several modules such as leadership in times of crisis, strategic thinking and planning, emotional resilience, preparedness, adopting a system approach to response, and multisectoral partnership-building for pandemic response. The training helped strengthen the generation of evidence for policymaking and promotion of equitable access to health during the COVID-19 pandemic.

Conclusion: Leadership capacity strengthening of national counterparts by WHO and partners can help advance efforts at national level to increase the use of evidence for policymaking and response to pandemics and disease outbreaks.

Keywords: leadership programme, preparedness and response, COVID-19, Jordan

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Introduction

Jordan was particularly successful in flattening the epidemiological curve during the first months of the COVID-19 pandemic, up to April 2020, due to the implementation of strict nonpharmaceutical interventions (1). However, the progressive easing of restrictions resulted in an exponential increase in cases. The significant upsurge in cases in mid-January 2022, mainly because of the emergence of the Omicron variant was of concern and prompted the Government of Jordan and its national and international partners to consider additional preparedness and response actions.

The World Health Organization (WHO) Jordan Country Office has been a key actor and a primary supporter of the Jordanian Government, including the Ministry of Health, in the response to the COVID-19 pandemic. To further support, strengthen and sustain the leadership capacity of the WHO country offices and their collaborating ministries of health, the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) and the United Nations System Staff College (UNSSC) launched the Leadership Programme on Epidemic and Pandemic

Preparedness and Response during the second half (July–November) of 2021 (2).

Leadership is essential in coordinating a response to public health emergencies, and weak leadership may result in worsening of the effects (3). The expected role of leadership entails establishing and fostering effective partnership that is flexible and adaptable to changes. This specifically entails evidence-based decision-making with attention to health equity and continuous monitoring and evaluation of preparedness and response (3). This report highlights the critical leadership roles and actions played by the WHO Jordan Country Office from the onset of the COVID-19 pandemic to date, including staff well-being, in collaboration with UNSSC.

WHO/EMRO–UNSSC Leadership Programme on Epidemic and Pandemic Preparedness and Response – COVID-19 pandemic cohort

The programme included openly accessible leadership lecture recordings and resources. The exclusive element for the programme participants comprised individual coaching and mentoring by globally recognized champions such as high-profile former WHO staff involved in emergency response. Subjects discussed included leadership in times of crisis, strategic thinking and planning, emotional resilience, preparedness, adopting a system approach and multisectoral partnership building (2).

Decisive, committed and responsible leadership has emerged as a key factor in determining success during the response to the COVID-19 pandemic (4), and a recognized characteristic of decisive leadership is rapid and accurate response, founded on an evidence-based understanding of the threat posed by COVID-19. Effective leaders ensure good coordination between stakeholders, given the political, socioeconomic and health dimensions of the pandemic. Being a leader also necessitates engaging with stakeholders, advocating to strengthen health systems and prioritizing investment in government-funded public health functions and programmes.

WHO Jordan Country Office leadership

From the onset of the COVID-19 pandemic, the WHO country office in Jordan Jordan has engaged with the National Epidemiology Committee (5). The committee includes representatives of several governmental and nongovernmental sectors and, at the request of the relevant authorities within the Ministry of Health, is tasked with providing appropriate technical advice on the management of COVID-19.

The country office was a partner in the development of the COVID-19 preparedness and response plan in March 2020; this was updated regularly through active collaboration between the country office, other stakeholders and Ministry of Health pillar focal points. The office continued playing a prominent role as leader in health and in the United Nations Country Team through technical support, awareness and advocacy. Within the activities of the office of the United Nations Resident Coordinator, WHO staff featured in United Nations town hall meetings, presenting epidemiological updates, and promoting the public health social measures and vaccination. They provided guidance on healthcare under the United Nations Country Team First Line of Defence initiative.

The concerted effort of the WHO, UNICEF, UNESCO and the World Bank was of great importance in averting the reversal of years of progress in education by continuing to promote the “safe reopening framework”, which sought to keep in-person learning at schools available for the majority of students in Jordan (6).

Science and evidence

Generation of evidence has been one of the core activities of the WHO in Jordan. Four rounds of the SARS-CoV-2 epidemiological survey were conducted in addition to risk factor assessment for COVID-19 infection among health workers and the continuing participation in the global initiative to collect clinical data from several hospitals.

The survey results (7) guided various operational aspects such as planning the COVID-19 vaccination campaign and introducing the COVID-19 forecasting model run jointly with the WHO/EMRO (8). This model helped formulate targeted policy recommendations during the pandemic in Jordan.

The study among health workers confirmed that infection, prevention and control standard precautions represent a significant protective factor, and that hand hygiene, both before and after procedures, is a key protective measure. The results were used to tailor infection control and prevention (as well as capacity building) through the Ministry of Health–WHO joint activities in all health care facilities.

In consideration of the consequences of COVID-19 on other aspects related to health and well-being, the WHO country office engaged in additional research activities. A short situational

review aimed to highlight how the national mental health system is an integral part of health system management and sustainability. Specifically, the COVID-19 pandemic offers a unique opportunity to elevate the WHO supported National Mental Health and Substance Use Action Plan 2018–2021 (9).

Similarly, a report was developed on the milestone experience of the Jordanian Ministry of Health, with the support of the WHO country office, which issued a decision to ban all forms of smoking and vaping to ensure 100% smoke-free indoor public places during COVID-19 and beyond (10).

In collaboration with the Jordanian Ministry of Health, the country office was instrumental to the establishment of the first COVID-19 clinical management online training course through WHO/EMRO (11).

Promotion of equitable access to health

The Jordan country office, in close coordination with the Ministry of Health, integrated equity to health services into the COVID-19 preparedness and response plan. The same principle was adopted when developing the national deployment and vaccination plan (12). This whole-of-society approach was of fundamental importance to Jordan, which hosted, at the time, 658 000 registered Syrian refugees (the total estimate was around 1.3 million) and more than 2 million registered Palestinian refugees (12). The whole-of-society approach translated into prompt vaccination coverage and uptake in special contexts such as prisons and other environments that particularly make people vulnerable from a public health perspective (13).

Jordan paved the way for inclusion of refugees and migrants in access to health care services in support of the goals of Universal Health Coverage (UHC). Such an outstanding approach has been highlighted in the WHO Global School on Refugee and Migrant Health (14).

Staff well-being

The WHO Amman Hub comprises the country office, the Regional Centre for Environmental Health Action, the Regional Office for Polio, the Yemen sub-office, and the Common Services Unit. The heads of offices of the WHO Amman Hub merged their efforts in 2020 by creating a pool of technical and administrative COVID-19 focal points, all working closely with the WHO Amman Hub COVID-19 coordinator and the WHO country office emergency team lead. This structure led to streamlined coordination in creating and updating standard operating procedures within the office as well as for the management of staff and their dependants who

had tested positive for COVID-19.

Conclusion

The Leadership Programme on Epidemic and Pandemic Preparedness and Response, established by the WHO/EMRO and the UNSSC, has been addressed in various sections of this report.

The first key message is that the WHO country office must be well-positioned during a public health crisis to provide guidance and ensure: proper coordination and communication at all levels; establishment of an emergency response team with clear roles and responsibilities and accountability; monitoring and evaluation of the evolving situation and the response; adoption of an inclusive approach to involve all stakeholders; and equity in access to health services. Although it may prove difficult to ensure the sustainability of the leadership role of WHO at country level throughout the various phases of a crisis, it is critical that strategic decisions are taken (and re-taken) by highlighting the comparative advantage of WHO as a leader in health while creating models of multisectoral and intersectoral partnerships across the health system. These aspects have been highlighted by Pereira Bajard et al., who indicated the importance of strengthening and enabling WHO country offices to enhance resilience at country level for future emergencies (15). In this regard, the authors specifically alluded to the technical and leadership role of country teams within preparedness and response actions.

The continuous participation in the generation, compilation and dissemination of evidence is a clear WHO role and this is critical in building trust, influencing policymakers and ensuring the best public health preparedness, readiness and response (15). This represents the second key message of the leadership programme.

The third key message is the need to use crises like the COVID-19 pandemic as an opportunity to promote innovative approaches that may be of benefit to health and the health system. Such an opportunity has been emphasized by the WHO Director-General, in his call for action on building health system resilience. The 7 recommendations of the related position paper specifically address pre-existing inequities of public health response to emergencies among marginalized and vulnerable populations (16).

The final message is pivotal to the ability of WHO to continue to deliver and operate efficiently during public health crises. Staff well-being is an undeniable aspect in ensuring business continuity and efficient incident management systems. Clear standard operating procedures are

critical to streamline actions, especially in complex settings like the WHO Amman Hub where a diversity of offices and staff operate. In the context of changes and crises, leadership plays a crucial role in optimizing interventions and helping staff to cope with overwhelming work situations (17).

The information provided in this report may present useful lessons for dealing with the COVID-19 or a similar pandemic by other WHO country offices and in advancing leadership development in collaboration with national counterparts and partners.

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Leadership de soutien en santé publique pour la riposte à la COVID-19 en Jordanie

Résumé

Contexte : Le Bureau régional de l'OMS pour la Méditerranée orientale et l'École des cadres du système des Nations Unies (UNSSC) ont mis en œuvre un programme de leadership sur la préparation et la riposte aux épidémies et aux pandémies, spécifique à la pandémie de COVID-19, au cours du second semestre 2021.

Objectif : Mettre en avant le rôle en matière de leadership joué par le Bureau de pays de l'OMS en Jordanie pendant la pandémie de COVID-19 en collaboration avec l'UNSSC.

Programme : Le Bureau de pays de l'OMS en Jordanie a mis à profit l'expertise de l'UNSSC pour mettre en œuvre une formation au leadership visant à préparer les principales parties prenantes de Jordanie à la riposte à la COVID-19 et à des pandémies ou des flambées

épidémiques similaires. Le programme de formation comprenait plusieurs modules tels que le leadership en temps de crise, la réflexion et la planification stratégiques, la résilience émotionnelle, la préparation, l'adoption d'une approche systémique de la riposte et l'établissement de partenariats multisectoriels pour la riposte à la pandémie. Cette formation a contribué à renforcer la production de données probantes pour l'élaboration des politiques et la promotion d'un accès équitable à la santé pendant la pandémie de COVID-19.

Conclusion : Le renforcement des capacités de leadership des homologues nationaux par l'OMS et ses partenaires peut contribuer à faire progresser les efforts au niveau national pour accroître l'utilisation des données probantes dans l'élaboration des politiques et la riposte aux pandémies et aux flambées épidémiques.

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