



# MeTA Baseline Component 3

## Multi-stakeholder Assessment

### Jordan Country Report

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# Multi-stakeholder Assessment Report

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## Glossary of Terms

<b>CSO</b>	Civil Society Organisation
<b>GGM</b>	Good Governance for Medicines
<b>HAI</b>	Health Action International
<b>HHC</b>	High Health Council
<b>JAPM</b>	Jordan Association of Pharmaceutical Manufacturers
<b>JFDA</b>	Jordan Food and Drug Administration
<b>JMA</b>	Jordan Medical Association
<b>JPA</b>	Jordan Pharmaceutical Association
<b>JPD</b>	Joint Procurement Department
<b>JUH</b>	Jordan University Hospital
<b>MoH</b>	Ministry of Health
<b>RDL</b>	Rational Drugs List
<b>RDU</b>	Rational Drug Use
<b>RMS</b>	Royal Medical Service
<b>TPA</b>	Third Party Administrators
<b>WHO</b>	World Health Organisation

## 1.0 Executive Summary

### 1.1 Background to MeTA

The Medicines Transparency Alliance (MeTA) exists to help people get access to the medicines they need in 7 pilot countries. To achieve this MeTA works to increase the flow and availability of information while increasing accountability by way of a multi-stakeholder process. MeTA supports the creation of an enabling environment for multi-stakeholder processes that coordinate action, and collect and synthesise knowledge and enable social learning to resolve issues on medicines collectively. MeTA multi-stakeholder processes:

- Bring together the private sector, civil society and government;
- Start a process of dialogue, building trust and learning together;
- Improves innovation, decision-making and action; and
- Are useful in complex situations where stakeholders want to work together on a problem but they have different interests, perspectives and values.

A baseline assessment of the quality of the multi-stakeholder process and a communications audit took place in Jordan between July-August 2010. This report provides information on the process that was used to gather information about the work of MeTA Jordan, the findings of this research, an analysis of MeTA Jordan's multi-stakeholder working and communications as well as suggestions for how this function could be improved over time in the form of 10 key recommended changes.

### 1.2 Key Findings

- I. MeTA Jordan has worked hard over a relatively short period of time to build its multi-stakeholder alliance. The Secretariat team is respected and appreciated in supporting the multi-stakeholder process and implementation of an ambitious work plan. There is no doubt that there is considerable passion and commitment to MeTA's agenda from stakeholders.
- II. Stakeholders have expressed a firm belief that MeTA Jordan has significantly improved information sharing and communication. Stakeholders have benefited enormously from being present together around one table.
- III. Our assessment has shown that stakeholders are thankful for the communication they receive from MeTA and acknowledge that MeTA has significantly improved a collegiate style of multi-stakeholder working.
- IV. The assessment team witnessed a great deal of enthusiasm from many stakeholders who, although frustrated by the multi-stakeholder process at times, are highly committed individuals who believe in MeTA as a force for positive change in Jordan.
- V. As the multi-stakeholder process continues to develop and grow beyond the pilot phase, addressing barriers to more effective stakeholder engagement ought to be viewed as a priority to prevent damaging the significant progress made thus far.

- VI. During stakeholder interviews and from our observations at the Stakeholder Workshop there is an element of considerable disharmony that attacks the very fabric of trust among stakeholders within MeTA Jordan. The assessment team have heard a number of complaints related to issues of mistrust that illustrate the seriousness of this issue.
- VII. Around two-thirds of those interviewed expressed concern that Council meetings, rather than being a forum where dialogue is promoted by stakeholders, are often the centre of considerable disagreement and disharmony between stakeholders, without ample consideration for the resolution of differing viewpoints.
- VIII. The assessment team are fully cognisant that in Jordanian culture, passionate dialogue is a normal part of personal and professional life. In relation to MeTA's multi-stakeholder process, this passion requires careful management to ensure an emphasis on constructive conversations with a focus on the resolution of differences. A failure to do so is leaving stakeholders frustrated, divided and further erodes their trust in each other. It is the role of MeTA Jordan ultimately to manage this complexity through a continued, structured dialogue.
- IX. Moderate stakeholder turnover (c.20%) is reducing relationship capital and exacerbating loss of trust among stakeholders. New MeTA stakeholders require time and patience from others to understand the issues, to get to know their fellow stakeholders and understand current dialogue within the Council. While it is important to acknowledge that stakeholder turnover is inevitable, this can often mean new stakeholders cover 'old ground', asking questions that rake up redundant discussions that can, and often do, lead to a resurfacing of old tensions.
- X. During the interviews all stakeholders, without exception, made reference to a series of issues related to the management of Council meetings and proceedings. The most cited example by stakeholders concerns the management of feedback and comments from stakeholders during Council meetings. Stakeholders have reported that feedback on agenda items from many individuals can be capacious, devoid of relevant content and as such adds nothing to the on-going discussion. Feedback can absorb so much time during Council meetings that time for decision-making is insufficient and thus leads to frustration.
- XI. A large majority of stakeholders reported that they are very happy with the communication they receive from the MeTA Secretariat, in terms of supporting Council meeting proceedings; and communication methods such as email, SMS and telephone are used to good effect. Information to support stakeholders in policy work, decision-making activities, advocacy and general awareness raising through communication products however, has been highlighted as an area for improvement.
- XII. Some stakeholders although appreciative of the information from MeTA, in terms of documents attached to Council agendas, feel that this is delivered in a rather raw format. Some stakeholders believe the information burden to be too onerous and find it difficult to review documents sent by the MeTA Secretariat prior to Council meetings.

- XIII. Stakeholders reported a general lack of clarity around decision-making processes.
- XIV. In a similar vein, some stakeholders, particularly in relation to the sub-committees, do not fully understand how roles and responsibilities are allocated. There is a generalised confusion about how activities are allocated and executed with a clear expressed need that greater transparency is desirable in this area.
- XV. Upon enquiring with the MeTA Jordan Secretariat, the assessment team learned that MeTA Jordan does have a Charter, or set of internal rules, but that these rules are not widely acknowledged or referred to, and do not cover all aspects of Council business.
- XVI. From those we interviewed, there is a strong sense that some stakeholders are perceived as holding all the power within the multi-stakeholder MeTA Council and that they are therefore able to control MeTA's agenda.
- XVII. Erosion of trust due to a lack of clarity around decision-making processes, if left unchecked, could undermine MeTA's multi-stakeholder process.

### 1.3 Key Recommended Changes

*The following recommendations are designed to improve information exchange and enhance MeTA Jordan's multi-stakeholder processes.*

To address some of the barriers identified during the assessment process, a range of key recommended changes are suggested below. The intention of the recommendations is to support and strengthen the foundations upon which the multi-stakeholder process can move forward.

#### **Key Recommended Change #1**

Provide all MeTA Stakeholders with communication training for effective meeting management that is focused on team-building.

#### **Key Recommended Change #2**

Enhance MeTA's leadership through leadership training for all Executive Committee members.

#### **Key Recommended Change #3**

MeTA Stakeholders acknowledge the leadership role and responsibilities of the MeTA Chair and give the Chair the unreserved mandate to lead the multi-stakeholder process.

#### **Key Recommended Change #4**

Review and update MeTA's internal 'set of rules' to clearly articulate how roles and responsibilities are allocated and how decisions are arrived at.

#### **Key Recommended Change #5**

Appoint sector-specific Knowledge Managers for high-level stakeholders and consider nominating alternate representatives to provide continuity to MeTA's multi-stakeholder process.

***Key Recommended Change #6***

Develop an induction pack for new MeTA stakeholders to include a copy of MeTA's internal 'set of rules'.

***Key Recommended Change #7***

MeTA Secretariat to disseminate Council Agenda up to 2 weeks in advance of a Council meeting with Council meetings set in advance at regular dates and times.

***Key Recommended Change #8***

MeTA Secretariat to provide stakeholders with targeted briefings, highlighting important action points and issues succinctly to meet stakeholders' information needs.

***Key Recommended Change #9***

MeTA Council to review its current multi-stakeholder membership and fully explore the advantages and disadvantages of expanding the current membership in a transparent and inclusive way.

***Key Recommended Change #10***

Allocate resources to the development of a user-friendly website and regular bulletin/newsletter which highlights latest news and developments from the field and is directly related to medicines policy issues.

## 2.0 Introduction to the Multi-stakeholder Assessment

The Medicines Transparency Alliance (MeTA) is an innovative multi-stakeholder partnership that aims, through information provision, to increase transparency along every link of the medicines supply chain: from policy development and implementation; to procurement, promotion and distribution of medicines. MeTA is a pilot project currently funded to operate within 7 low- and lower- middle income countries all of which are working toward the broad aim of increasing access to essential medicines for poor people.

The current 2-year MeTA pilot phase ends in September 2010 and in parallel with this project cycle a number of baseline assessment activities are underway that aim to:

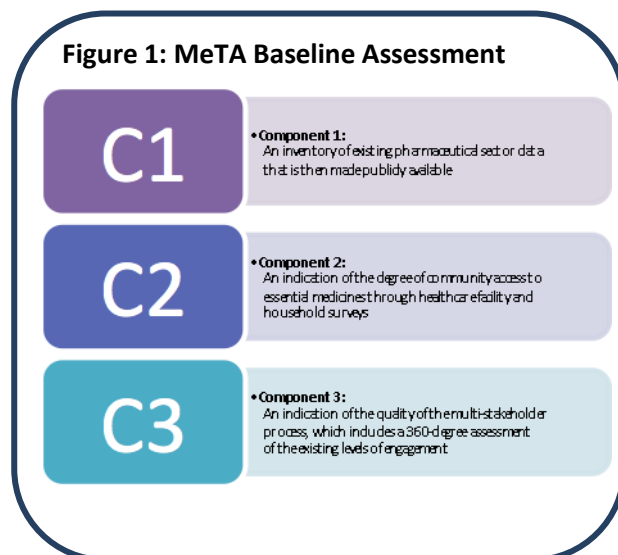
1. Enable **country-specific indicators** to be identified by the national MeTA multi-stakeholder groups
2. Track **national progress** and demonstrate the level of **engagement of different stakeholders** in the MeTA process
3. Provide a foundation for **longer term evaluation of outcomes** and impact beyond the pilot phase

There are 3 main components to the baseline assessment process; this document details the assessment activities relating to component 3 undertaken in partnership with MeTA Jordan (See Figure 1).

### 2.1 Purpose of Baseline Component 3

The purpose of the baseline component 3 assessment is to give an indication of the quality of the multi-stakeholder process. Given that MeTA's principle tools in achieving its aims are centred squarely on information and accountability around the quality, prices, availability and promotion of medicines; the multi-stakeholder process lies at the heart of everything MeTA aspires to achieve.

The assessment focuses on key multi-stakeholder processes including: the identification of communication channels that could be used by MeTA country programmes and related fora to expand their access to information on medicines; and analysing policy frameworks and processes with a view to identifying blockages and proposing innovative solutions to improve communication and working links between stakeholders. **In so doing, the assessment has developed an approach and set of tools that all MeTA countries can use in the future.**



A number of additional documents accompany this report, including a *Methodological Guidance Document and Toolkit*; and a *Communication and Information Scoping Document*.<sup>1</sup>

Two of the seven MeTA pilot countries were selected to trial the approach before a wider roll-out phase to other MeTA pilot countries; the Philippines and Uganda were selected for this purpose. Now in the roll-out phase, three additional countries are collaborating in the multi-stakeholder assessment and include: Jordan, Peru and Zambia.

This report details the findings and analysis from MeTA Jordan. Separate reports are available for the other MeTA countries collaborating in the assessment process and are available upon request from the International MeTA Secretariat.

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<sup>1</sup> Available from MeTA website <http://www.medicinestransparency.org/resources/meta-resources/meta-toolkits>

### 3.0 MeTA Component 3 Baseline Assessment Methodology

The MeTA model is built upon multi-stakeholder processes. These processes have been shown to be useful in complex environments where there are no easy solutions to big development problems. The aim of the multi-stakeholder process is to bring people together to communicate and make decisions collectively to improve transparency and accountability. An important part of any multi-stakeholder process is dialogue – conversations aimed at the resolution of positions.

MeTA uses the multi-stakeholder process to achieve its aim of helping people get access to the medicines they need. MeTA prioritises transparency/sharing of information and accountability and advocates to create the conditions for multi-stakeholder processes that coordinates action, and collects and synthesises knowledge and enables social learning to resolve issues on medicines collectively.

To make progress on their aim MeTA has partnered with the Institute of Development Studies (IDS) in order to create a set of tools that provide a snapshot of the functioning of the multi-stakeholder process and suggest ways that barriers and challenges can be overcome.

#### 3.1 Systems Theory of Social Innovation

The multi-stakeholder assessment is underpinned by the assumption that social actors/stakeholders exist within knowledge and information systems which emerge as different individuals and groups begin to work together towards a common aim. These systems are constructed by the stakeholders within them and their boundaries change over time. Formal and informal linkages between network stakeholders – for example regular meetings or mutual friends – can facilitate the flow of information and exchange of resources or knowledge. Through these interactions social innovation occurs. The success of multi-stakeholder processes depends on cooperation among stakeholders, effective communication, agreement with respect to objectives and interests, and how well the system defines and coordinates its tasks. By studying the existing system stakeholders can see what changes to social organisation might be useful to help them work together better.

The baseline component 3 assessment methodology draws on participatory action research approaches to problem solving which stress the importance of stakeholders constructing their own solutions to the challenges that they face.<sup>2</sup> During this assessment participatory tools were used to gather, organise and interpret information. These are available as a toolkit.<sup>3</sup>

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<sup>2</sup> This methodology draws on thinking and tools developed as part of the Rapid Appraisal of Agricultural Knowledge Systems (RAAKS).

<sup>3</sup> Available on MeTA's website at <http://www.medicines Transparency.org/resources/meta-resources/meta-toolkits>

### 3.2 Objectives of the Assessment

The methodology developed for this assessment helps to uncover: the system that MeTA is working within; how different stakeholders communicate together and organise themselves; what stakeholders want from the multi-stakeholder process; and what it achieves and what it does not.

The objectives of the assessment are:

- To identify opportunities to improve the knowledge and information systems within which MeTA stakeholders are working – to improve the organisation, decision-making and exchange of information among stakeholders, with the aim of improving the potential for learning and innovation;
- To create awareness among relevant stakeholders (such as target groups or constituencies, managers, policymakers, manufacturers, retailers, researchers) with respect to the opportunities and constraints that affect their performance as innovators; and
- To identify stakeholders and potential stakeholders who do or could act effectively to remove constraints and take advantage of opportunities to improve innovative performance and to encourage their commitment to such changes.

### 3.3 Data Collection and Analysis<sup>4</sup>

The methodology for the baseline component 3 assessment is built around 3 phases that add value to each other and facilitate triangulation of findings, these include: the focused collection of information; qualitative analysis; and strategic decision-making.

#### **Phase A: Defining the relevant systems and its problems**

The first phase seeks to identify opportunities to improve the knowledge and information system by looking at the broader environment that MeTA Jordan stakeholders are working within, the problems that the multi-stakeholder process is hoping to overcome and the stakeholders involved. The tools used in this phase include: core document review; informal conversations with key informants, including the Secretariat staff and MeTA's national consultant; and desk-based research.

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<sup>4</sup> Please refer to MeTA's Multi-stakeholder Methodology Guidance Document and Toolkit available on MeTA's website at <http://www.medicinestransparency.org/resources/meta-resources/meta-toolkits>

### **Phase B: Analysing constraints and opportunities**

In the second phase, assessment team members systematically gathered information on the social organisation of innovation by conducting face-to-face interviews with MeTA stakeholders. Interviewees were identified through stakeholder analysis conducted in partnership with the MeTA Jordan Secretariat and using a standardised questionnaire tool.<sup>5</sup>

The results of the stakeholder interviews offer a detailed picture of how different networks of stakeholders interact, the issues that dominate their debates, and the way they coordinate their activities or fail to do so.

A total of 11 stakeholders were interviewed (61% of all MeTA Council stakeholders): 5 from the public sector, 5 from civil society organisations (including academia and professional associations); and 1 from the private sector. Interviews typically lasted between 1-1.5 hours and were conducted in Arabic. Notes from stakeholder interviews were entered onto a matrix and then translated into English and verified by the assessment team. Key findings were then grouped into themes identified as opportunities and as factors constraining the multi-stakeholder process in MeTA Jordan (See [Section 7](#) of this report). Interview findings were presented to a small group of MeTA stakeholders during a design workshop that took place in Amman on 27<sup>th</sup> July 2010 (See [Appendix I](#) for Design Workshop Participants).

### **Phase C: Articulating strategies for action**

During the third and final phase of the assessment the opportunities and constraints identified in the phases above provided a basis for coming to an agreement on future actions to strengthen the multi-stakeholder process. The main tool for this phase was a one-day multi-stakeholder workshop that took place in Amman on 29<sup>th</sup> July 2010.

A total of 18 MeTA Stakeholders attended the workshop at which the analysis from the first 2 phases were discussed and clarified to make sure that our understanding was robust. Mission clarification was conducted. Through Problem Tree Analysis (See [Appendix III](#) for examples) we corroborated data collected from earlier phases to triangulate our findings and strategise about how barriers affecting the multi-stakeholder process could be overcome. The key findings from the stakeholder workshop are presented in [Section 7](#) and [Section 8](#) of this report.

**The proceeding sections of this report detail the main findings and key recommendations from the Baseline Component 3 Assessment of MeTA Jordan.**

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<sup>5</sup> To view the complete set of stakeholder interview questions see 'Tool 4 – Stakeholder Questionnaire' available on MeTA's website <http://www.medicines Transparency Alliance.org/resources/meta-resources/meta-toolkits>

## 4.0 Who Are The Stakeholders in Jordan?

*The following sections are comprised of the main findings from the Component 3 Baseline Assessment.*

MeTA Jordan operates within an evolving, modern health care system with a diversity of public and private health care providers. The health system benefits from a government committed to making health services available and accessible to all, and some international donor financing in supporting health sector reform. The Jordanian government has demonstrated strong political will, with significant progress made in achieving better governance and transparency in its medicines policy and regulation.<sup>6</sup>

In Jordan, a WHO programme, Good Governance for Medicines (GGM) has been operating since 2007. MeTA and GGM have been recognised as complementary initiatives working together in pursuit of a common goal. However during MeTA's inception, potential problems were foreseen with regards to duplication of efforts and operational overlap between the two initiatives. As a result it was proposed that the two separate councils of GGM and MeTA could join together to form a high level national Council for Good Governance and Transparency in Medicines. The joint council however was never convened; one difficulty was in choosing between the existing hosts of each council.<sup>7</sup>

### 4.1 Public Sector

In Jordan's health system, the High Health Council is the lead body representing all health care providers and is responsible for health strategy and general policy direction. It is headed by the Prime Minister, and also includes the Ministers of Health, Finance, Planning/International Co-operation, Labour and Social Development.

The main public health institutions and departments most relevant to MeTA within the public sector include:

- **Ministry of Health (MoH)** is the largest investor and provider of health services in Jordan. The Ministry procures drugs through its Joint Procurement Department (see below); in addition it has centralised medical stores and two regional stores.
- **Royal Medical Services (RMS)** delivers health care services to the armed forces and their dependents – about 35% of the population. RMS services are principally curative with an emphasis on in-patient care, and are more centralised than Ministry of Health facilities.
- **Jordan University Hospital (JUH)** is a small public institution, accounting for 5% of all hospital beds in Jordan. JUH patients are comprised of referrals made from the Ministry of

<sup>6</sup> MeTA (2008) MeTA National Workplan Jordan

<sup>7</sup> DFID HDRC (2010) Evaluation of the Medicines Transparency Alliance Phase 1 2009-2010: Jordan Country Report

Health, University employees and their dependents, employees of firms with whom JUH has contractual arrangements, plus some private-paying patients.

- **King Abdullah University Hospital** is a teaching hospital. It is funded through a complex series of mutual agreements and contracts.
- **Jordan Food and Drug Administration (JFDA)** was established in 2003 and is the public sector regulator responsible for ensuring that drugs are safe and effective, as well as for the registering and pricing of drugs. Recurring challenges for the JFDA are rational drug use and unethical drug promotion by manufacturers – the JFDA is thus interested in the development of a series of Standard Treatment Guidelines. The JFDA has a Board of Directors chaired by the Minister of Health, and the Director-General of the JFDA sits on the High Health Council. The JFDA’s Drug Directorate works through a series of expert committees made up of representatives from the public, private and academic sectors.
- **Joint Procurement Department (JPD)** was legally established in 2004 and began delivering services in 2006. It procures drugs and other medical supplies for all public health sectors. The JPD aims to be transparent in its dealings and only procure from the Rational Drug List. Public procurement is done at prices comparable to international reference prices. However, some ad-hoc purchasing of originator brands does bypass the JPD.
- **Rational Drug Use Department (RDU)** was established in 2005. Its main objective is “to ensure that patients receive medication appropriate to their clinical needs, in doses that meet their individual requirements, for an adequate period of time and at the lowest cost to themselves and their community”.<sup>8</sup>

Another national initiative of considerable importance to MeTA’s objectives concerns plans to expand public health insurance coverage through the formation of a Health Insurance Commission. The Commission intends to oversee the creation of a unified national health insurance system or scheme.

#### 4.2 Private Sector

Jordan has a high level of local pharmaceutical branded generic medicines production, which forms one of the country’s largest exports (70% of production is for export and 30% for local production). Consequently the local pharmaceutical industry is of significant economic importance. Local prices are regulated to allow higher export prices. The 2004 HAI/WHO price survey found that in the private sector, prices of generics were about 10 times higher than in the public sector. Originator brands in turn cost about twice as much as generics.

<sup>8</sup> Rational Drug Use Department (RDU) <http://www.jfda.jo/en/Departments/DeptInfo.aspx?id=614&Title=>

Pharmaceutical expenditure in Jordan is high, accounting for about 34% of total health expenditure and about 3.1% of GDP in 2007. About two-thirds of all drug spending by consumers is done in the private sector and about one-third is done by the public sector.<sup>9</sup>

The private sector is a major provider of health care services in Jordan with about 7000 private physicians in the country. The private sector provides primary, secondary, and tertiary level services through a network of private clinics and 54 hospitals, with over one-third of the hospital beds in the country. These services are highly concentrated in the capital or in the country's major cities. Recently, some hospitals have received accreditation from the Joint Commission, (formerly the Joint Commission on Accreditation of Healthcare Organisations) a US-based non-profit organisation, as part of the USAID-funded Health Systems Strengthening project. This framework provides a potential incentive for private hospitals to improve their prescribing and clinical practices.<sup>10</sup>

The MeTA Council has active private sector representation from the Jordan Association of Pharmaceutical Manufacturers (JAPM), and when including professional bodies, the Jordan Pharmaceutical Association (JPA) and the Jordan Medical Association (JMA).

JAPM represents all but 3 of the local pharmaceutical manufacturers (13 out of 16). JAPM's best interests are served by maintaining current pricing levels of generic medicines, hence the sale of its generics to the private sector is tremendously profitable. Competing foreign pharmaceutical companies prefer to file for 5 years of data protection as opposed to registering their intellectual property rights to circumvent translation costs. The JAPM would like its members to be able to produce more generics more easily.

### 4.3 Civil Society

Jordan's civil society is fragile and still in early stages of development. The sector has a significant lack of capacity and resources and as such has a relatively low-level of participation in the health sector. This situation is compounded by limited freedom to operate within the Jordanian context. Civil society in Jordan does not have good, formal direct linkages with government and CSO's are not afforded decision-making powers when present on government-led committees. For example, the JFDA has a committee that sets the prices for locally manufactured and imported drugs. This committee has a range of stakeholders present but CSO's are currently excluded.

There is no co-ordination hub for CSO's operating in the health sector which has resulted in an apparent disconnect and lack of unity between CSO's and difficulties in establishing a complete picture of the role civil society plays in improving the health system. Health Action International (HAI) was at one time active in Jordan and supported the 2004 pricing survey, but it no longer has an in-country presence and therefore does not sit on the Council.

The Consumer Protection Society, established in 1989, is a voluntary body that aims to raise public awareness of consumer issues. In the past the President of the agency, Dr Obeidat, has highlighted the great need for changing the Jordanian Government's perception of the role of CSO's and addressing capacity building of civil society in Jordan and the region as a whole.

<sup>9</sup> DFID HDRC (2010) Evaluation of the Medicines Transparency Alliance Phase 1 2009-2010: Jordan Country Report

<sup>10</sup> Ibid

Despite various limitations, the activities of CSO's in Jordan have grown dramatically in the last decade. The number of CSOs thrived under the leadership of HN King Abdullah II, who envisioned a Jordan with more doors opened to the outside world; socially, economically and politically. The growing number of international donor organisations has also contributed to promoting the activity of CSO's in the country.

Nonetheless civil society still face a number of challenges that limit them from exercising their role as partners in the process of decision-making, enhancing communication, respect and understanding with other sectors (public, private and media).

Some of the most important challenges for CSO's include:

1. Most major CSO's are concentrated in the capital city of Amman; their presence in other parts of the country however is weak (although a few have a limited presence in a small number of provinces)
2. Capacity of CSO's remains a challenge requiring a programme of capacity building particularly in the areas of communication, advocacy, lobbying and civil participation. Government bodies in general currently do not allow CSO's to participate in the process of decision-making
3. Many stakeholders, especially those who do not usually work with CSOs, are not aware of the importance of civil society representation through CSO's

**The existence of MeTA has made it easier for CSO groups to get access to key information, given that various stakeholders sit around one table. MeTA has helped to highlight some important information sources to stakeholders; including the JFDA website for information on the prices of medicines- this supports CSO organisations in their role as awareness raisers.**

Additionally **the MeTA Council has formed a sub-committee which has started work on building the capacity of civil society to monitor and increase accountability for the prices, availability, selection, quality and promotion of medicines in the public and private sectors.** Following a successful mapping of civil society organisations in Jordan, the committee has engaged with those CSOs identified and the formation of a promising alliance, albeit informal, came together in January 2010.

## 5.0 Who is Participating in MeTA Jordan?

The key target groups identified by MeTA include all stakeholders involved in the pharmaceutical sector and medicines supply chain belonging principally to the *Public Sector*, the *Private Sector*, and *Civil Society*. In addition MeTA Jordan has working relationships with multilateral partners such as the World Health Organisation and the World Bank.

The current multi-stakeholder MeTA Council has reasonable representation and support across key stakeholder groups. MeTA Jordan is hosted by the High Health Council and the current nominated Chairperson of the Executive Committee and Council, Dr Taher Abu El-Samen, is the current Secretary-General of the HHC and also Jordan’s representative on MeTA’s International Advisory Group. Dr. Taher is a respected individual and well-liked by stakeholders.

MeTA Council membership is formed of representation from senior people in the public sector key medicines supply chain institutions, the private sector, civil society organisations, professional organisations, and academia. There are also non-voting representatives from the World Bank and the World Health Organisation.

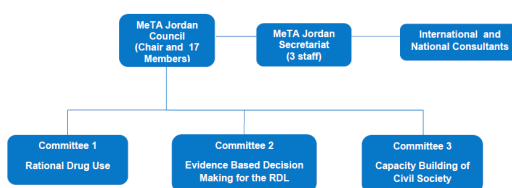
The MeTA Council currently consists of 18 representatives, including the Chairperson, and is comprised of: 9 public sector members; 1 academic member; 2 members from professional associations; 2 members from civil society; 1 member from the private sector; and 3 multilateral members. Previously, HAI held a non-voting seat on the Council; however the organisation no longer has a presence in Jordan (See Table 1 below for a full list of MeTA stakeholders).

Membership of the Council is heavily dominated by the public sector and civil society is the weakest sector. Although there is only one private sector stakeholder, JAPM, they are perceived to hold significant influence within the MeTA Council

### 5.1 MeTA Council and Secretariat

The MeTA Secretariat, hosted by the High Health Council, was not fully staffed until May 2009. It has now appointed 2 full-time and one part-time member of staff. This includes: 1 co-ordinator; 1 director of financial & administrative affairs; and 1 administrator. The MeTA Secretariat provides day-to-day administration, co-ordination and technical support for the multi-stakeholder council. . The Secretariat and Council receive further technical support from a local and international consultant, who are both contracted by the International MeTA Secretariat.

**Figure 2: MeTA Jordan Organisational Structure**



**Table 1: MeTA Executive Committee and Council Membership**

<b>EXECUTIVE COMMITTEE</b>	
Chairperson/General Secretary	<b>Dr Taher Abu El-Samen</b> (Secretary General, HHC)
Director of Financial & Administrative Affairs	<b>Fahmi Al-Osta</b> (HHC)
Co-ordinator	<b>Dr Abeer Rabaya</b>
Administrator	<b>Kholoud Walid Al-Kurdi</b>
Consultant	<b>Dr Rania Bader</b> (MeTA Jordan)
International Consultant and MeTA Baseline Coordinator	<b>Dr Samia Saad</b> (MeTA International)
<b>INSTITUTIONAL MEMBERS</b>	
<b>Joint Procurement Department</b>	<b>Dr Maisa Al Saket</b> , Director General
<b>Royal Medical Services (RMS)</b> Supply and Purchasing Department	<b>Colonel Dr Khalil Bajes</b> , Director
<b>Royal Medical Services (RMS)</b> Pharmacy Department	<b>Brigadier General Dr Wafa Al Nsour</b> , Director
<b>Ministry of Health (MOH)</b> Pharmacy Department	<b>Dr Lama Al Hmoud</b> , Director
<b>Jordan Food and Drug Administration (JFDA)</b> Drug Department	<b>Dr Laila Jarrar</b> , Director
<b>King Abdullah Hospital</b> Pharmacy	<b>Dr Taiseer Malkawi</b> , Director
<b>Jordan University Hospital, Pharmacy</b>	<b>Dr Iman Ghalayini</b> , Pharmacist
<b>ACADEMIC</b>	
<b>Jordan University</b>	<b>Dr Ibrahim Abbadi</b> , Academic in pharmaco-economics
<b>PROFESSIONAL ORGANISATIONS</b>	
<b>Jordan Medical Association</b>	<b>Dr Mu'men Al Hadidi</b> , Member

<b>Jordan Pharmaceutical Association</b>	<b>Dr Taher Alshaksheer</b>
<b>CIVIL SOCIETY</b>	
<b>Jordan Society for Consumer Protection</b>	<b>Dr Abdel Fattah Kilani, Vice President</b>
<b>PRIVATE SECTOR</b>	
<b>Jordan Association of Pharmaceutical Manufacturers</b>	<b>Dr Hanan Sboul, Secretary General</b>
<b>MULTILATERAL PARTNERS</b>	
<b>The World Bank (WB)</b> <b>Human Development</b> <b>Middle East and North Africa Region</b>	
<b>World Health Organisation (WHO) / Jordan</b>	<b>Dr Salah Gammouh</b>
<b>World Health Organisation (WHO) / Jordan</b>	<b>Dr Sana Naffa</b>

\*A Patient Group Association will be represented on a rotating basis, chosen by the MeTA Council members every 6 months.

The Council held its first meeting in August 2008 and since then has met regularly every month. In general terms, **attendance at Council meetings is good with regular attendance from members representing the public, private and CSO sectors.** Stakeholders from the professional organisations have a lower than average attendance.

**Stakeholders have expressed their firm belief that MeTA has significantly improved information sharing and communication.** Although some stakeholders had prior working relationships, a number of stakeholders, particularly those from civil society, have benefited enormously from being present together around one table. However even well-connected stakeholders from within government, where access to information is not always easy, agree that being part of MeTA has improved information exchange.

## 5.2 Workplan

The MeTA Jordan workplan was endorsed by the MeTA Council in January 2009 and covers the operational period January 2009- September 2010. Of seven strategic areas identified within the workplan, three were given higher priority and include:

1. Evidence-based decision-making for selection of medicines for the Rational Drug List (RDL);
2. Encouraging best-practice and improving rational use of medicines; and
3. Capacity-building of civil society.

To drive progress in these areas three sub-committees were convened and tasked with developing detailed workplans. The resultant activities were then intelligently appended to the Jordan National Medicines Policy; cleverly embedding MeTA activities within a national policy framework. There are a number of key milestones identified within the workplan and overall progress has been reported as good.

The sub-committee over-seeing capacity-building of civil society organisations is fully conscious that to ensure meaningful participation of civil society organisations, MeTA must act to empower CSO's through a range of focused activities. The sub-committee has identified three priority areas including:

1. Engaging CSO's to form a CSO Alliance to work on transparency and access to medicines issues;
2. To build capacity within the CSO Alliance to collect and analyse data on drug utilisation, as a tool of quality control on availability, affordability, accessibility, registration, usage, waste, etc; and
3. Strengthen the capacity of CSO's to use standard tools and processes to capture, analyse and share data on medicine prices with the public.

During stakeholder interviews, feedback was encouraged on policy priorities perceived as important and that could be addressed in MeTA's multi-stakeholder workplan. Suggestions included:

- I. MeTA should advocate for the inclusion of CSO's on drug pricing committees. CSO's are currently represented in food pricing committees but excluded from drug pricing committees.
- II. MeTA should support the development of a policy to promote the use of medicines scientific names rather than their commercial brand-names.
- III. Drug pricing policies are not oriented towards reducing drugs prices. Although MeTA in partnership with the WHO has carried out a study in this area (WHO Level II pricing study) it is yet to present its results or determine an appropriate range of interventions.
- IV. The formulation of drug policies is not built on updated information and data; in addition, there are no measurements to assess the impact of policy implementation; where they do happen, they happen late. MeTA should support the implementation of studies, based on data from all sectors represented on its Council.
- V. There must be a policy to identify the number of patients covered by health insurance for long-term illnesses. It is possible for MeTA to recommend to the Ministry of Health to review health insurance policies with proposals made by all members of MeTA.
- VI. MeTA should play a more active role in presenting recommendations to policy-makers.
- VII. Present policies allow the private sector (drug importers and manufacturers) to influence decisions and decision-makers in Jordan. Stakeholders want MeTA to propose to the MoH, and the Food and Drug Administration, to develop legislation allowing greater participation of civil society.

### 5.3 Participation of Non-Council or Secretariat Members

Everyone interviewed as part of the multi-stakeholder assessment process was a MeTA Council member at the time of interview. Non-council members, representing the Social Security Corporation and the Association of Drug Importers, were invited to take part in the one-day stakeholder workshop.

### 5.4 Power and Influence

During stakeholder interviews, the Government (n=10; 90% of respondents) and the Jordan Association of Pharmaceutical Manufacturers (n=8; 73% of respondents) were predominately cited as having the most power within MeTA Jordan. CSO's were cited as having the least power within MeTA.

From those we interviewed, **there is a strong sense that some stakeholders are perceived as holding all the power within the multi-stakeholder MeTA Council and that they are therefore able to control MeTA's agenda.** The power exhibited within MeTA resonates strongly with the external reality; in that if a stakeholder is viewed as being powerful outside of MeTA, they will be powerful inside MeTA.

Our observations of stakeholder interactions reveal that **the majority of stakeholders feel free to express their opinions when in a multi-stakeholder situation. However, whether due to cultural factors or because of a lack of due process, stakeholders have a tendency to talk over one-another, with several stakeholders often talking simultaneously. This can mean that he/she who shouts the loudest, or who holds the most authority, gets their voice heard, while others fail to express their viewpoint.**

For some of the stakeholders we interviewed (n=4; 36% of respondents) MeTA Jordan's decision-making processes appear unclear; hampering stakeholders' ability to influence decision-making. This has led to the perception by some that decisions are often taken without thorough consultation or the full knowledge of all MeTA Council members. This has given rise to feelings of mistrust and inequality among stakeholders.

## 6.0 Who is Missing from MeTA?

Of the stakeholders interviewed we asked them to tell us who they felt to be missing from the MeTA multi-stakeholder process and whether their absence had any effect on MeTA's performance-positive or negative. The two most commonly cited 'missing' stakeholders were Health Insurers/Social Security (n=6; 54% of respondents) and Drug Importers (n=5; 45% of respondents).

Health insurance is a legal requirement under the Social Security Act of Jordan. Of those we interviewed they felt that **bringing the Social Security Department into MeTA is an effective way of encouraging the state in matters relating to health insurance.**

**In relation to drug importers, a significant few are visibly resistant to their membership in MeTA as they are seen as competing with local Jordanian generic drug manufacturers.** However, most

interviewees cited the absence of drug importers as a serious impediment to MeTA's performance over the long-term since they supply the majority of medicines to the Jordanian market (~70% market share). Stakeholders are of the view that if MeTA continues to exclude drug importers: they will not be committed to any decisions made by MeTA's multi-stakeholder alliance; and that they will not participate in advocacy and other joint activities because their point of view is not being heard. Some stakeholders feel the distinction that has arisen between drug importers and Jordanian drug manufacturers is unhelpful, is affecting drug transparency issues and MeTA's ability to have impact in this area.

All stakeholders who cited drug importers as missing from the multi-stakeholder process felt they had been excluded because of the power held by the Jordanian Association of Pharmaceutical Manufacturers. These stakeholders believe they are excluded because they are viewed as competitors of JAPM. Interestingly, feedback from stakeholders opposed to drug importers joining MeTA acknowledged their absence but they believe they are excluded because the majority of stakeholders do not feel their presence is important. Our assessment does not support this position as our findings show that, of those stakeholders we interviewed, they would like to see drug importers included in MeTA's multi-stakeholder process.

## 7.0 What are the Barriers to Engagement?

MeTA Jordan has worked hard over a relatively short period of time to build its multi-stakeholder alliance, comprising the 3 key MeTA stakeholder sectors. The **Secretariat team is respected and appreciated in supporting the multi-stakeholder process and implementation of an ambitious work plan. There is no doubt that there is considerable passion and commitment to MeTA's agenda from stakeholders.**

Our assessment has shown that stakeholders are thankful for the communication they receive from MeTA and acknowledge that MeTA has significantly improved a collegiate style of multi-stakeholder working by bringing various stakeholders together around one table. For the CSO sector, MeTA has given a voice to some previously unheard groups and is committed to the continued strengthening of this sector through its workplan and activities. Moreover, MeTA stakeholders have high hopes and great faith that MeTA will, given time, have a positive impact in Jordan in relation to essential medicines issues.

**As the multi-stakeholder process continues to develop and grow beyond the pilot phase, addressing barriers to more effective stakeholder engagement ought to be viewed as a priority to prevent damaging the significant progress made thus far.** From the views of stakeholders we interviewed ([Appendix II](#)) and from the one-day stakeholder workshop, we identified some important engagement barriers, together with a series of proposed innovative solutions to address these barriers (See [Section 8](#)).

Various problem statements, complaints and comments from stakeholder interviews were analysed and grouped into 4 thematic areas for stakeholders to further explore during a one-day stakeholder workshop.

The 4 thematic areas included:

1. Erosion of stakeholder trust
2. Ineffective management of MeTA Council Meetings
3. Lack of clarity of decision-making processes
4. Factors limiting stakeholder representation

Stakeholders were assigned to a thematic area during the workshop and instructed in how to analyse associated problem statements with the objective of attempting to better understand causative factors and potential consequences; in both small group-work and in larger plenary sessions.

## 7.1 Erosion of Stakeholder Trust

During stakeholder interviews and from our observations at the Stakeholder Workshop there is an element of considerable disharmony that attacks the very fabric of trust among stakeholders within MeTA Jordan. **The assessment team have heard a number of complaints related to issues of mistrust, some by only one stakeholder and others by a number of stakeholders.**

It is not within the purview of this assessment to verify whether each complaint is indeed accurate, beyond of course our observations of multiple stakeholder accounts. When stakeholders were presented with the range of complaints at the both the Design Workshop and during the Stakeholder Workshop, the complaints were viewed by most as legitimate and familiar.

What is interesting from the viewpoint of the assessment team was the willingness of stakeholders to reveal their disquiet and mistrust, particularly in the confidential context of the stakeholder interviews. In presenting these findings we wish to focus not only on the presenting problem but on understanding the root causes and perceptions that have led some stakeholders to their various conclusions. We would like to further highlight that the erosion of trust issue is not mutually exclusive and has sizeable inter-play with the other barriers to engagement we have identified.

### 7.1.1 Failure to Promote Dialogue

**Around two-thirds of those interviewed expressed concern that Council meetings, rather than being a forum where dialogue is promoted and sought by stakeholders, is oftentimes the centre of considerable disagreement and disharmony between stakeholders, without ample consideration for the resolution of differing viewpoints. Some stakeholders are openly blamed for not listening actively or for being unwilling to accept other people's viewpoints.** This situation is compounded by a perception that Council proceedings are not sufficiently well-managed (Explored further in [Section 7.2](#) below).

The assessment team are fully cognisant that in Jordanian culture, passionate dialogue is a normal part of personal and professional life. In relation to MeTA's multi-stakeholder process, this passion requires careful management to ensure an emphasis on constructive conversations with a focus on the resolution of differences. A failure to do so is leaving stakeholders frustrated, divided and further erodes their trust in each other. **There is a need for MeTA, through the Chair, to be explicit that multi-stakeholder processes are complex and that disagreement will inevitably occur. It is the role of MeTA ultimately to manage this complexity through a continued, structured dialogue.**

The erosion of trust among stakeholders is so considerable that it has led some to the conclusion that the MeTA Jordan Secretariat have a number of 'favourites' or 'friends of the family'; with whom deals are struck outside of Council meetings, and to whom courtesies are extended, for example, international trips. There are also some stakeholders who believe that others are only part of MeTA in order to have such opportunities for foreign travel and to meet with influential people who can further their own self-interests.

### 7.1.2 Loss of Relationship Capital

Since MeTA's inception there has been a reported moderate turnover of stakeholders (c.20%), with new stakeholders replacing old stakeholders without any handover or exchange of information

between them. Indeed during the 2-month assessment period, two stakeholders left MeTA and were replaced by new representatives.

**New MeTA stakeholders require time and patience from others to understand the issues, to get to know their fellow stakeholders and understand current dialogue at Council.** This can often mean that in-coming stakeholders cover ‘old ground’, asking questions that rake up redundant discussions that can, and often do, lead to a resurfacing of old tensions. **High stakeholder turnover is reducing relationship capital and exacerbating loss of trust among stakeholders.**

## 7.2 Ineffective Management of MeTA Council Meetings

All stakeholders, without exception, made reference during their interviews, to a series of issues related to the management of Council meetings and proceedings. The most cited example by stakeholders concerns the management of feedback and comments from stakeholders during Council meetings. **Stakeholders have reported that feedback on agenda items from many individuals can be capacious, devoid of relevant content and as such adds nothing to the on-going discussion. While such feedback is occurring, stakeholders appear to be listening but have disengaged and adopt a passive role; it also acts as a deterrent for some to attend future meetings.**

Feedback can absorb so much time during Council meetings that time for decision-making, usually done at the end of the meeting, is insufficient. There is a palpable tension on this issue between stakeholders who feel time must be given to the thorough discussion and exploration of issues and concerns and those who wish to move the agenda forward and take decisions. The assessment team believe, albeit anecdotally, that the former view is held by older, more influential stakeholders. There is a visible cultural undertone where older stakeholders are reluctant to listen to or accept the views of younger stakeholders and are compelled to extoll their views and opinions however lengthy and whether relevant or otherwise.

The result of unmanaged and unfocused feedback is reduced decision-making time. **Stakeholders have reported that it is common practice to rush through decisions in the final few minutes of Council meetings which stakeholders do not feel comfortable with.** Such rushed decision-making further fans the flames of mistrust with some stakeholders reporting that the Secretariat is taking decisions outside of Council meetings.

With respect to the agenda for Council meetings, stakeholders had two main concerns. The first simply relates to the timing for agenda distribution, with some feeling it is being sent out too late. The other main concern relates to a perception that the Chair does not gain sufficient commitment from stakeholders for agenda items and that this may compound stakeholder participation and decision-making.

**A large majority of stakeholders reported that they are very happy with the communication they receive from the MeTA Secretariat, in terms of supporting Council meeting proceedings; and communication methods such as email, SMS and telephone are used to good effect.** Information to support stakeholders in policy work, decision-making activities, advocacy and general awareness raising through communication products however, has been highlighted as an area for improvement.

Some stakeholders although appreciative of the information from MeTA, in terms of documents attached to Council agendas, feel that this is delivered in a rather raw format. **Some stakeholders believe the information burden to be too onerous and find it difficult to review documents sent by the MeTA Secretariat prior to Council meetings.**

### 7.3 Lack of Clarity of Decision-Making Processes

This section has clear linkages with [Section 7.1](#) and [Section 7.2](#) above and relates to how decisions are made at Council meetings. **Stakeholders reported a general lack of clarity around decision-making processes and several remarked upon the irony that a transparency alliance does not have transparent decision-making processes.**

Although the use of email, SMS and telephone were deemed appropriate communication methods by MeTA's Secretariat, a small number of stakeholders cited these communication methods as being used to exclude stakeholders from decision-making processes. For example, we have been told by 3 stakeholders that on occasion an SMS or phone call will be sent out from the Secretariat, but not to all members. Whether rightly or wrongly, the perception is that those excluded from such communication have been purposely excluded to speed up decision-making processes. This is another clear example of how trust is being eroded among stakeholders.

In a similar vein, **some stakeholders, particularly in relation to the sub-committees, do not fully understand how roles and responsibilities are allocated.** There is a generalised confusion about how activities are allocated and executed with a clear expressed need that greater transparency is desirable in this area.

Upon enquiring with the Secretariat, the assessment team learned that **MeTA Jordan does have a Charter, or set of internal rules, but that these rules are not widely acknowledged or referred to, and do not cover all aspects of Council business.**

### 7.4 Factors Limiting Stakeholder Representativeness

Stakeholders reported two main factors that are limiting representativeness in MeTA's multi-stakeholder process. The first, discussed separately in [Section 6](#) of this report, concerns stakeholders who are considered important but missing from MeTA. **A large number of stakeholders would like to see greater representation from the health insurance and social security sectors, and from those representing private sector drug importers.**

**There is awareness that civil society needs better representation within MeTA and this is being addressed through the actions of the CSO Capacity Building Sub-Committee.** Greater representation from Patients' groups was felt by one stakeholder to be an important consideration in this area.

The second issue that is limiting representation concerns stakeholders who represent more than one stakeholder group on the MeTA Council. For example, consider a private sector pharmacist who is a member of a professional association, but who claims to represent civil society. Or a private doctor

who is also employed by the Government and hence represents the public sector. **Stakeholders who wear multiple hats cannot adequately represent the views and needs of stakeholder groupings as diverse as commissioners, consumers and private distributors of medicines.** The problem of variable representation is particularly acute in the civil society stakeholder group of MeTA.

## 8.0 How can Barriers to Engagement be Overcome?

*This section interprets the findings from the various phases of the Component 3 Baseline Assessment and distils them into a series of key recommended changes designed to improve information exchange and enhance MeTA's multi-stakeholder processes.*

Erosion of trust if left unchecked will substantially undermine MeTA's multi-stakeholder process. Tackling this issue has no easy solution and will require careful consideration and handling. It must further be appreciated that it will require sustained and long-term commitment from all stakeholders. But it must not be forgotten that substantial trust still exists among stakeholders and hence it can be strengthened over time. **The assessment team witnessed a great deal of passion from many stakeholders who, although frustrated by the multi-stakeholder process at times, are highly committed individuals who believe in MeTA as a force for positive change in Jordan.**

Despite the erosion of trust issue being a complex problem to address, there are a number of other constraints that are seriously compounding this problem that can be addressed more readily. These additional constraints relate particularly to a practical range of measures that can improve the management of Council meetings and help to rebuild faith and trust in the MeTA multi-stakeholder process.

An overwhelmingly popular suggestion from stakeholders to hold a series of training sessions on communication and team-building makes for a good starting point in this on-going process.

### **Key Recommended Change #1**

Provide all MeTA Stakeholders with communication training for effective meeting management that is focused on team-building.

**The provision of leadership training for MeTA's Executive Committee is another measure that can enhance effective leadership of the MeTA multi-stakeholder process; equipping MeTA's leaders with a range of key skills for promoting dialogue and managing a series of complex and often competing interests.**

### **Key Recommended Change #2**

Enhance MeTA's leadership through leadership training for all Executive Committee members.

The provision of leadership training however is only one part of the solution. **MeTA's leaders, particularly the Chair, must be given the mandate to govern and lead the MeTA multi-stakeholder process,** but this mandate can only be bestowed by MeTA's stakeholders in agreement.

The assessment team understands that the position of public office is an important factor in Jordan, and indeed in other countries, when it comes to expressing authority. In MeTA Jordan, a number of high-level, particularly Government sector stakeholders, sit on the Council who hold a similar level of authority in public life as the MeTA Council Chair. This can make it difficult for the Chair to exert a level of leadership that may be construed as disrespectful to colleagues. However without strong leadership the current multi-stakeholder process is under threat.

#### **Key Recommended Change #3**

MeTA Stakeholders acknowledge the leadership role and responsibilities of the MeTA Chair and give the Chair the unreserved mandate to lead the multi-stakeholder process.

MeTA Jordan has developed a document that encapsulates the spirit of MeTA and sets out a series of protocols that relate to how MeTA conducts its core business. However it is clear that this internal 'set of rules' has not been well profiled among Council members and is in need of updating and review to ensure that decision-making processes and the allocation of roles and responsibilities are well understood by all.

#### **Key Recommended Change #4**

Review and update MeTA's internal 'set of rules' to clearly articulate how roles and responsibilities are allocated and how decisions are arrived at.

Given MeTA stakeholders are often very senior individuals this can lead to a high turn-over of stakeholders on the MeTA Council, as these individuals are reassigned or change office/organisation. This high turnover is blamed for a loss of relationship capital among stakeholders which can lead to an erosion of trust.

There are two pragmatic steps that can be taken to minimise this effect over time. The first is to appoint a *MeTA Knowledge Manager* from within the offices of high-level stakeholders. The *MeTA Knowledge Manager* should not be someone of similar high-level standing and preferably be someone with a permanent role who has retained their position for some time. It would be the *MeTA Knowledge Managers'* responsibility to pass information from out-going stakeholders to new stakeholders from within their sector, e.g. public sector.

Another pragmatic step to minimise the impact of new stakeholders joining MeTA could be the provision to new members of a simple induction pack that includes MeTA's internal 'set of rules', MeTA's workplan, previous minutes and other relevant information.

#### **Key Recommended Change #5**

Appoint sector-specific Knowledge Managers for high-level stakeholders and consider nominating alternate representatives to provide continuity to MeTA's multi-stakeholder process.

#### **Key Recommended Change #6**

Develop an induction pack for new MeTA stakeholders to include a copy of MeTA's internal 'set of rules'.

To support stakeholders' engagement in Council meetings the MeTA Secretariat should endeavour to disseminate agendas up to two weeks in advance of Council meetings. Having dedicated Council meeting dates and times, for example, the last Wednesday in every month can help with timely distribution of the Council agenda.

Furthermore, in a covering email the Secretariat should attempt to highlight and draw stakeholders' attention to any important content that may require their priority attention. The Secretariat may also like to consider producing a summary of actions, distilled from minutes or other documentation that can facilitate stakeholders' information needs succinctly.

#### *Key Recommended Change #7*

MeTA Secretariat to disseminate Council Agenda up to 2 weeks in advance of a Council meeting with Council meetings set in advance at regular dates and times.

#### *Key Recommended Change #8*

MeTA Secretariat to provide stakeholders with targeted briefings, highlighting important action points and issues succinctly to meet stakeholders' information needs.

Our findings have shown that some important stakeholders are considered to be 'missing' from the MeTA multi-stakeholder process; including the health insurance/social security sector and drug importers. Therefore, based on these findings and recommendations from stakeholders we suggest **the Council should give consideration to reviewing its current membership to assess the advantages and disadvantages of expanding the current multi-stakeholder alliance.**

#### *Key Recommended Change #9*

MeTA Council to review its current multi-stakeholder membership and fully explore the advantages and disadvantages of expanding the current membership in a transparent and inclusive way.

Finally, to address the diverse information needs of stakeholders, **consideration should be given to the allocation of resources to develop a regular bulletin/newsletter and user-friendly website-** designed with stakeholders in mind- which highlight latest news and developments from the field and that are directly related to medicines policy issues.

#### *Key Recommended Change #10*

Allocate resources to the development of a user-friendly website and regular bulletin/newsletter which highlights latest news and developments from the field and is directly related to medicines policy issues.

# 9.0 Appendices

## Appendix I Design Working Group Stakeholders

Dr. Rania Bader	MeTA Local Consultant
Dr Abdel Fattah Kilani	Jordan Association for Consumer Protection
Dr Hanan Sboul	Jordan Association Pharmaceutical Manufacturers
Dr Lama Hmoud	Pharmacy Department – MOH
Dr Mu'men Al Hadidi	Jordan Medical Association

## Appendix II

### List of Stakeholders Interviewed during Phase B

1. Dr Abdel Fattah Kilani	Jordan Association for Consumer Protection
2. Dr Maisa Al Saket	Joint Procurement Department
3. Dr Salah Qammou	World Health Organisation
4. Dr Lama Al Hmoud	Pharmacy Department - MOH
5. Dr Taher Shakhsher	Pharmacists Union
6. Dr Ibrahim Al Abbadi	Jordan University
7. Dr Mu'men Al Hadidi	Jordan Medical Association
8. Dr Iman Ghalayini	Directorate of tenders and supply / University of Jordan Hospital
9. Dr Hanan Sboul	Jordan Association Pharmaceutical Manufacturers
10. Dr Izdehar Besharat	MOH/ department of supply and purchase

## Appendix III

### Output from Stakeholder Workshop

#### Group 1: Erosion of Stakeholder Trust

**The group defined the core problem as:**

*“Reports of distrust and disharmony at council meetings”*

**Causes:** personality; different interests; hidden agendas; different backgrounds of member’s; competition of council members on public positions; subjectivity rather than objectivity; lean leadership; authority of the leadership; equal positions within the governmental sector; social culture.

**Effects:** losing time; unclear decisions; deviation from main objectives; losing presentation from: some stakeholders

**Innovations:** Objective is to enhance trust and harmony by: training members; enhance common vision of the objective this may involve compromise; increase transparency; enhance implementation of rules and regulations of conducting council business; build more powerful leadership through leadership training; increase accountability of leadership while ensuring they have power and authority; set clear transparent guidelines that manage activities, involving members in achieving tasks; Link between the organisational mission and MeTA objectives; objectives of MeTA should be common to all; raise awareness towards objectives; training on communication skills and team building activities to build trust.

**Plenary:**

1. Trust can be built with time.
2. Some council members are nominated by their stakeholder sectors. There is a high turnover of council members and this leads to a loss of relationship capital and knowledge management.
3. Given that so few people are taking part in the workshop there is maybe less meaning for the solutions that we are identifying. We should have such meetings outside of Amman.
4. The leadership is the main problem. The leadership should be changed regularly and rotate this position.

**Members:** Dr. Ibrahim Abbadi; Dr. Iman Ghalayini; Dr. Tamer Obiedat; Dr. Rania Bader

## Group 2: Ineffective Management of Council Meetings

### The group defined the core problem as:

*“Meetings often have lengthy and unfocused feedback and discussions which frustrates stakeholders and compacts the time available for decision-making”*

**Causes:** Inability to both disagree and respect others point of view and progress towards shared goal; commitment- members less committed to process and/or do not devote time to read material and prepare beforehand; lack of adherence to the agenda; lack of proper time keeping for speaker; interruption of speaker (for personal issues); generation gap; material language; some key stakeholders not there to begin with and therefore do not contribute to proper discussion; lack of technical feedback from stakeholders (GovT) that would provide essential input for appropriate discussion; differing backgrounds in terms of knowledge and expertise; lack of proper time keeping for topics; some disagreement within the same sector (entity)

**Effects:** Decisions are made without appropriate discussions (immature decisions); important decisions are not reached; progress not made towards goals; erosion of trust; priority to key areas not given (quality for example); aspects and dynamics of important issues not fully understood from differing points of view; events are decided without people’s full awareness.

**Solutions:** Aim Make meetings proceedings more precise and focused. More concise and brief materials; appoint/rotate responsibility for detailed study of material to be summarised to council; chairing person keeps time and time distribution should reflect priority and importance- gives microphone to speaker- allows fair time and turn; assign technical duties to appropriate sources which empowers stakeholders- appropriate language; sector synchronisation prior to committee meetings especially regarding key issues; training in communication and listening skills; assign topics appropriately based on background and experience.

### Plenary Session:

1. When disagreements happen it is hard to move forward from this point- we go in circles and do not move past the disagreement.
2. Secretariat does not get feedback regards how information is sent out and whether it is useful or in a useful format. Please encourage two-way information.
3. There is often so much information it would be useful to have a classification or ranking system for information that is sent out from the Secretariat. Some form of summarising would be useful.
4. We are always late and we never start on time- this creates a pressure within the meeting. It is well known that we have an agenda and a number of important points to cover; if we could review agenda points in terms of importance.

**Members:** Dr. Sana Gammoh; Dr. Salah Gammouh; Dr. Mumen Al Hadidi; Dr. Abdel Rahim Ma’yah

### Group 3: Lack of Clarity of Decision-making Process

The group defined the core problems as:

*“Some stakeholders feel they have no influence in the council”.*

**Causes:** Representation is limited to one person with no substitute; there is frequent change of new representatives; lack of commitment to attend meetings; lack of sufficient attention from some members to prepare for meetings or agendas are too late to allow for adequate preparation; some members are not fully knowledgeable of other sectors of MeTA; some members have a strong influence over the council and secretariat; Some people feel that any decisions are put in the drawer and nothing will happen so people stop making contributions as they do not see any impact, and hence there is no impact on the sector; it is hard for some stakeholders to defend MeTA decisions if they have not been involved in making those decisions.

**Effects:** decisions taken by the council do not positively impact the council; dominance of individual’s point of view of the council; decisions taken lack the view of other stakeholder sectors; frustration of some members; unable to defend MeTA’s decisions at the sectors it represents; decisions made are hard to implement in various sectors

**Innovations:** Develop an alternate delegate list and that delegates are properly briefed; have a regular meeting date and time (fixed meeting schedule) so that it is known by all, this will help to know when alternate delegates should attend; Set SMART objectives that are realistic and attainable; need for an executive level committee (higher committee) to take decisions and put them into action; send agenda out at least 2 weeks before council meetings; putting an internal regulation to evaluate the members through different standards. we should find a way to raise interest in members, if they are not actively participating, why? Can we work with them to get feedback? Maybe they are not the suitable person? There should be documents about each sector to raise awareness among all stakeholders and have this on the MeTA website. Stakeholder sectors could present at council meetings to provide an update from the sector, just a brief 15 minutes; create and define some mechanisms to take decision within the byelaws

**Plenary:**

1. The issue of using a higher level executive committee to make decisions and drive through action was not received well. Some felt that such committees already existed and that you should not try to create a parallel structure. Others said it was illegal under the byelaws to do this. Others said that they could ask the steering committee to take on this role.

**Members:** Dr. Hanan Sboul; Dr. Khalil Bajes; Dr. Reem Habahbe; Dr. Izdehar; Dr. Tasiseer Malkawi

#### Group 4: Factors Limiting Representativeness

The groups defined the core problem as:

*“Some stakeholders are not represented”*

**Causes:** MeTA project is a new idea; lack of a clear vision led to some stakeholders not being represented; limited council formation; conflict of interest; financing; time constraints; some council members represent more than one sector; the internal regulations lack a provision dealing with having more than one member representing more than one sector

**Effects:** weakness in adapting the project discussions; weak achievement of the project objectives; absence of a comprehensive discussion that reflects the full picture; lack of effective co-operation from unrepresented entities; weak performance of council

**Innovations:** AIM “Representation of all stakeholders”. Update and continuously revise the bylaws; members must not represent more than one sector; develop a COI management systems; review the system for council meetings (currently monthly and makes it difficult for busy high level people to attend).

**Plenary:**

1. As long as COI are declared this shouldn't be a problem. We should not have a clause in the bylaws that prevents stakeholders from representing more than one sector.
2. No! People should only represent one sector- they should not represent double.
3. The key is how to manage the COI, as there will always be some conflict of interest.
4. Is the number of members an impediment to MeTA Council progress? The more members the harder we find it to make decisions. But if there are clear byelaws this can be appropriately managed! All the parties should be represented whatever the number. In the Philippines they have 30 members and they meet every 2 months.
5. There are a lot of gaps in this project. I thought I would come to a project that has been working for 2 years to see results and outputs. I am new to the project but there is little outcomes.
6. The issue of trust takes time and the process is difficult. There is also a difference between outputs and outcomes. We are still at pilot phase so there are few outcomes but many outputs. So you will see outcomes in time. This is only your second meeting and you do not know all the facts about the project.

**Members:** Dr. Wafa Al Nsour; Dr. Abdel Fattah Alkilani; Dr. Lama Al Hmoud; Dr. Abeer Rabaya; Dr. Ahmed Barmawi