

Jordan Focus Group Results & Key Findings

**Support for Conducting State of UHC Commitment Focus Groups
on behalf of the Civil Society Engagement Mechanism for UHC2030 (CSEM)**

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15 SEPTEMBER 2022

Acronyms

CBO	Community Based Organisation
CSO	Civil Society Organisation
CSEM	Civil Society Engagement Mechanism
FGD	Focus Group Discussion
IFRC	International Federation of Red Cross and Red Crescent Societies
MoH	Ministry of Health
NGO	NON-Governmental Organization
SoUHCC	State of the UHC Commitment
PMNCH	Partnership for Maternal, New-born & Child Health
UHC	Universal Health Coverage
United GMH	United for Global Mental Health
UN HLM	United Nations High-Level Meeting

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1. INTRODUCTION

In 2022, the Civil Society Engagement Mechanism for UHC2030 (CSEM) is collaborating with civil society organizations to conduct Country Focus Groups (country consultations) for the UHC2030 State of the UHC Commitment (SoUHCC) Review. The focus group will draw together civil society and communities at the country level to capture insights on progress made toward universal health coverage (UHC) in the country and the lived experiences of end users. The results will serve as key inputs to the SoUHCC report as well as broader advocacy for UHC ahead of the 2023 United Nations High-Level Meeting on UHC.

2. METHODOLOGY

A single methods approach was used for the purpose of this evaluation. Data collection tool comprised of qualitative survey questionnaire represented through focus group discussion. More specifically, in Jordan, data collection has involved:

1. In-depth focus group discussion with community, civil society organizations and non-Governmental organizations members:

The focus group discussion is being conducted with 10 participants (both Males and Females) from communities, civil society organizations and non-governmental organizations to explore their views, opinions, stories, experiences and perspectives to track progress of UHC implementation at the country level and to know. They have been selected using random stratified sampling techniques and are segmented by location, age, and nationality. This interview is being conducted beginning the week of 3 September 2022.

SUMMARY: STATE OF THE UHC COMMITMENT REPORT COUNTRY FOCUS GROUPS	
Format	Structured as a focus group where a facilitator will pose questions to stimulate and direct the conversation but should allow participants time and space to give their personal accounts related to UHC in their countries. These consultations was done in-person (following local COVID-19 protocols).
Objectives	<ul style="list-style-type: none">• Provide input into the State of UHC Commitments review and country profiles

	<ul style="list-style-type: none"> ● Track progress of UHC implementation at the country level by capturing the stories, experiences and perspectives of civil society and communities ● Understand which populations have been most left behind and challenges to accessing quality healthcare ● Engage civil society and communities to build momentum for the 2023 UN HLM on UHC, including by contributing to the key asks for political leaders ● Build/strengthen in-country coalitions of health advocates
Primary Output	<ul style="list-style-type: none"> ● Focus group summary report <ul style="list-style-type: none"> ○ To be submitted to the CSEM Secretariat no later than 2 weeks after the date of the consultation
Outcomes	<ul style="list-style-type: none"> ● Civil society input in the State of the UHC Commitment report ● Awareness raising and mobilization of civil society for the 2023 UN HLM on UHC ● Global civil society synthesis report and/or other summary of results for advocacy and knowledge-sharing in the lead-up to the 2023 UN HLM on UHC ● Regional reports or country sheets by partners, as appropriate
Partners	CSEM, APCASO, UNAIDS, International Federation of Red Cross and Red Crescent Societies (IFRC), NCD Alliance (NCDA), United for Global Mental Health (UnitedGMH), Stop TB Partnership, Réseau Accès aux Médicaments Essentiels (RAME), Partnership for Maternal, Newborn & Child Health (PMNCH), Save the Children, and country partners
Duration	2.5 Hours
Facilitators	There was one lead facilitator and 1 additional co-facilitator. The lead facilitator facilitated the plenary and one break-out session. The co-facilitator was helping to facilitate the session. Facilitators were selected locally and facilitated the sessions in their local language.
Participants	<ul style="list-style-type: none"> ● Community members and leaders ● Civil society advocates involved in global, regional and country level advocacy ● Community health providers
Methodology	<p>Opening: The lead facilitator began the consultations with a short presentation on UHC2030, CSEM and the State of the UHC Commitment report to ensure all participants understand the origin and background of the activity. The lead facilitator made sure that the purpose and objectives of the consultation were very clear to all participants. The lead facilitator started the agenda for the consultation and allowed for any questions from participants. The lead facilitator reminded the participants that their identity will remain anonymous.</p> <ul style="list-style-type: none"> ● All participants were grouped in one session in order to discuss about all category's questions listed in the guiding questions template. The lead facilitator facilitated the questions with the proper sequence. The nine categories in the guiding questions are: seven Key Asks from the 2019 United Nations High-Level Meeting (UN HLM) consultations, emergency preparedness, and priorities for the next UN HLM in 2023. Under each category, there are questions marked required as well as

	<p>additional optional questions that may be adapted or used as time allows. Lead and support partners should discuss these questions in advance with the facilitators. Each break-out group will have its own note-taker (See template in Annex VI).</p> <p>Participants were given the opportunity to comment on the main points/conclusions. Interaction was positive and productive among all categories.</p> <p>Closing: The facilitator summarized all key takeaways and ways to be in touch.</p>
In advance of meeting	<ul style="list-style-type: none"> ● Set up the appropriate venue/zoom invitation ● Send invitations and reminders to relevant civil society participants ● Train the lead and co-facilitator on the methodology ● See Checklist in the Annex for specific steps

3. KEY FINDINGS

This report has organized the data collected so far as preliminary key findings.

The main findings from data generated by the focus group discussions are summarized below. The consultation brought about valuable information also in terms of current challenges and daily concerns of state of the Universal Health Coverage in Jordan. In terms of UHC progress, essentially positive feedback was received on the concept of state of universal health coverage on the national level. This is being ensured through continuous feedback and opinions from the participants. Nevertheless, meticulous execution of the UHC laws/policies/strategies that exist in the country is also required to ensure to evaluate the implementation of this policies. Similarly, participants agreed that there are many accountability or monitoring mechanisms for UHC in the country that will ensure the needed evaluation for the implementation process. The discussions indicated that the health sector is facing in general many challenges effecting the sector sustainability and resiliency such as (1) Lack of services in many rural areas, (2) Weaknesses in the governance system and (3) Health financing problems.

Refugees and poor people are the most groups in the community that have challenges in reaching out to the health services. Although health services are existed and valid, but the problems were the difficulty in accessing the needed services with inability to pay the needed cost. Regarding this point, some participants mentioned that the health insurance system in Jordan has the ingredient for the universal health coverage as it is covering the Vulnerable groups and the ages over 60 and less than 6-year-old includes Jordanian and non-Jordanian, regardless of other challenges we already have the needed base to move towered health universal coverage. Moreover, there was an insistent to encourage the government to spend more in terms of achieving UHC and advocates more in the coordination with other agency/mechanism/department that engages across sectors for the specific purpose of improving health or advancing UHC.

“One of the decisions that must be taken from the minister of health that health referral system must be effective by engaging the private sector and private hospitals in the emergency cases, this process reduces the stress on MOH hospitals specially at the emergency, and the patient will take high quality of service “

“Jordan achieves a lot of steps on the strategic and planning level, but we need to enhance the implementation of these strategies and plans on a different levels, regions and sectors“

Overall, the participants agreed that the primary health care system been affected by the ongoing COVID-19 pandemic. As mentioned, the health care services were using only to treat COVID 19 patient which effect level of services that provides to other patients.

Also, closes of all sectors in the pandemic includes hospitals, health centers clinics and pharmacies were wrong decision which showed the need of health governance in order to distribute the load at that time among health facilities in the different sectors; RMS, MOH, private. On the other hand, Participants expressed the need for a national health plan o be used in similar situations.

4. Conclusion

The level of knowledge of the participant about UHC progress and concept is varied across sectors. The focus group discussions confirmed the need to build a strong relations and communication channels among then different sectors / players in order to entrench the needed pillars towards achieving UHC. On the other hand, it confirmed the importance of having accountability mechanisms at a national level in order to allow budgeting, monitoring and evaluating the health sector from multiple perspectives. Overall, the discussion showed the importance of reaching the UHC to cover initial benefits packages with high quality health services based on the community’s needs.

“Study and identify the society needs from the health services to includes them on the UHC packages; like the mental health is a must to achieve UHC“

5. RECOMMENDATIONS

The following recommendations have been outlined based on the above data collected.

- Create mechanisms to maintain built relationships with ministries despite changing ministers.
- Strengthen communication with multiple playing sectors having a role in achieving UHC to improve alignment.

- Continue focusing on females' challenges while accessing to health services to ensure women's equity while working towards achieving UHC.
- Develop tools mechanism/department that engages across sectors for the specific purpose of improving health or advancing UHC.
- Advocate more about UHC main pillars and how it will be achieved on a national level.
- Continue lobbying and networking to create an environment in which multiple sectors / players influence each other to improve working conditions to achieve UHC.
- Lobby government support to advocate for a better health service.

Annex 1

UHC COUNTRY FOCUS GROUPS - GUIDING QUESTIONS

Notes for facilitators:

- Questions are broken down into 9 categories: 7 Key Asks from the 2019 United Nations High-Level Meeting (UN HLM) consultations, addition made in 2021 on emergency preparedness, addition in 2022 on priorities for the next UN HLM in 2023.
 - Based on indicators in the State of UHC Commitment (SoUHCC) review, focusing on the more qualitative indicators and those that may need a civil society “fact check” in terms of efficacy & efficiency. Other data sources for the SoUHCC report include : literature reviews, media monitoring, global repository, survey to government and non-state actors.
- Each category has a “required” question that we would like all consultations to ask, and some categories have additional optional questions that the facilitator can also choose to ask.
- Country partners should adapt questions with accessible and relatable word choices or relevant examples for their context.
- Country teams may add country-specific questions to the breakouts or full-group discussion – these do not need to be added to this document.
- The facilitator notes provide additional background or examples to help stimulate discussion.

CATEGORY 1: ENSURE POLITICAL LEADERSHIP BEYOND HEALTH

Question	Facilitator notes	Priority
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 mechanism or department functioning?		Required
If you primarily conduct health advocacy, have you engaged with other government ministries or departments beyond health in your advocacy efforts? How so?	For example, briefings with Ministers of Finance, Welfare, Labor, Water, and Education, Agriculture, etc.	Required

During the COVID-19 pandemic, has your government made UHC a high priority?		Optional
How have new health policies and programmes during the pandemic changed the path towards UHC?		Optional

CATEGORY 2: LEAVE NO ONE BEHIND

Question	Facilitator notes	Priority
<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>Barriers to care can include: affordability; social, political and cultural determinants of health care access</p> <p>Groups of people could include: vulnerable populations like children and caregivers, persons with disabilities, people living with NCDs, people with mental health conditions, etc.</p>	Required
Are there laws and frameworks in place in support of vulnerable groups accessing essential health services they need? How well do they work in practice?	For example, the Affordable Care Act in the US includes that it is illegal to discriminate on the basis of "race, color, national origin, sex, age or disability in certain health programs"	Optional
<p>a. Does your country have a policy or program to reduce or eliminate patient fees (out-of-pocket spending on health)?</p> <p>b. Who is most impacted or what health services are most negatively impacted by out-of-pocket payments?</p>	Examples include: public insurance schemes, free health care policy	Optional

CATEGORY 3: REGULATE AND LEGISLATE

Question	Facilitator notes	Priority
Do you feel that UHC laws/policies/strategies that exist in your country are being adequately implemented?		Required
Do you know of any accountability or monitoring mechanisms for UHC in your country? If yes, please explain your answer.		Required
Are there laws and policies in place to ensure that people can engage in planning, budgeting and monitoring of health plans and budgets?		Optional

CATEGORY 4: UPHOLD QUALITY OF CARE

Question	Facilitator notes	Priority
a. Do you think that health services in your country are of good quality? Can you elaborate and give examples? b. What health services and what communities/population groups experience the gaps in quality?	Components of quality could include cleanliness of facilities, adequate time spent with provider, provider knowledge and responsiveness to questions/concerns, adequate drugs/supplies/equipment, short wait times, , etc	Required
Does your country have adequate health workers, especially at the primary health care level? Are community health workers part of the health staff roster and are they paid adequately?		Optional

CATEGORY 5: INVEST MORE, INVEST BETTER

Question	Facilitator notes	Priority
Where do you think your government should be spending more in terms of achieving UHC?	Examples might include: primary health care, health worker training, increasing the number of hospitals, health promotion and prevention	Required
<ul style="list-style-type: none"> a. Is the government spending enough on health services and is this increasing? b. If the government is not increasing its spending on health services, what is preventing your government from investing more in health services? 	“It is recommended that governments spend at least 5% of its GDP or at least 15% of its annual budget on health	Optional

CATEGORY 6: MOVE TOGETHER

Question	Facilitator notes	Priority
<ul style="list-style-type: none"> 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? <ul style="list-style-type: none"> i. 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 marginalised populations and communities? b. At the community level: Are communities engaged in local level health planning, budgeting and accountability processes? <ul style="list-style-type: none"> i. If so, how are they engaged? 	<p>Examples of different groups of people engaged: adolescents and youth, children and caregivers, persons with lived experience, vulnerable and marginalized groups.</p> <p>Some examples of opportunities: Open consultations with different groups of people/populations/communities before developing major policies (ie. National Health Plan)</p> <p>Encourage discussion of how well they work in practice</p>	Required

<ul style="list-style-type: none"> a. Are there civil society forums or constituencies in your country to engage with decision-makers on health-related issues? b. If so, how well does the existing civil society coordination function and what can be improved? 	<p>Examples: country coordinating mechanisms (i.e. for Global Fund), civil society alliances to influence national health budgets</p>	<p>Optional</p>
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CATEGORY 7: GENDER EQUALITY

Question	Facilitator notes	Priority
<ul style="list-style-type: none"> a. Can you identify some of the major challenges for women and girls in their access to health services? b. What kinds of health services are most challenging for women and girls to access? c. What are the primary challenges to access health care services for individuals who are non-binary? 		<p>Required</p>

CATEGORY 8: EMERGENCY PREPAREDNESS

Question	Facilitator notes	Priority
<ul style="list-style-type: none"> a. How has the primary health care system been affected by the ongoing COVID-19 pandemic? b. How do you think that PHC can be improved/evolved to be better prepared for future pandemic and other health emergencies? 	<p><i>Describe what PHC is:</i> Primary health care (PHC) refers to basic health services provided at the community level. It includes a wide range of services, including vaccination, maternity and infant care, preventative and palliative care. Increased public investment in primary health care is one of the best ways to ensure equity, availability, accessibility, quality and efficiency of the health service.</p> <p><i>Other health emergencies:</i> Crises affecting health outcomes may</p>	<p>Required</p>

	include war and conflict, famine and climate disasters, economic disruptions, etc.	
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CATEGORY 9: LOOKING TO 2023

Question	Facilitator notes	Priority
Is there another element of UHC and the distribution of health services in your country that was not covered in the discussion today?	This may include: human rights, shrinking civic space, humanitarian settings, disability and inclusion, youth and adolescent engagement etc. Encourage discussion of specific examples of challenges and/or recommendations.	Required
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?		Optional
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?		Optional