

Primary Health Care Initiatives (PHCI) Project
Contract No. 278-C-00-99-00059-00
Abt. Associates Inc.

PHCI Technical Report

Building A National Research Agenda

Volume I:

Developing a National Research Agenda for Primary Health Care in Jordan

June 7, 2001

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USAID/Jordan



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Mission

Primary Health Care Initiatives will demonstrate that improvements in quality of care can be achieved and sustained at both facility and household levels by establishing an integrated model of family care, in which family preventive and curative health needs, including reproductive health, are satisfied by a family health provider team, in a holistic manner.

June 7, 2001

This report is Volume I in a series of four PHCI/MOH Research Agenda reports, *Building a National Research Agenda*:

- Volume I: Developing a National Research Agenda for Primary Health Care in Jordan
- Volume II: Developing a National Research Agenda for Reproductive Health and Family Planning in Jordan
- Volume III: Matrix of Existing Research in Reproductive Health and Family Planning in Jordan
- Volume IV: Summaries of Existing Research in Reproductive Health and Family Planning in Jordan

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Acronyms

ADRA	Adventist Development and Relief Agency
CA	Cooperating Agency
CBR	Crude Birth Rate
CBS	Community Based Services
CE	Continuing Education
CEDPA	Center for Development and Population Activities
CDC	Centers for Disease Control and Prevention
CHC	Comprehensive Health Center
COP	Chief of Party
CPP	Comprehensive Post Partum
CPR	Contraceptive Prevalence Rate
CTO	Cognizant/Contracting Technical Officer
DET	Directorate of Education and Training at the Ministry of Health
DG	Director General (at the Governorate level)
DHS	Demographic Health Surveys (Macro International)
DMPA	Depot Medroxy-Progesterone Acetate (Depo-Provera)
DOS	Department of Statistics
DPHC	Directorate of Primary Health Care
DPP	Directorate of Planning and Projects
EU	European Union
FH	Family Health
FP	Family Planning
GDP	Gross Domestic Product
GFR	General Fertility Rate
GOJ	Government of Jordan
HC	Health Centers
HCM	Health Communications and Marketing
HMIS	Health Management Information Systems
HTT	Health Team Trainer
IEC	Information, Education and Communication
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
JAFPP	Jordan Association for Family Planning and Protection
JAFS	Jordan Annual Fertility Survey
JFPA	Jordan Family Planning Association
JHFS	Jordan Husbands' Fertility Survey
JHU/PCS	Johns Hopkins University/Population Communication Services
JICA	Japan International Cooperation Agency
JNPC	Jordan National Population Commission
JPFHS	Jordan Population and Family Health Survey
KAP	Knowledge, Attitudes and Practices
LAM	Lactational Amenorrhea Method
MCH	Maternal and Child Health
MIS	Management Information System
MOH	Ministry of Health
MRO	Market Research Organization
NGO	Nongovernmental Organization
NPS	National Population Strategy
OC	Oral Contraceptive

PHC	Primary Health Care or Primary Health Center
PHCI	Primary Health Care Initiatives project
PHR	Partnerships for Health Reform project
PIR	Performance Improvement Review
RH	Reproductive Health
RH/FP	Reproductive Health and Family Planning
RMS	Royal Medical Services
QA	Quality Assurance
QI	Quality Improvement
QIP	Quality Improvement Program
SES	Socioeconomic Status
STI	Sexually Transmitted Infections
STTA	Short-term Technical Assistance
SOW	Scope of Work
TA	Technical Assistance
TFR	Total Fertility Rate
TOT	Training of Trainers
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USAID	United States Agency for International Development
WHO	World Health Organization

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1. Introduction

1.1 Primary Health Care Initiatives Project (PHCI)

In cooperation with the Hashemite Kingdom of Jordan, USAID/Jordan developed a comprehensive program to improve the provision of primary and reproductive health care in the public sector. The Primary Health Care Initiatives (PHCI) project is a five-year bilateral project designed to meet the needs of the Ministry of Health (MOH) in achieving their goal of improved primary health care in Jordan. The goals of the project are to improve access to and quality of reproductive and primary health care services through an integrated family health model. These goals are to be achieved through six key interventions:

- Quality Assurance
- Primary Health Care Training and Continuing Education
- Health Management Information Systems (HMIS)
- Renovation and Equipment
- Research and Evaluation
- Health Communications and Marketing (HCM)
- Management Strengthening

The project is expected to contribute towards the achievement of USAID/Jordan's Strategic Objective SO3: Improve access to and quality of reproductive and primary health care; and to assist the MOH achieve its Primary Health Care (PHC) strategy. The Project activities correspond with two intermediate results that are part of the USAID Mission's strategic framework:

IR3.1: Improved knowledge of contraceptive methods and reproductive health.

IR3.2: Increased availability of reproductive and primary health care.

The project, which began in 1999, is being implemented throughout the country and aims to improve the performance of the existing primary care network of public facilities.

1.1.1 PHCI Mission

PHCI will demonstrate that improvements in quality of care can be achieved and sustained at both facility and household levels by establishing an integrated model of family health care, in which family preventive and curative health needs, including reproductive health, are satisfied by a family health provider team, in a holistic manner.

1.1.2 PHCI Strategic Framework

Abt Associates Inc. and its partners are collaborating with the MOH, as well as other ongoing projects, to implement a model of family health care in which reproductive health (RH), child

health, adult health and health promotion will be delivered by a family health provider team as an integrated package of services. The PHCI project interventions will be implemented simultaneously in order to produce maximum and sustainable impact.

The integrated approach consists of the following components:

Supply Improvements

- Clinical Training
- Management Development
- Health Management Information Systems (HMIS)
- Facility Renovation
- Provision of Essential Equipment

Demand Improvements

- Demand Creation
- Management of Customer Expectations
- Customer Feedback
- Community Outreach

Quality Improvements

- Quality Standards
- Performance Improvement
- Monitoring and Feedback
- Staff Improvement

Applied Research

- Quality Improvement
- Service Delivery
- Access
- Demand Sustainability

1.1.3 Partnership with Counterparts and Stakeholders

To promote partnership and coordination with the Ministry of Health, PHCI specified the creation of a project Steering Committee. This Steering Committee is composed of primary health directors at the directorate level of the MOH and is chaired by the Undersecretary of the MOH. It is charged with providing advice and counsel to the project team, as well as to monitor project implementation.

The PHCI team works closely with a group of appointed MOH counterparts and other local experts in all aspects of project implementation. Each technical component works concurrently with a designated counterpart team, and technical working groups provide invaluable assistance in the implementation of the project. This collaborative PHCI/MOH team –comprised of project staff and MOH counterparts – plans, designs and implements activities according to the project goal of improving primary health care in Jordan.

1.1.4 Commitment to Applied Research

One of the project's major components is research and evaluation. In the project's *Annual Workplan - Project Year Two*, the PHCI/MOH Research Component proposed to coordinate efforts to develop national research strategies in primary health care and reproductive health and family planning.

To place this effort into context, it is important to recall the general mandate of the project. PHCI is tasked with assisting the MOH achieve improvements in access to and quality of primary health care and reproductive health in Jordan. To fully achieve this objective, the project needs to undertake applied research to better inform both the project's implementation and broader decision making in Jordan. In other words, PHCI intends to undertake research that will improve the success of the project as well as improve the ability of other stakeholders including the MOH, other Ministries, donors, implementing agencies, universities, and others to make decisions regarding health care in Jordan. PHCI's research process model and its expected outcomes are shown in Figure 1.1 on the following page.

PHCI has documented the need for more collaborative efforts to set research priorities in Jordan. In addition, PHCI/MOH recognized the need to identify gaps in existing knowledge to better identify subjects deserving further research.

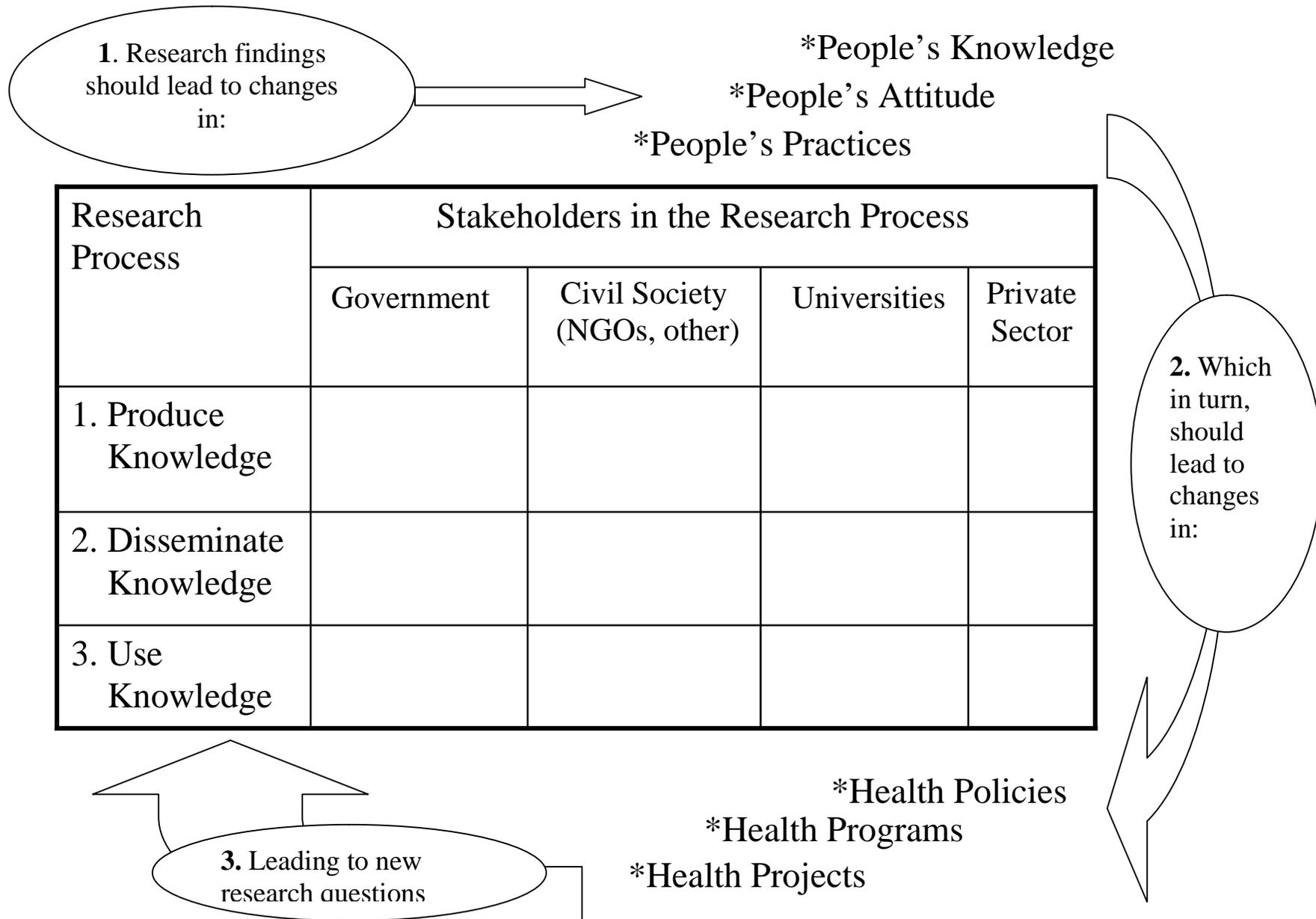
As stated in the Research component section of the PY2 Annual Workplan, PHCI/MOH planned for the following activities to support the project objective of *conducting research to support quality improvements in reproductive and primary health care*.

Plan and Implement Applied Research Studies on a Broad Range of Primary Health Issues. A national research agenda will be developed and prioritized. The Research Advisor will focus the research agenda to topics that will further understanding on RH/FP and PHC issues.

Through a national workshop involving key partners, a national research agenda will be developed and prioritized. Priority areas will be developed on the basis of burden of disease indicators within the context of primary health care, including RH/FP, as well as broader health system needs. Illustrative areas of investigation that have been identified by stakeholders include: determinants of demand for PHC and RH/FP services in MOH facilities, health service needs of remote populations, determinants of fertility change, effect of user fees on demand for RH/FP services among public and private providers, female attitudes towards male providers, burden of disease (HeaLY), priority setting and resource allocation, decentralized management systems, improving referral systems, options for improving quality, stock out of drugs and RH/FP supplies in MOH facilities, incentive options for working in disadvantaged areas and others. All research projects will be submitted to and reviewed by the Project Steering Committee.

Collaborate with other PHCI Technical Components on Targeted Research Activities. As noted in the workplan, each of the technical areas has identified research activities that will help shape their technical strategies, provide additional information on RH/FP and PHC issues and evaluate the impact of their activities. The Research Technical Advisor will assist them to carry out these research activities.

Figure 1.1: A RESEARCH MODEL – Purpose, Process and Stakeholders



Source: Dr. Richard Yoder

1.2 Objective of Establishing a National Research Agenda

The primary purpose of developing a national primary health care research agenda was to build a set of research questions to guide primary health care research activities over the next three to five years. With this set of prioritized research questions, the MOH, universities, donors, and others can select questions that are consistent with their mandate for implementation. A second objective was to initiate a process of dialogue among stakeholders around critical health sector issues.

Thus, the aim of establishing a national research agenda is to identify issues that deserve attention, determine the adequacy of existing research findings on issues of importance to stakeholders, decrease the duplication of efforts among stakeholders, and serve as a mechanism to support collaborative efforts in research endeavors in Jordan.

This is the first national research agenda to be developed in Jordan. It is crucial that strong partnerships be developed and maintained to ensure that the resulting collaborative associations are lasting.

1.3 Methodology

At any point in time, several groups are conducting research in Jordan related to health care. PHCI and the MOH realized that it would be extremely helpful in the long run to provide support in the development of a *national* research agenda, rather than strictly defining a *PHCI* research agenda¹. The project desired to promote a collaborative environment in which various groups could come together to discuss the health issues in Jordan and determine the most pressing research needs for the country. A participatory approach was thus utilized to encourage the involvement of a wide range of stakeholders.

1.3.1 Participatory Approach

PHCI believes that participatory approaches are essential and productive methods to accomplish sustainable end results. Participatory approaches in development work have been widely successful over the past two decades in determining needs, designing programs, evaluating projects and reaching consensus.

"Participatory development stands for a *partnership* which is built upon the basis of a *dialogue* among the various actors (stakeholders), during which the 'agenda' is set jointly, and local views and indigenous knowledge are deliberately sought and respected. This implies *negotiation* rather than the dominance of an externally set project agenda. Thus people become actors instead of being simply beneficiaries" (Evaluation of Programs Promoting Participatory Development and Good Governance: Synthesis Report, OECD/DAC 1997)

PHCI/MOH intended to ensure that a wide range of stakeholders was able to participate in the first step of developing a national research agenda for primary health care in Jordan. Participation of a variety of stakeholder groups – including the MOH, USAID, other donors, implementing agencies, universities, private sector – permits varying perspectives,

¹ Note: PHCI will eventually define its own research plan based upon the results of this process, in accordance with its mandate and contact. See Section 4.

knowledge, experiences and ideas to influence discussions. Including local experts and those involved in PHC work on the ground ensures that important information regarding the Jordanian context – social structure, economic environment, conditions, traditions, perspectives and attitudes – is considered throughout the process. Such perspectives are critical in developing national frameworks and in defining priorities that are important to a large multidisciplinary group of stakeholders.

'Participatory development stands for **partnership** which is built upon the basis of dialogue among the various actors, during which the agenda is jointly set, and local views and indigenous knowledge are deliberately sought and respected. This implies negotiation rather than the dominance of an externally set project agenda.' (OECD, 1994)

This is the first national research agenda to be developed in Jordan. It is crucial that strong partnerships be developed and maintained to ensure that the resulting collaborative associations are lasting.

1.3.2 Preliminary Research

Due to the wide scope of primary health care, the PHCI/MOH research team was unable to do extensive preliminary research to determine the extent of previous research on PHC in Jordan.

1.3.3 Planning the PHC Research Roundtable

In the spirit of participation, the PHCI/MOH team decided that the most appropriate approach to initiating the process of developing a national research agenda would be to hold a roundtable consultation. This roundtable built upon the past experiences of the PHCI/MOH Research Component in using roundtable consultations as a mechanism for involving stakeholders in building consensus on important issues.

Various stakeholders were invited to the PHC roundtable session, which was held on April 2, 2001. In addition, six professionals with extensive and diverse backgrounds and who represented different perspectives on PHC issues were invited to make presentations. The presenters were asked to reflect on PHC needs in areas such as improving quality, equity and efficiency, and to identify specific research questions arising from their reflections. From these presentations, as well as the ensuing discussions, a list of key research questions to consider for investigation was developed.

The following sections of the report detail the outcomes of this research roundtable, as well as presents optional next steps to further develop the agenda. The program of the PHC Research Roundtable is attached as Annex B.

2. Identifying PHC Research Topics

The Research Roundtable III: Building a Research Agenda for Primary Health Care was held on April 2, 2001 at the Amra Hotel in Amman. A list of attendees is provided in Annex A.

2.1 Presentations

As mentioned, six professionals were invited to make presentations at the roundtable. The presenters, listed below, were selected in an effort to provide extensive representation of different perspectives, levels of experience in PHC research and knowledge of vital PHC needs in Jordan. The presenters included:

- Dr. Sa'ad Kharabsheh, General Director, Primary Health Care Directorate, MOH
- Dr. Adnaan Abbas, Chair, Jordan Public Health Association and former Under Secretary, MOH
- Dr. Salah Mawajdeh, Department of Family and Community Medicine, Jordan University of Science and Technology
- Dr. Linda Haddad, Acting Dean Faculty of Nursing, Jordan University of Science and Technology
- Dr. Sameer Awamleh, General Director for Health, Amman Governorate, MOH
- Dr. Jean-Jacques Frere, Chief of Party, PHCI

Following each presentation (included in Annex C), the floor was open for questions and comments. The presentations and ensuing discussions allowed for receptive dialogue among the group members and a full discussion of issues. Individual comments, questions and concerns reflected the various perspectives, experience and opinions of those present.

2.2 Research Topics by Category

To organize and summarize the results of the research roundtable, PHCI worked to consolidate the research topics identified by the presenters and participants. The categories selected for organizational purposes are **policies**, **systems** and **services**, shown also in Figure 2.1.

Ideally, each topic and its related questions would be placed within only one category and efforts were made to find the best fit. There is, however, a great deal of overlap among the three categories and the types of questions that correspond to them. This overlap is illustrated in Table 2.1 on the following page. For example, provider training falls within all three categories. At the policy level, national regulations often define the kind of services a provider can offer and for which they can receive training; at the systems level, a university curriculum can confine provider training to specific services or approaches to care giving; and at the services level, continuing training of providers is determined by the value given to ongoing instruction by clinic management and by providers themselves.

Figure 2.1: Contextual Framework for PHC Topics

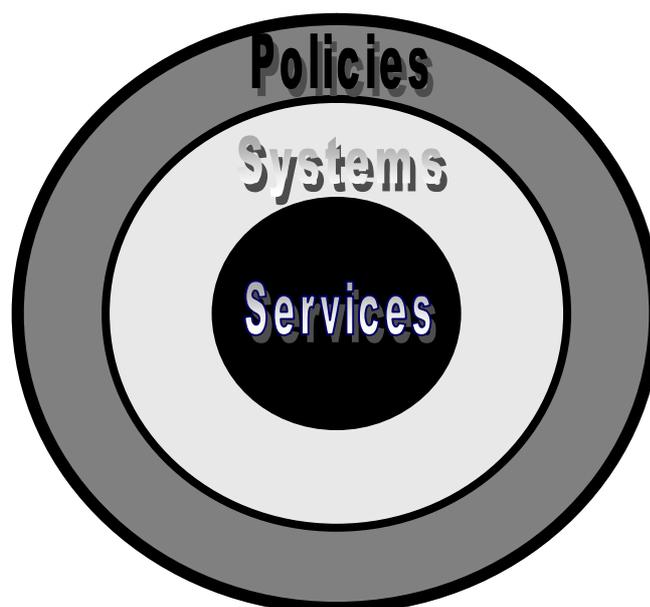


Table 2.1: Illustration of Potential Topics within PHC Framework

Policies	Systems	Services
Goals/Mission Resources Financing Provider Payment Personnel Incentives/Motivation Training/CME Decentralization Integration Referral Accreditation/Certification Contractual Policies	Health Care Delivery Planning Financial Management Staffing Training Procurement Management Support Systems (HMIS, supervision) Decentralization	Supply Disease Control and Surveillance Prevention Health Care Model Special Programs (MCH, EPI, RH/FP) and Integration Quality of Care Provider Knowledge, Attitudes, Practices, Preferences, Expectations HMIS Training/CME Costs Demand Care Seeking Behaviors Patient Knowledge, Attitudes, Practices, Preferences, Expectations Unmet Demand Barriers to Utilization Health Communication Community Participation

Categorization of Identified Research Questions within Framework

The following pages present the research questions identified by stakeholders within the framework presented above.

Table 2.2: Primary Health Care Research Topics
Identified during PHC Research Roundtable

Policy	System	Services
<p>Resource allocation</p> <ul style="list-style-type: none"> • HeaLY study to be used as a tool for resource allocation and decision-making. • Clarify the definition of resources allocated to primary care. <p>Regulation</p> <ul style="list-style-type: none"> • Identification of appropriate regulatory mechanisms. • Accreditation/certification mechanisms. <p>Financing</p> <ul style="list-style-type: none"> • Financing strategies for priority services (e.g., introduction of Hib vaccine). <p>Decentralization</p> <ul style="list-style-type: none"> • Effects of a decentralized management model. <p>Public versus Private Sector</p> <ul style="list-style-type: none"> • Role of private sector in delivery of primary health services. 	<p>Quality Assurance</p> <ul style="list-style-type: none"> • Existence of standards of quality. 	<p>Quality Assurance</p> <ul style="list-style-type: none"> • Effect of a facility-based QA team on client perception of quality and staff motivation. • <i>Effect of a quality assurance/performance improvement process on client satisfaction and staff performance.</i> • Effect of action plan oriented problem solving on staff performance and on client perception of quality at HC (changes in time spent by health team with clients, performance and completeness of examinations, counseling clients, and documentation of results with the use of problem solving approach).
	<p>Staffing</p> <ul style="list-style-type: none"> • Analyze staffing practices (efficiency). 	<p>Quality Assurance</p> <p><i>Standards of Care</i></p> <ul style="list-style-type: none"> • Effectiveness of standardized clinical protocols in treating specific health problems
	<p>Decentralization</p> <ul style="list-style-type: none"> • Effects of a decentralized management model. 	<p>Referrals</p> <ul style="list-style-type: none"> • Effect of referral practices on client utilization of PHC services.
	<p>Burden of Disease</p> <ul style="list-style-type: none"> • Burden of disease analysis. 	<p>Referrals</p> <ul style="list-style-type: none"> • Factors influencing client compliance with referral through the PHCs.
	<p>School Health Programs</p> <ul style="list-style-type: none"> • Effectiveness of school health programs in screening for health problems among school children. 	<p>Screening Programs</p> <ul style="list-style-type: none"> • Effect of screening programs for common health problems on client perceptions of health center services. • Effectiveness of screening programs on client commitment to attending PHCs for preventive services.
	<p>Health Insurance</p> <ul style="list-style-type: none"> • Effect of insurance on utilization and cost. 	<p>Public versus Private Sector</p> <ul style="list-style-type: none"> • Substitution effects between the public and private health sector service. • Comparison of quality of services in public vs. private health sectors (tool to measure).
	<p>Efficiency and Effectiveness of Public Health System</p> <ul style="list-style-type: none"> • Effectiveness and efficiency of CHCs. • Effectiveness and efficiency of peripheral health centers in provision of PHC services. 	<p>Remote/Underserved Populations</p> <ul style="list-style-type: none"> • Health needs assessment of remote/mobile populations. • Determine coverage and accessibility of PHC services in rural Jordan versus urban settings. • Explore mechanisms for health education in remote areas. • Measurement of patient perceptions of quality and satisfaction with health services.
	<p>Appointment System</p> <ul style="list-style-type: none"> • Feasibility of an appointment system at PHCs. 	<p>Surveillance</p> <ul style="list-style-type: none"> • Status of current disease surveillance and prevention program (accuracy, adequacy, timing, and comprehensiveness). • Identification of major gaps in public health laboratory that hinder surveillance of public health problems.
	<p>Health Care Team/Providers Training</p> <ul style="list-style-type: none"> • Evaluation of the existing general practitioner training/curriculum, medical school curriculum. • Standardization of training 	

	<ul style="list-style-type: none"> program. • CME- continuous medical education opportunities. • Status of current paramedical skills and training. 	<p>Prescription Behaviors</p> <ul style="list-style-type: none"> • Analysis of the prescription behavior of physicians. • Extent of drug misuse. • Analysis of real vs. perceived needs in drug supply.
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Policy	System	Services
	<p>Health Care Team/Providers <i>Motivation and Job Satisfaction</i></p> <ul style="list-style-type: none"> • Health worker motivation. • Job satisfaction of health team. • Effects of establishing a CME program on health worker motivation and performance. • Effect of the use of standards and checklists as supervision tools on staff performance. • Identification of facilitative supervisory approaches that are associated with enhanced staff performance and increased staff motivation (e.g., praise, corrective feedback, documentation, and recognition). 	<p>Health Care Team/Providers <i>Attitudes and perceptions of providers about health issues</i></p> <ul style="list-style-type: none"> • KAP study with health team/providers regarding health, illness, preventive health services. • Staff perception of quality of services delivered. <p><i>Competencies and Performance</i></p> <ul style="list-style-type: none"> • Skill level of staff. • Managerial capabilities of health team and team collaboration of health team. • Efficiency of health team, time management skills. • Effect of communication skills and technical competence on utilization and continuity of care.
		<p>Patients/Clients <i>Attitudes and perceptions of clients about health issues</i></p> <ul style="list-style-type: none"> • Patient perceptions of quality of staff and facility. • Patient perceptions of health and illness. <p><i>Care Seeking Behaviors and Patient Compliance</i></p> <ul style="list-style-type: none"> • Care seeking behaviors, determinants of utilization. • Impact of integration and continuity of care on utilization. • Reasons for patient noncompliance. <p><i>Unmet Needs for PHC</i></p> <ul style="list-style-type: none"> • Unmet needs for youth in primary health settings.
		<p>Health Communication and Marketing</p> <ul style="list-style-type: none"> • Extent that health education messages affect behavior or attitude changes. • Effectiveness of health messages (reasons liked/disliked by target audience, shared/talked about among target audience). • Cost effectiveness of public health prevention campaigns (e.g., smoking cessation, seat belt use, etc.). • Analysis of health related media habits in Jordan.
		<p>Community Participation</p> <ul style="list-style-type: none"> • Successful models of community participation in Jordan.

Policy	System	Services
		<p>Nutritional Status</p> <ul style="list-style-type: none"> • Profile of nutritional status and dietary habits as related to chronic disease etiology. • Effect of a nutrition intervention programs (e.g., on micronutrient or dietary-related diseases). <p>Anemia</p> <ul style="list-style-type: none"> • Profile of anemia (iron deficiency anemia vs. other causes of anemia). <p>Cardiovascular Disease</p> <ul style="list-style-type: none"> • Burden of cardiovascular disease in Jordan. • Risk profile of cardiovascular disease. <p>Tobacco Use</p> <ul style="list-style-type: none"> • Monitor tobacco consumption. • Cost effectiveness of school and community based interventions to promote abstinence from tobacco. <p>Diabetes</p> <ul style="list-style-type: none"> • Burden of cardiovascular disease in Jordan. • Risk profile. <p>Immunization Coverage</p> <ul style="list-style-type: none"> • Immunization coverage rates. • Feasibility of introducing new vaccines (such as Hib). <p>Dental Health</p> <ul style="list-style-type: none"> • Client satisfaction with dental health services. <p>Mental Health</p> <ul style="list-style-type: none"> • Profile of mental health of Jordan. <p>Environmental Health</p> <ul style="list-style-type: none"> • Medical waste: sources of waste, dangers, effects, cost effectiveness of regulation. <p>Occupational Health</p> <ul style="list-style-type: none"> • Occupational diseases in Jordan.

3. Next Steps

3.1 Prioritize Research Topics

The next step in the process of developing a research agenda is to prioritize research topics among those identified in the previous section. The approach to setting priorities can vary depending on the stakeholder, but should follow the general factors shown in Figure 3.1 below.

The PHCI/MOH team developed this tentative set of criteria for prioritizing PHC research questions.

Figure 3.1: PHCI/MOH Prioritization Criteria

Criteria for Prioritizing Research Questions

In general, the categories of research questions to investigate should deal with:

- Improving **quality or effectiveness** of health services;
- Improving **equity or accessibility** of health services;
- Improving **efficiency** (more output for the same/less input);
- Enhancing financial **sustainability** of the health system.

Specific criteria include the following:

- Does the question (or problem) affect a **large population** or number of people?
- Is the question (or problem) a **serious** one?
- Is the question (or problem) an **urgent** one?
- Is the question (or problem) **feasible** – politically feasible and culturally feasible – to investigate?
- Is it **ethical**?

3.1.1 PHC Research Task Force

The PHCI/MOH Research Team has determined that the most appropriate mechanism for applying the above criteria to prioritize research items is a working group or task force. The MOH has established a PHC Research Task Force and has selected its members from a wide range of stakeholder groups. This group will meet in a more intimate environment to contend with priority setting and subsequent PHC-related research issues.

Priorities may vary for each stakeholder, especially when considering issues related to feasibility. It will be important for the Task Force to focus mainly on the criteria set forth in the previous section, as well as the expected impact of any findings. The prioritization process may require that background research be conducted in order to determine the extent to which various issues have been examined. When a ranked list of research topics is made available, stakeholders can then assess the comparative feasibility of undertaking specific endeavors.

The MOH has scheduled the first PHC Research Task Force meeting for late June to prioritize the agenda.

3.2 Disseminate Prioritized List of PHC Research Questions

PHCI will assist the MOH to disseminate the prioritized list of PHC research questions. This list will be distributed to all stakeholders and should be used to inform decision-making. Various groups – depending on their capacity, resources and objectives -- can use the list from which to select research activities.

3.3 Continuing Dialogue Among Stakeholders

Critical to this process is ongoing and constructive dialogue among stakeholders. If possible, working groups should continue to meet to discuss the status of PHC research in Jordan. Some possibilities to allow for such discussions include:

- Monthly/Quarterly “brown bag” sessions to allow one or two research projects to report on methodology, implementation, preliminary/final results, implications, etc.
- Continuation of frequent roundtable events that engage a varied group of stakeholders. Agendas and topics of discussion could be predetermined (specific health issue, types of research methodologies, etc.) and any relevant materials distributed.
- Monthly/Quarterly newsletter that is distributed among stakeholders to which research projects provide frequent input to report findings, challenges, issues, future activities, etc.

A continued effort to share information among stakeholders, not only in terms of recent findings, but also to report planned activities, challenges, issues, etc. will contribute to the following:

- A decline in duplicated research efforts;
- An increase in the dissemination of findings and results and sharing of lessons learned;
- An increase in potential collaborations among various groups in research activities;
- An improved, enhanced and dedicated “PHC research community” committed to ensuring that the best interests of Jordan’s population are served.

4. Role of PHCI in Conducting Research

PHCI will continue to provide assistance in the next steps of prioritizing the national research agenda for PHC. The project will, in the next several weeks, discuss with the MOH the role it will play in the coming months regarding the finalization of the agenda and promoting continued dialogue among stakeholders.

Meanwhile, PHCI will establish its own research plan for the next three years. PHCI, however, will only be able to undertake research endeavors that correspond with the project mandate and mission. Accordingly, PHCI must consider the following factors when determining which research topics it will undertake:

- *PHCI Scope of Work:* The project is required to respect its contract with USAID and the overall objectives of the project.
- *Feasibility of Completion within Project Lifetime:* PHCI will only be able to undertake research activities that will be completed before the end of the project.
- *Compatibility of PHCI Resources:* The project can only assume responsibility for research activities for which it has available resources (financial, staffing, time, expertise, etc.).
- *Contribution to Sustainability, Policy Issues and USAID Strategic Objectives:* The project will attempt to select research activities that will promote sustainability in Jordan, will support effective policy making and that are consistent with USAID's strategic objectives in Jordan.

The project will develop its PHC research plan, with regard to the priorities expressed by the MOH, and present the proposed agenda to USAID for comments and approval. The project will then finalize the plan and develop detailed scopes of work – including staffing, budgets and timelines – for each activity.

5. Additional Resources

PHCI is also in the process of developing a national research agenda for reproductive health and family planning. Since the nature of RH/FP is much more specific than PHC, the PHCI/MOH team was able to undertake preliminary research to determine the extent of existing research on RH/FP in Jordan. The documents developed during this process, listed below, will also be available to interested stakeholders. Most of the information included in the following documents pertains to reproductive health and family planning, although the content may be useful for PHC research as well:

- **Volume III: Matrix of Existing Research on RH/FP in Jordan.** The matrix includes the title, objectives and condensed findings of the collected research studies on RH/FP in Jordan.
- **Volume IV: Summaries of Existing Research in Reproductive Health and Family Planning in Jordan.** Summaries exist for all studies contained in the matrix and contain information from the matrix as well as methodology, a more descriptive synopsis of findings and recommendations.
- Copies of the **original studies** that were summarized in the above documents.

These documents will be available from PHCI in the following formats:

- **Hard copy.** The matrix and summary documents will be available from PHCI in hard copy. In addition, bound copies of the original reports will be made available on a loan basis through the PHCI office.
- **Internet.** The matrix, summaries and original documents will be available on a planned PHCI website in the near future.
- **CD-ROM.** The documents will be produced and distributed in CD-ROM format.

Annex A: List of Participants

The following is a list of the participants from the Primary Health Care Roundtable, held on April 2, 2001. (Note: This list may not be complete.)

Dr. Faris Dababneh	MOH
Dr. Taher Abu Samen	MOH
Dr. Clara Syam (Res)	MOH
Dr. Ruwaida Rashid (Res)	MOH
Dr. Hiyam Al Yousef (Res)	MOH
Dr. Ali Asa'd (Training)	MOH
Dr. Nuha Khdeir (QA)	MOH
Dr. Safa' Qsous (QA)	MOH
Dr. Basima Steitieh (HCM)	MOH
Dr. Sa'ed Kharabsheh	MOH
Dr. Muneeb Ayoub	MOH
Dr. Ghassan Fakhouri	MOH
Dr. Adnaan Abbas	Jordan Public Health Association
Dr. Salah Mawajdeh	JUST
Dr. Linda Haddad	JUST
Dr. Jean-Jacques Frere	PHCI
Dr. Malek Debbas	RMS
Dr. F.S. Musa	UNRWA
Dr. Abdullah Al Sai'di	WHO
Dr. Naser Moeini	UNICEF
Dr. Dwayne Banks	PHR
Dr. Bill Goldman	USAID
Dr. Salwa Bitar	USAID
Dr. Richard Yoder	PHCI
Dr. Ali Arbaji	PHCI
Dr. Mary Segall	PHCI
Dr. Calvin Wilson	PHCI
Dr. Carlos Cuellar	PHCI
Dr. Nayef Awwad	PHCI
Dr. Joe Smith	PHCI
Mr. Bob Karam	PHCI
Ms. Dana Shuqum	PHCI
Ms. Rita Habash	PHCI
Ms. Kate Stillman	PHCI

Annex B: Agenda for PHC Roundtable

Research Roundtable III: Building A Research Agenda for Primary Health Care

2 April 2001; 9:00 – 3:00
Amra Hotel (Jericho Room)

1. **Purpose:** to build an MOH research agenda for Primary Health Care for guiding research activities over the next 3-4 years
2. **Objectives:** (a) to reflect on PHC needs in areas such as improving quality, equity and efficiency, (b) to develop an agenda for guiding research activities over the next 3-4 years. (Since RH/FP issues will be covered extensively in the March 27 roundtable, they will be excluded from consideration in this seminar)
3. **Method:** Six people will prepare and present background papers that (a) reflect on PHC needs in areas such as improving quality, equity and efficiency and (b) identify specific research questions arising from their reflections. Discuss. From this background, a list of key research questions to investigate will be developed.
4. **Presentations** (15 minutes each):
 - Dr. Sa'ad Kharabsheh, General Director, Primary Health Care Directorate, MOH
 - Dr. Adnaan Abbas, Chair, Jordan Public Health Association
 - Dr. Salah Mawajdeh, Dept of Family and Community Medicine, Jordan University of Science and Technology
 - Dr. Linda Haddad, Acting Dean, Faculty of Nursing, Jordan University of Science and Technology
 - Dr. Sameer Awamleh, General Director for Health, Amman Governorate, MOH
 - Dr. Jean-Jacques Frere, Chief of Party, PHCI project
5. **Discussion** arising from presentations (45-60 minutes)
6. **Identify participant generated questions** needing investigation/research (most appropriate option to be selected during Roundtable):

OPTION 1: Stay in plenary
Identify key research questions emerging from the papers and discussion following the presentations, (60 minutes)

OPTION 2: Small groups and plenary
In groups of 5-7, each group develops a list of research questions needing investigation (30 minutes)
Plenary: Each group reports findings back to plenary. From this common questions will be identified. (30-45 minutes)
7. **Closing**

Annex C: PHC Roundtable Presentations

The following pages include copies of the presentations given at the PHC Roundtable.

Presentation 1: Dr. Sa'ad Kharabsheh, General Director, Primary Health Care Directorate, MOH

Research questions to be answered in the field of P.H.C

- Do C. H. C in Jordan provide the functions they intended for?
- What is the efficiency of peripheral health centers in provision of PHC services?
- What are the coverage &accessibility of PHC services in rural Jordan as compared to urban settings?
- What is the profile of nutritional &dietary life style of Jordanian citizens as related to chronic diseases etiology?

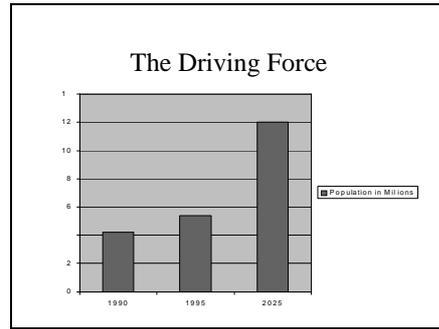
- What is the weight of iron deficiency anemia among other causes of anemia?
- How effective is the school health programme in screening for health problems among school children?
- What are major gaps in public health laboratory that may hinder surveillance of public health problems?
- How is the level of satisfaction of the pop. toward dental health services?
- What is the profile of mental health in Jordan?

Presentation 2: Dr. Adnaan Abbas, Chair, Jordan Public Health Association and former Under Secretary, MOH

**Proposed Research Agenda
for P.H.C. In Jordan**

Important Research Topics

Dr Adnan Abbas



Proposed Research Areas and Issues

***QUALITY**
***EFFICIENCY**
***EQUITY**

QUALITY

- True quality is an important determinant of utilization
- Perceived quality is an important determinant of utilization
 - Quality deficits or perception of staff and facility deficits could explain under utilization of MOH P.H.C.C

Current Status

- **Underutilization Of P.H.C.C**
 - 60% of PHCC physicians see less than 15 patients/day
- **Over Utilization of O.P.D. in the Ministry of Health**
 - The current visit ration is 300 visits per 1000 population per year

What Are the Causes?

- **Underutilization due to**
 - Inadequate skills to deliver required care
 - Inadequate facilities to deliver required care
 - Poor perception of quality
 - Inefficiency due to process or system factors
 - Inappropriate referrals
 - Facility- patient mal-distribution

Research Topics Should Include:

- Quality of facilities and equipment
- Skill level of current staff
- Patient's perception of the staff and facilities quality
- Staff's perception of delivered quality

Research Topics Should Include:

- Existence of quality standards, measurement and compliance
- Evaluation of the existing general practitioner training curriculum
- Standardization of training programs
- CME opportunities, usage and needs

Research Topics Should Include:

- Medical school curriculum
- Status of current paramedic skills and training
- Development of a needs based expansion policy

Top Priority: Current Status of Quality

- Identify current status of quality
 - Quantify current levels of training and experience
 - Measure any existing skill or knowledge deficits
 - Identify any facility deficits
- Identify current perception of quality
- Prepare and implement evidence based guidelines and protocols for the most common 25 diseases (50% of visits)

Proposed Research Areas and Issues

- *QUALITY
- *EFFICIENCY
- *EQUITY

Efficiency

- Identify system or process problems that limit efficient patient care
- Identify appropriate staffing and visit ratios
- Identify appropriate staff skill sets
- Measure status of current disease surveillance and prevention programs

Efficiency

- Focus on data collection
 - Accurate
 - Adequate
 - Timely
 - Comprehensive

This Is Mandatory for Implementation Of:

- Effective public health policy
- Identification of disease patterns
- Evidence based intervention
- Outcomes measurements
- Quality measurements
- Cost containment
- Any information system

Research Should Include:

- Appropriate data collection process
- Appropriate data collection formats
- Status of current skills and knowledge of data issues
- Status of current skills in data analysis

Research Should Include:

- **Identification of training needs**
 - Epidemiology
 - Computer skills
 - Management
 - Process redesign
 - Quality improvement

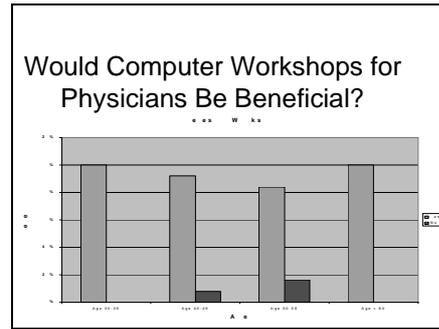
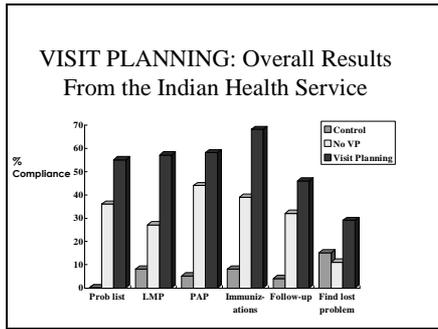
Research Should Include:

- Implementation of pilot programs, such as visit planning, that have been successful in similar socio-economic health care systems

Visit Planning

"Before a patient leaves the clinic, at least one health professional should recognize the patient's major health needs and take appropriate action"

- Review/update the problem list
- Determine health maintenance needs
- Find patients lost to follow up
- Order tests, measurements, patient education, etc
- Alert provider about what needs to be accomplished



Proposed Research Areas and Issues

- *QUALITY
- *EFFICIENCY
- *EQUITY

Equity

- **The role of the public sector**
 - Assuring health care quality
 - Preventive medicine
 - Disease surveillance
- **Identification of appropriate regulatory mechanisms**

Presentation 3: Dr. Salah Mawajdeh, Department of Family and Community Medicine, Jordan University of Science and Technology

Building a research agenda for primary health care

A presentation prepared for
Research Roundtable III, PHCI



Right to Health

Health for all vision is based on the following key values

1 Human rights
Recognition that the enjoyment of the highest attainable standard of health is a fundamental human right
Access to health services is a necessary but not sufficient condition for realizing the right to health



Equity

Health for all vision is based on the following key values

- Human rights
- Equity

Implementation of equity-oriented policies and strategies



Ethics

Health for all vision is based on the following key values

- Human rights
- Equity
- Ethics

Continued and strengthened application of ethics to

- Health policy
- Research
- Service provision



Gender Sensitivity

Health for all vision is based on the following key values

- Human rights
- Equity
- Ethics
- Gender sensitivity

Incorporation of a gender perspective into health policies and strategies



Goals

- ♦ An increase in life expectancy and in the quality of life
- ♦ Improved equity in health
- ♦ Access to care

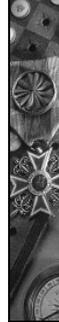




Building a research agenda for primary health care

- ♦ How well the primary health care system performs in terms of
 - 1 improving health status
 - 2 Assuring equity
 - 3 Assuring access
 - 4 Promoting the economic efficiency
 - 5 Promoting clinical effectiveness
 - 6 Assuring quality of care
 - 7 Assuring consumer satisfaction

7



Building a research agenda for primary health care

- ♦ The role of the private sector in primary health care delivery

8



Building a research agenda for primary health care

- ♦ Analysis of the prescription behavior of physicians

9



Building a research agenda for primary health care

- ♦ Analysis of the perception of consumers of illness and health

10



Building a research agenda for primary health care

- ♦ Assessment of provider performance (effectiveness of primary health care delivery)
- ♦ Assessment of efficiency of health care delivery coupled with intervention research to test new “alternative models” of health care delivery

11/11

Presentation 4: Dr. Linda Haddad, Acting Dean Faculty of Nursing, Jordan University of Science and Technology

**Building A Research Agenda For
Primary Health Care (PHC)**

By
Linda Haddad, PhD, RN
Dean Faculty of Nursing
Jordan University of Science &
Technology

1

**Current Issues that Affect PHC in
Jordan**

- Improved child survival
- Longer life expectancy
- Growth of major cities
- Adolescent health and youth development
- Family violence
- RT Accidents
- Chronic illness

2

**Current Issues that Affect PHC in
Jordan (continued)**

- Nutritional and poverty linked diseases
- Emerging resistant pathogens
- Lifestyle disease
- Expansion of the Industrial free zones
- Economic efficiency of the PHC services

3

**Problems and Weaknesses in the PHC services at
local level**

- The quality of service is often weak, which undermines the credibility of the PHC services by the public.
- Management problems exist at two levels:
 - The health center local level
 - District (governorate) level
- A poorly skilled and demoralized unsatisfied health team, lack the skills to be effective problem -solvers and networkers.

**Problems and Weaknesses in the PHC services
at local level (continued)**

- The health status, problems, and needs of many urban, rural and remote underserved populations have not been clearly delineated in Jordan
- The dimensions of *appropriateness, adequacy, and acceptability* of the services have not been explored sufficiently in specific rural and remote underserved populations.

5

**Problems and Weaknesses in the PHC services
at local level (continued)**

- Effect of availability , accessibility, and cost of the prevention services by the underserved populations.
- Active community involvement in the planning and management of health care is still uncommon and not seen as an ongoing process.
- Lack of continues provision of basic epidemiological information, with lack of information dissemination to health centers at local level.

6

- **Problems and Weaknesses in the PHC services at local level** (continued)

- **Lack of base line data** such as a risk-profile of the target population that can be used as a basis by the PHC team charged with designing, conducting, and assessing a primary, secondary, and/ or tertiary prevention program for this population

7

Identifying the Research Agenda and Priorities

Additional main research questions are needed according to the identified PHC problems and weakness:

Research questions in Quality of care (Structure, process, outcome)

- **Survey the roles and activities of GP's, RN's and midwives for the purpose of understanding their scope of practice at the local level.**
- **How effective are the standardized clinical protocols in treating specific health problems?**

8

1. Quality of care (Structure, process, outcome) (continued)

- **How much of the PHC competencies does the health team members possess?**
- **Attitude of health team toward illness prevention and health promotion.**

9

1. Quality of care (Structure, process, outcome) (continued)

- **How much the health team are having job satisfaction?**
- **How much the health team have managerial capabilities and team collaboration?**
- **How efficient are the health team in using time effectively?**

10

2. Research questions in health education (HE) and communication

- **How much the HE materials are effective in changing attitudes, beliefs, and knowledge of the target population?**
- **Does the population like the message?**
- **Did the target population discuss the message with others?**
- **Reasons of not complying with prescribed services and treatment.**

11

3. Research questions in out-reach of the PHC services

- **How do people in remote areas be educated about the diseases?**
- **What are the client satisfactions with the services?**
- **How and why clients choose to access or not to access?**

12

3. Research questions in out reach of the PHC service:(continued)

- How do clients decide whether or not they are satisfied with the PHC services?
- What interventions can be used to increase access or failure to access?

13

4. Research questions in non-communicable diseases and lifestyles:

- What are the burdens of Cardiovascular disease in Jordan?
- What are the risk profile of all members of the targeted population?
- Evaluate the cost-effectiveness of community-based lifestyle-linked interventions (e.g. salt intake, using seat belts,..... etc)

1

4. Research questions in non-communicable diseases and lifestyles:(continued)

- Tobacco cessation programs aimed at changing the behavior of current smokers
- Monitor tobacco consumption trends in vulnerable groups such as adolescents
- Evaluate the cost effectiveness of school and community based interventions that promote abstinence from tobacco.

15

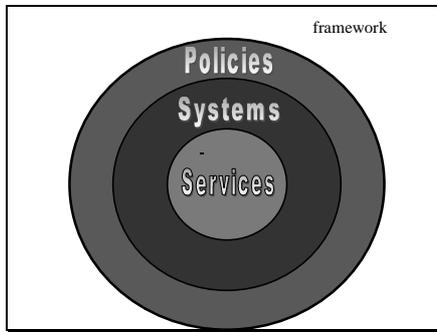
Presentation 5: Jean-Jacques Frere, Director, PHCI

Priority Setting for Health Research

- **Magnitude and Urgency of the problem**
- **Extent of previous research**
- **Feasibility**
- **Expected impact**

Priority Setting for Health Research for PHCI

- **Consistent with PHCI scope of work**
- **Completed within Project lifetime**
- **Compatible with Project resources**
- **Contributes to sustainability, policy issues, USAID strategic objectives**



POLICIES

- Goals/Mission
- Resources
- Finance
- Provider Payment
- Personnel
- Decentralization
- Integration
- Incentives/Motivations
- Training/CME
- Referral
- Accreditation/Certification
- Contractual policies

SYSTEM

<p>Functions</p> <ul style="list-style-type: none"> • Care delivery • Planning • \$ management • Staffing • Training • Procurement • Management support systems (HMIS, supervision) 	<p>Structure/Organization</p> <p>Decentralization</p>
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<p>Health Services Supply</p> <ul style="list-style-type: none"> • Disease Control/Surveillance • Prevention • Curative Care, care model • Special Programs (MCH, EPI, RH) and integration • Quality of Care • HMIS • Training/CME • Costs 	<p>Demand</p> <ul style="list-style-type: none"> • Health communication • Community participation • Care seeking behaviors • Patients expectations • Unmet demand • Barriers to utilization
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POLICIES

- Goals/Mission
- Resources
- Finance ■
- Provider Payment
- Personnel
- Decentralization
- Integration ■

- Incentives/Motivations ☀
- Training/CME
- Referral ☀
- Accreditation/Certification ☀
- Contractual policies

SYSTEM

Functions

- • Care delivery
- Planning ☀
- \$ management
- Staffing ☀
- • Training
- Procurement
- • Management support systems (HMIS, supervision)

Structure/Organization

Decentralization ☀ ?

Health Services

Supply

- Disease Control/Surveillance
- Prevention ☀
- Curative Care ☀
- Special Programs (MCH, EPI, RH) ☀
- Quality of Care ☀
- HMIS ■
- Training/CME ■
- Costs ☀

Demand

- Health communication ☀
- • Community participation
- Care seeking behaviors ☀
- Patients expectations ☀
- Unmet demand ☀
- Barriers to utilization ☀

Specific Research Topics

- Health workers motivation, to supplement PHR work on hospitals
- Referral system: applied research to improve existing practices
- Financing strategy for priority services: for example introduction of new vaccines such as Hib
- Impact of integration and continuity of care on utilization
- Care seeking behaviors, determinants of utilization (in collaboration with PHR)
- Burden of disease analysis (Healy or Daly)