


MeTA Jordan Case Study on CSOs in Jordan

<p>Title: Jordan moves forward in CSOs' building capacity through training on advocacy and communication to engage them in the process of improving access to essential medicines</p>	<p>Date: June 2010</p>
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Country context: Jordan area in Square meters is 88,778 with a total population 5,729000 in 2008

Jordan's health system: Jordan has a mixture of public and private health provision around 87% of Jordan population has health insurance yet a significant proportion of those have multiple insurance. The largest provider of health care in Jordan is the public sector via the Ministry of Health (MoH), providing insurance to 40% of the population, followed by the Royal Medical Services (RMS), covering 27.5% of the population. The remaining 19.5% are covered by insurance companies associated with banks, professional syndicates, universities or private companies. As for the private sector, it provides primary, secondary, and tertiary services through a network of private clinics and hospitals; this includes 60 hospitals with a total of 3642 hospital beds (33.0%) Patients seeking treatment in the private sector purchase their drugs directly at the private health center, or at a retail pharmacy. There are around 13% of people with private insurance, which also covers drugs expenditures in retail pharmacies. Jordan has a fairly well developed high quality local pharmaceutical manufacturing sector. There are 16 companies which manufacture generics or branded generics. There is no local manufacturing capacity for certain therapeutic areas such as oncology drugs or vaccines. The local manufacturers engage in contract manufacturing for large global pharmaceutical companies but currently this contributes to less than 5% of the overall pharmaceutical sector revenue. All 16 companies are GMP certified. Referring to the WHO statistics for (2008) the total health expenditure/capita is (Intl \$, 2006) 611 US \$ that's 9.9 % of GDP. In 2003, the expenditure on pharmaceuticals in Jordan was JD 211 million (about US\$ 295 million). Over the last 7 years, the average growth rate has been about 3%, after allowing for population increases. This is due to increasing in medicine costs and consumption rates. The rate of growth is considerably lower than that of most developed countries. Finally, the Jordanian pharmaceutical market is made up of imported products (75%) and locally manufactured products (25%). The Civil Society Organizations (CSOs) play a minimum role in decision making process related to setting pharmaceutical policies.

Problem identification:

Civil societies play a marginal role in forming opinion and influencing healthcare decisions and policies in Jordan. The history of the CSO in Jordan started when in March 2008 Health Action International (HAI) facilitated a meeting/workshop for Civil Society organizations at the Grand Hyatt/Amman Hotel, with the objective of bringing civil society groups together to take a decision as a group for the formation of an

independent alliance that will work effectively to enhance its role in policy planning in Jordan. **Then** Jordan has identified Building capacity in the pharmaceutical policies for the CSOs as one of its three main areas the country need to work under MeTA. and in order to establish a coalition that will play a much more significant role in healthcare strategies and policy planning, a MeTA/ CSO work plan was put together and then the first activity was conducted the aim of the activity was to identify CSOs and to assess their ability and willingness to work together and to engage them with the MeTA Council. The conducted activity that set the baseline work for CSO in Jordan, it was based on gathering information: A data base of names and addresses of registered CSOs was collected , then meeting with the CSOs: Meeting with as many CSOs as possible was aimed at identifying the able and willing who would have an interest to partake in this effort, and finally forming a directory: From the collected data and updates based on subsequent contacts, a list was created with contact details including names, contact numbers, and e-mails. The list is being updated continually as long as CSO meetings are taking place.

MeTA's intervention

The MeTA Council members has identified three area to work on, one of the main areas was “Build capacity of civil society organizations (CSOs) to monitor and increase accountability of all stakeholders with respect to the prices, availability, selection and quality of medicines in the public and private sectors”. The CSO workplan is derived from the three major priorities in the overall MeTA national workplan in Jordan, it is anticipated that the Council will work together with CSOs, the Government and the private sectors to share needed information and make it transparently available in the public domain. Efforts will be made to analyze available data and evidence within the country to explore the findings and available evidence, strengthen understanding of technical issues, compare pharmaceutical policy options that have been tried in other countries, and develop a set of policy options to present to the MeTA Council for further consideration. This might include identifying areas where further evidence was needed, where greater disclosure of data or where improved transparency of the system could increase access to and appropriate use of medicines. Finally a key activity for any work undertaken by civil society to improve transparency and accountability will be the outreach and communication that CSOs are able to do with other stakeholders in the MeTA process, with media and with the broader public audiences, where all this was included in the MeTA/CSO workplan.

Outputs:

The Overall progress made towards the workplan outputs and indicators:

“Outputs in Bold are considered Milestones”

- a) **2nd of June 2009 To identify CSOs group key areas and that should be included in the MeTA CSO workplan**
- b) 6th of August 2009 CSO committee members has met on the with the presence of the MeTA International and National Consultants
- c) 8th of September 2009 CSOs group and CSOs key people introduced themselves to the MeTA Council Members
- d) 28th Of September 2009 CSO committee members met to Discuss the work plan activities and

how the coordination will take place in the coming future

- e) **13th of October 2009 “Introducing pharmaceutical regulations and policies principles to CSOs group”**
- f) **14th of December 2009 met on at the MS association (CSO committee, National Secretariat and representatives from patients associations and CSO group)(**
- g) 31st of December 2009 CSO committee members met at the HHC coordinated by MeTA Coordinator and Consultant to review the CSO workplan and to organize the committee’s work
- h) 27th of January 2010 CSO committee members met at the HHC they decided on holding a meeting for the associations council members to brief them about MeTA also decided on holding another meeting for consumers to brief them on the Rational Drug Use benefits
- i) **10th of January 2010 an Alliance/Coalition of CSO has started to form, this can be seen with their first meeting that they arranged by themselves. A small group of CSO Alliance has started to form**
- j) **13th of February 2009 The raising awareness meeting with the professional association council members**
- k) 21st of February 2010 at the HHC (MeTA CSO committee) to discuss the forth coming workshop on Advocacy and communications.
- l) **29th and 30th of March 2010 workshop on Advocacy and communications on improving access to essential medicines**

Impact and significance:

President of the Rose Hope Association for Patients with Rheumatism participated in a number of the MeTA/CSO activities, she described participation as the portal which has opened new horizons for her association of which she represents and which is still in its first steps she also said: ***“I have been able, through representing my association and attending the MeTA/CSO activities to learn facts, since many has put the drug and treatment in Jordan and all was going in circles around the problems everyone was trying to put and find appropriate solutions, in addition it helped me to form long-lasting relationships with other associations concerned with patients - which has almost the same requirements and problems that confront us –the MeTA project has helped to give a chance to connect with them and benefit from their experience particularly in finding some practical solutions. Hope to the Council a draft of transparency in the pharmaceutical Jordan success and progress, and completed the task for which they work to improve the availability of medicine for the citizens of Jordan”***

Meanwhile, on the 29th and 30th of March 2010 a small group of CSO Alliance has started to form, they decided on conducting a workshop on “Advocacy and Communications on Improving Access to Essential Medicines”_and on contacting HAI, national and international MeTA consultants and three national

consultants to help, the objective of the training was linking communication and advocacy with their role in improving access to medicine. The workshop was divided into two main sessions. **Session I:** Benefits of joining MeTA-Patient Group Case Study engagement with MeTA, and findings of medicine prices, availability and affordability survey in Jordan (2004 HAI/ WHO survey), then MeTA and the importance of disclosing data, linking that to CSO Building capacity in analyzing data to participate in the policy making process, and Drug Promotion and how the CSO should be aware of it. **Session II:** The session covered the following topics, Team Building Activity, Communication Skills, Persuasion & Negotiation Skills, Advocacy and One To One Meeting Management, How to form an Coalition or a coalition with a focused goal to work in an organized and coordinated way, working groups, and finally Engaging the CSO with the Media.

What lessons can be drawn from this experience?

CSOs need a coordinator to follow up on the activities listed in their work plan. The CSO need a champion to drive the process forward. There is a strong need for building capacity of CSOs in pricing, advocacy, current drug registration systems and procedures for better performance and acceptance by other stakeholders. The fact that some of the people in charge of patient group societies lack the background and training as healthcare professionals emphasizes the need for capacity building, and for incorporating topics in their training covering key medicinal terms and practices. It is advisable that the MeTA international Secretariat to contract a coordinator to drive the process forward and not to leave it to the CSOs since most would be opponent and would suggest his organization to do the coordination, while other representatives will oppose that leading to delay in working toward accomplishing the activities.

Notes and remarks:

Despite their active involvement in healthcare issues, the CSOs awareness is limited when it comes to rules and regulations related to drug registration, pricing and public health purchasing system. A major limitation on the CSOs fundraising ability is the restriction imposed by the Ministry of social development on the number of fundraising events (only two annually). There is an evident absence of coordination or sharing of expertise and experiences between CSOs

MOU has taken some time to be approved and signed, accordingly funds were not available for CSO until a later stage, yet the current challenge is that the CSO need a coordinator that can work on driving the process forward

Thirty of the identified CSOs are meeting regularly and keen to work together towards forming a coalition that is functioning in Jordan. They are participating yet they need a coordinator to move the activities listed in the workplan in a structured way.

Links to contact details of key people involved

MeTA/ CSO Committee members:

- Dr AbdelFattah AlKilani, Vice President JSCP, jor_vet_asso@yahoo.com
- Dr Mohammad Al Khateeb, Vice President of National Diabetic Center, mkhateeb@ju.edu.jo
- Ms. Nairi Markarian, president of Jordan Rose of Hope Society for Arthritis patients, info@arthritis-jo.com
- Dr Mumen Al Hadidi Vice President JMA, moh.nifm@gmail.com
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