

## CSEM\_ Ethiopia Country Consultation Report facilitated by Mathiwos Wondu -YeEthiopia Cancer Society (MWECS)

<b>Date of consultation:</b>	<b>22/07/2022</b>	<b>Lead organization:</b>	<b>Mathiwos Wondu -YeEthiopia Cancer Society(MWECS)</b>
Number of focus group participants:	03	Provide description of make-up for the focus group	CSO, Patient Care giver, Volunteer, Youth representatives, health professionals Community members and leaders, CSO advocates involved in global, Adolescents and young people, Marginalized (people with disabilities, women and girls, elderly, patients etc., physicians and researchers, Community health providers
Facilitator(s): (Name, Organization)	Wondu Bekele, wondub@mathiwos.org ,MWECS Zelalem Mengistu,zelalemm@mathiwos.org, MWECS	Note Taker(s): (Names, email addresses)	Group I. Temesgen Sileshi, temesgens@mathiwos.org Group II Betelehem Moges Group III. Michael Abiyu, <a href="mailto:Michaela@mathiwos.org">Michaela@mathiwos.org</a>
Number of breakout rooms:	03	Composition of breakout rooms: <b>Group I (categories 1 and 2, 9)</b> <b>Group II (categories 3, 4, 5; 9)</b> <b>Group III (categories 6, 7, 8; 9)</b>	Group 1- CSOs, women, Youth and Girl, patient care givers Group II. CSOs, Youth and Girls Group III. CSOs, women, People with Disability Youth and Girl, patient care givers

<b>Required Questions<sup>1</sup></b>	<b>Questions</b> <i>(Please edit to reflect what was shared by facilitator)</i>	<b>Summary points</b> <i>(Please summarize the conversation in 4-5 bullet points)</i>	<b>Notable quotes</b> <i>(Please include who spoke, i.e. -Health worker primarily serving women with disabilities)</i>
1	Does your government have a coordination government agency/mechanism/department that engages across sectors for the specific purpose of improving health or advancing UHC? If so, how well is this	<i>-In Ethiopia Multisectoral coordination mechanisms are available towards engaging across sectors to improve health . As far as UHC concerned it needs further improvement to meaningfully achieve the expected results.</i>	<i>-CSOs “applauding on a single hand, never shout loud!” “The existence of such comprehensive engagement can solve bottle necking health problems through mobilizing resources and shared assignments.”</i>

	mechanism or department functioning?	<p><i>-The presence of doable mechanisms can bring communal synergy among different sectors for positive outcomes on health</i></p> <p><i>-Strong coordination mechanisms will never be achieved by the government struggles alone rather the collaborative engagement of CSOs are also required.</i></p>	
2	If you primarily conduct health advocacy, have you engaged with other government ministries or departments beyond health in your advocacy efforts? How so?	<p><i>- health advocacy is being done such as with the Ministry of Education on healthy school life.</i></p> <p><i>- diverse government sector office involved on tobacco control.</i></p> <p><i>- advocating and working with the Ministry of Women and Social Affair, Ministry of Finance and Economic Development and Ministry of Agriculture to rescue women, girls, children, and other vulnerable community groups from multiple victimizations.</i></p> <p><i>-Incorporate advocacy as cross cutting issues on various project management cycles.</i></p>	<i>-A CSO representative "if you have no agreement let alone advocacies even not allowed to give awareness sessions for their employees."</i>
3	<p>a. Which groups of people in your country struggle to gain access to health services? What are the main barriers for them to access health services?</p> <p>b. Considering the needs of the groups identified above, what are the specific health services that are under-prioritized?</p>	<p><i>-among other destitute people, rural people, people with disabilities (cross-disabilities), PLWHIV and cervical cancer patients, addicted persons, non-beneficiaries of Community Based Health Insurance/CBHI, homeless people, internally displaced people, Orphans, and Vulnerable Children (OVC), NCD patients and patients with life threatening conditions.</i></p> <p><i>-Unable to pay for essential health services, lack of accessibility and availability due poor infrastructure and distance, lack of awareness, social stigma against the patient and families, poor health service provisions, inadequate number of well-trained health</i></p>	<i>-One of the CSOs' participants "drugs, medical equipment and other supplies are inadequate. Even, a single glove are not mostly available in most health facilities. Doctors themselves started pushing to pray to God for mercy." Another discussant "as whole, the health service sector is lacking adequate attention."</i>

		<i>professionals are stated as main barriers for them to access health services.</i>	
4	Do you feel that UHC laws/policies/strategies that exist in your country are being adequately implemented?	<p><i>-It's not adequate due to health insurance coverage, there is still lack of access and availability issues</i></p> <p><i>-Less work in familiarizing the community of country's UHC</i></p> <p><i>-UHC is all about equitable access to all but there is disparity due to lack of equity. E.g people with disabilities</i></p> <p><i>-health spending is based on foreign donors and with low government spending</i></p>	<i>"As compared to other sectors, the government's funding on the health sector is very low." Quote by civil society organizations representatives.</i>
5	Do you know of any accountability or monitoring mechanisms for UHC in your country? If yes, please explain your answer.	<p><i>- National Health Account (NHA) shows expenditure report every 5-year.</i></p> <p><i>-Every year there's a report in the parliament by the standing committee.</i></p> <p><i>-There is also a national survey and mechanisms for tracking and monitoring.</i></p>	
6	<p>a. Do you think that health services in your country are of good quality? Can you elaborate and give examples?</p> <p>b. What health services and what communities/population groups experience the gaps in quality?</p>	<p><i>A. There is work towards quality service provision. ex the country's health transformation(HSTPI,II).</i></p> <p><i>-In terms of supply, access, manpower, health facility, there isn't adequate quality but still there is improvement.</i></p> <p><i>-Professionals are not properly being trained and health facilities are not properly built and managed</i></p> <p><i>B. The majority vulnerable groups are women and children, internally displaced people, disabled people, mental health patients , people living with immune compromising disease.</i></p>	<i>B. "The major problem in terms of gap in the health care service is the lack of prioritization of health issues from the government." Quote by civil society organizations representatives.</i>

7	Where do you think your government should be spending more in terms of achieving UHC?	<p><i>-Health promotion and prevention</i></p> <p><i>-Health financing.</i></p> <p><i>-Supply management.</i></p> <p><i>-Health service quality.</i></p>	<p><i>"The government should work towards creating a resilient health care system that can withstand any type of challenges." Quote by civil society organizations representatives.</i></p>
8	<p>a. At the national level: are there opportunities for people, civil society organizations, and the private sector in your country to be engaged in planning, budgeting, monitoring, and evaluating the health sector?</p> <p>If so, what are those opportunities and are they effective and efficient for the engagement of civil society, in particular, of the most vulnerable and marginalized populations and communities?</p> <p>b. At the community level: Are communities engaged in local level health planning, budgeting, and accountability processes? If so, how are they engaged?</p>	<p><i>-There are opportunities, but level of engagement and participation is limited among sectors</i></p> <p><i>-The community doesn't have awareness. Even if they know that there are opportunities their interest is minimum to engage in such kinds of platform because they don't think that their engagement doesn't have an impact.</i></p> <p><i>-There isn't good structure at the grass root level and opportunity for marginalized group to engage</i></p> <p><i>-Civil societies are more engaged than the other sectors but still the engagement is minimum. Civil society will engage in policy making from the initiation of the policy till its implementation</i></p> <p><i>-Even if there is a structure, there is a problem of being accountable</i></p>	<p><i>"I don't know if there is such a platform in the country that will allow people to engage such kinds of opportunities".</i> Youth Participant</p> <p><i>"Information circulated with media is minimum to engage communities in public hearing at the parliament which will not enable the community to know anything about such opportunity".</i> Participant from CSOs</p> <p><i>"..... engaged in the designing, developing till the final stage on the proclamation of Tobacco and Alcohol control in the country and is also engaging in the implementation of this proclamation" said the participant from CSO.</i></p>
9	<p>a. Can you identify some of the major challenges for women and girls in their access to health services?</p> <p>b. What kinds of health services are most challenging for women and girls to access?</p> <p>c. What are the primary challenges to access health care services for individuals who are non-binary?</p>	<p><i>-Low awrness of women on the primary health care service as they are more focused in their house chores and taking care of their children.</i></p> <p><i>-Economic and time freedom to access some of the health service is very low to women. They are more dependent on their husbands.</i></p> <p><i>-Some of essential women health service is provided by male health provider some health facilities deter access.</i></p> <p><i>-Very low awrness of husbands on the importance of making their wives chose and access health service freely.</i></p>	<p><i>"There was a woman in my community who were given implant but didn't know that she was implanted" said the patient caretaker.</i></p> <p><i>"Cervical cancer screening is given by Male Provider in one health facility in Eastern part of the country which inhibited the mothers to go to the health facility and get screened "</i> Said participant from CSO.</p> <p><i>"We don't know the importance of making our wives screened for breast or cervical cancer until today. We want and love our wives to be healthy and safe because we are nothing without them. So, improve such kinds of awareness creation sessions to other part of the community" said participant from CSO that he heard it from community member".</i></p>

10	<p>a. How has the primary health care system been affected by the ongoing COVID-19 pandemic?</p> <p>b. How do you think that PHC can be improved/evolved to be better prepared for future pandemic and other health emergencies?</p>	<p>- PHC Services were highly affected including delivery, TB &amp; HIV and Immunization. Priority was given to COVID. There was a shift of manpower and financial allocation to COVID-19 which affected other services. Emergency handling of the PHC facility were severely compromised because of lack of resources.</p> <p>-Drug availability decreased for major health services at the PHC. It also increased Non-Adherence to ART and declined FP service</p> <p>-Different emergency preparedness activities should be strengthened.</p>	<p><i>"I saw research that shows how the service provision of TB is back to couple of decades in the country due to COVID-19"</i> said participants from CSO.</p>
11	<p>Is there another element of UHC and the distribution of health services in your country that was not covered in the discussion today?</p>	<p>-Volunteerism should be strengthened.</p> <p>-Financing the PHC through different mechanisms are very important such as through taxes collected from alcohol and tobacco, CBHI strengthening.</p> <p>-Multisectoral cooperation.</p>	

#### ADDITIONAL/OPTIONAL QUESTIONS AND COMMENTS

#### CATEGORY 1: ENSURE POLITICAL LEADERSHIP BEYOND HEALTH

	<p><b>Questions</b> <i>(Please add the optional questions or other prompts shared by the facilitator)</i></p>	<p><b>Summary points</b> <i>(Please summarize the conversation in 4-5 bullet points)</i></p>	<p><b>Notable quotes</b> <i>(Please include who spoke)</i></p>
1	<p><i>During the COVID-19 pandemic, has your government made UHC a high priority?</i></p>	<p><i>-All health services were stacked and disrupted in an instant.</i></p>	<p><i>One of the FGD participants stated "COVID-19 pandemic was panicked both the government and general public equally."</i></p>

**CATEGORY 6: MOVE TOGETHER**

	<b>Questions</b> <i>(Please add the optional questions or other prompts shared by the facilitator)</i>	<b>Summary points</b> <i>(Please summarize the conversation in 4-5 bullet points)</i>	<b>Notable quotes</b> <i>(Please include who spoke)</i>
1	Are there civil society forums or constituencies in your country to engage with decision-makers on health-related issues? If so, how well does the existing civil society coordination function and what can be improved?	-There are consortiums that will inform their member organizations to participate in different decision-making platforms. -Government should give more priorities to such kinds of consortiums.	

**CATEGORY 9: LOOKING TO 2023**

	<b>Questions</b> <i>(Please add the optional questions or other prompts shared by the facilitator)</i>	<b>Summary points</b> <i>(Please summarize the conversation in 4-5 bullet points)</i>	<b>Notable quotes</b> <i>(Please include who spoke)</i>
1	<i>What is the main request you have for your Head of State about the state of health care (access, quality, and cost) in your country?</i>	<i>-Increase accessibility and availability, multisectoral approaches, compensations and inject more money on the health sector to fulfill the promise in Abuja Declaration.</i>	
2	<i>What is one message you would share with world leaders at the United Nations if you were the Head of State presenting the state of health care in your country?</i>	<i>-We need remarkable commitment and political leadership in line with UHC and SDG. -Without healthy people prosperity will never be ensured.</i>	

**Any other comments/notes from participants on the state of UHC in their countries:**

- Sound interventions on NCDs prevention and control from money generated from sin-taxes such as tobacco, alcohol etc.
- Palliative care services are still in their embryonic stage and the government shall invest more on it.