THE ECOSYSTEM OF EVIDENCE

Navigating the future
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Artificial intelligence and digital transformation
in research and healthcare

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Implementation of Chronic Respiratory Diseases Guidelines in Primary Health Care in Jordan

Lessons from a Lower-Middle-Income Country

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Background

A significant burden meets structural barriers in primary care

The MOH is the largest PHC provider in Jordan

3.9% of total mortality due to CRDs, particularly asthma and COPD (MOH, Jordan Mortality Report, 2024)

~50% smoking prevalence among adults (Jordan Adult Tobacco Survey, 2025)



The need: not only adapted clinical protocols, **but also strengthened implementation mechanisms**

Aims

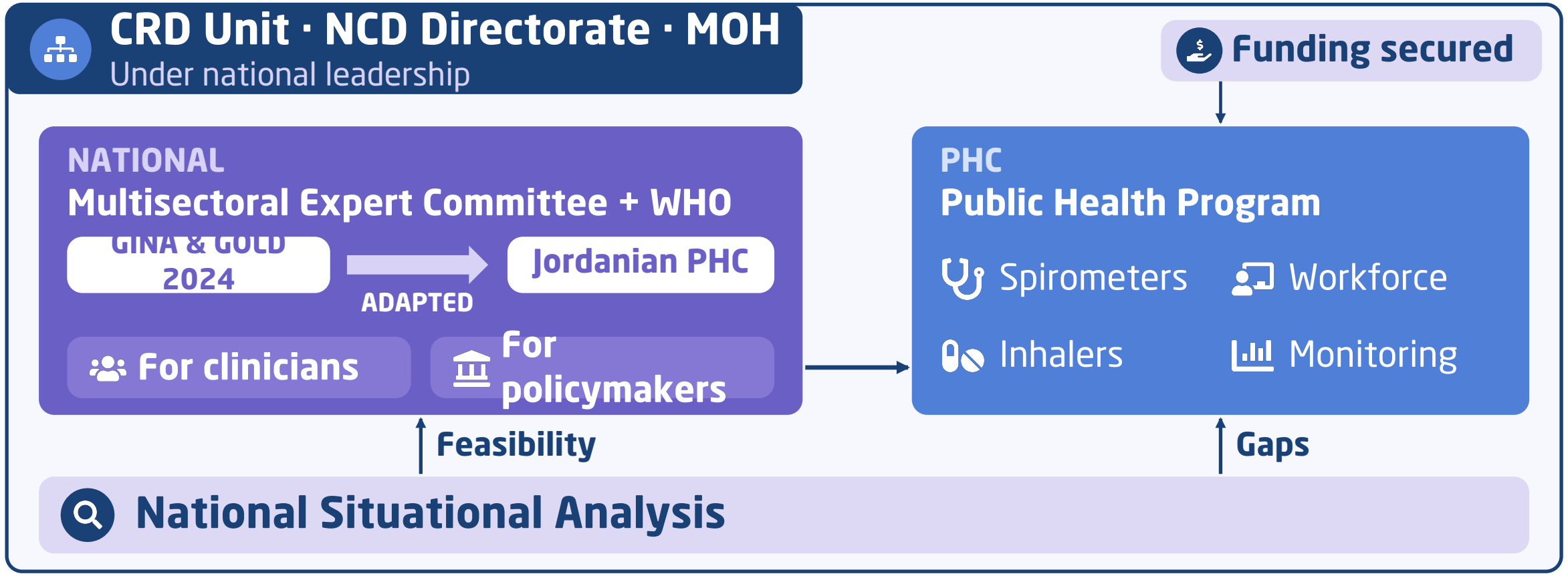
Develop and implement national clinical practice protocols for adult asthma and COPD

Strengthen health system capacity to support effective service delivery

Effective service delivery at the PHC level

Methods

From adapted guidelines to a public health program in PHC



Methods

Guideline adaptation: how the national protocols were built



Guideline committee meeting, WHO Jordan office

National Expert Committee
MOH, military services, university hospitals, private sector & WHO

Chair
NCD Director: administrative role, settles disagreements only

Expertise
4 pulmonologists, 2 pharmacists & a GP
+ **2 family physicians** (INGUIDE-trained methodologists with PHC experience)

Expert Consensus
Guided by GINA/GOLD 2024 and the MOH & WHO essential medicines list; pragmatic and feasible for PHC

WHO Collaborating Center for Research & Training in CRDs, MOH-Oman
Partner from the start to validation

Format
Institute of Public Health template, easy to read for providers

TWO SETS OF RECOMMENDATIONS, FROM THE START

For clinicians | **For policymakers**

Start Q2 2024 › **Drafting** ~4 meetings / topic › **Validation** WHO: country, regional & HQ › **Stakeholders** Feasibility meeting › **Launch** Nov 2025

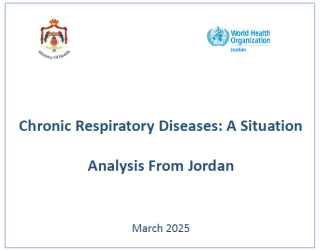
Results

CRD Unit 2024

Monitoring Dashboard

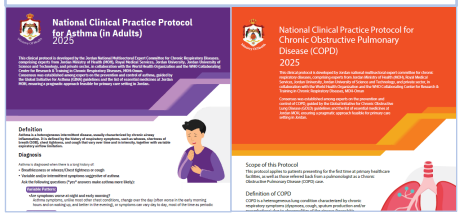
- Surveillance
- Performance indicators

Situational Analysis



Guideline Development

Centers with or without spirometry



Securing Funding

- MOH budget
- Donors: WHO, EU, MDA, WB, AECID

Spirometer Procurement

- 12 devices · 3 governorates: secured
- 120 more PHC centers: underway

Workforce Capacity

- 8 training sessions
- Respiratory therapists: under discussion

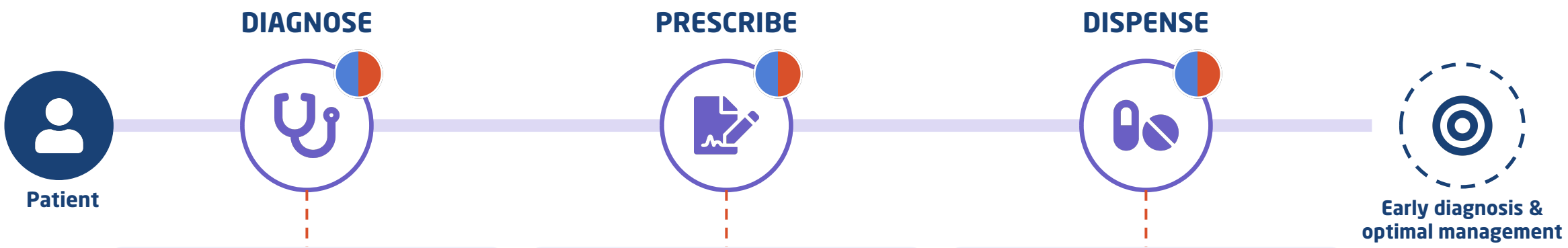
Inhaler Policy

- Inhaler quantity: adjusted
- Prescribing authority: under discussion

Limits

Progress made, challenges remain

Progress made · challenge remains



REMAINING CHALLENGE

Persistent absence of respiratory therapists within PHC facilities

REMAINING CHALLENGE

Restrictive dispensing procedures

REMAINING CHALLENGE

Medication quantity and supply chain limitations

These factors may affect the **pace and uniformity** of protocol adoption

Conclusions

Strengthening CRD care in Jordan required moving

beyond guideline adaptation → **toward system-level implementation**

PLAYED A CRITICAL ROLE IN

Unified leadership

- **Establishing institutional structures**
- **Mobilizing resources**
- **Translating clinical evidence into actionable policy decisions**

FACILITATING PROGRESS IN

- **Diagnostic capacity**
- **Workforce development**
- **Service delivery**

A practical model for integrating evidence-based chronic disease management within primary health care systems