Chapter 6

The role of health professional associations in achieving the Millennium Development Goals

article by Commonwealth Health Professions Alliance

The 2010 Commonwealth Health Ministers' meeting has at its theme: The Commonwealth and the health MDGs by 2015. In preparation for the Commonwealth Health Ministers' meeting (CHMM), the Commonwealth Health Professions Alliance (CHPA)[i] was interested in exploring the role national health professional associations were playing or could play in achieving the Millennium Development Goals (MDGs). One of the roles of the CHPA is to provide their member associations with information, ideas and strategies about global health issues and to encourage their involvement with their governments in addressing these health issues within their own countries. The CHPA considered an active and committed health workforce a necessary prerequisite for achieving the MDGs however were keen to explore whether their member associations were as well informed or as actively involved with their governments as they could be or whether they were involved on their own initiative in actions to achieve the MDGs.

A short survey was developed to explore the knowledge of national health professional associations about the health Millennium Development Goals; their perception of whether or not their government was actively involved in actions to achieve the health MDGs; and whether or not their own association was actively involved with their government in actions to help achieve the MDGs. The survey also sought respondent views about priority actions for themselves and their governments in achieving the health MDGs.

The purpose of the survey was to provide baseline information to the CHPA about the level of their members' knowledge of and involvement with the MDGs to inform future CHPA activities in supporting their members as well as to develop recommendations to put to Commonwealth Health Ministers at their 2010 meeting. This paper outlines the responses of the national health professional associations to the survey questions.

It is important to note that these responses may not be representative of all national health professional associations in Commonwealth countries. Not every health profession has a national association in every Commonwealth country and some associations are very small with honorary staff and only limited access to email. Additionally, it is quite likely that those members who were more familiar with the MDGs would be more likely to respond to the survey. However the responses do provide some suggestions for health ministers to consider and a way forward for the CHPA in supporting their members in fulfilling an active role in helping their governments to achieve the MDGs.

Methodology

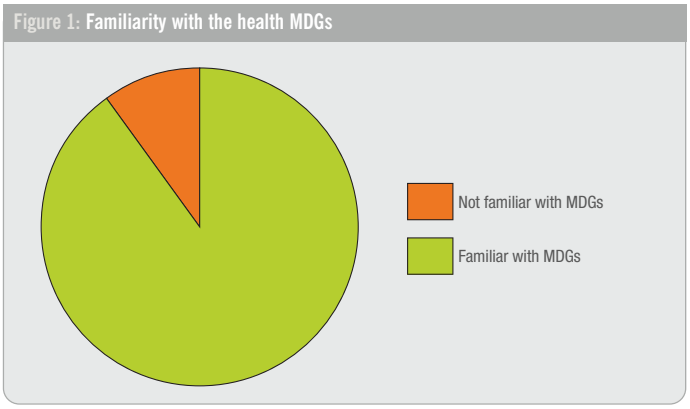
Over the first two weeks in March 2010, each member of the CHPA emailed a short seven question survey to their national member associations. Survey questions included both quantitative and qualitative data. The last two question of the survey asked respondents to identify which health profession they were representing and which country their responses referred to. The responses were returned by email by the respondents to the CHPA email address.

Quantitative data were summed and are presented as a simple percentage of responses. Analysis to compare responses within regions or within health professions was not undertaken as some of the numbers were very small. Qualitative data underwent theme analysis to identify emerging themes using a double blind content analysis approach to identify re-occurring words or groups of words which were organised into logical sub themes and then aggregated into theme clusters.

Findings

Seventy five civil society organisations representing health professionals (community health workers, dentists, doctors, nurses and pharmacists) from 34 Commonwealth countries responded to the Commonwealth Health Professions Alliance survey. It was not possible to generate a response rate as some CHPA members sent surveys directly to national member associations while others used a regional structure and relied on regional representatives to disseminate the survey.

Figure 1: **Familiarity with the health MDGs**



[i] The Commonwealth Health Professions Alliance (CHPA) is an alliance of accredited Commonwealth health professional associations which includes dentists, doctors, nurses, pharmacists and community health workers. The membership of Alliance members includes national associations representing health professionals. Members of the CHPA consider that by working together they can more efficiently and effectively represent and support health professionals in Commonwealth countries and promote high standards of care and equity in access to care for Commonwealth peoples. The CHPA also consider that by working together they can be more influential in advocating on behalf of Commonwealth health professionals and Commonwealth peoples in Commonwealth forums, including meetings of the Commonwealth Health Ministers.

Table 1: **Commonwealth countries who responded to the CHPA MDG Survey**

Africa	Asia	Caribbean	South pacific	Europe	Americas
Sierra Leone	Malaysia	Barbados	Fiji*	Malta	Canada
Tanzania	India	Bahamas	New Zealand	UK	
Kenya	Bangladesh	St Kitts and Nevis	Tonga		
Cameroon	Pakistan	Montserrat	Australia		
Ghana		Grenada	Samoa		
Uganda		Jamaica	Nauru		
Botswana		Trinidad and Tobago	Singapore		
Malawi					
Lesotho					
Mauritius					
Nigeria					
Guyana					

**Fiji, while suspended from the Commonwealth, remains a member of some Commonwealth health professional associations*

QUESTION 1: Familiarity with the health MDGs

Respondents were asked whether or not they were familiar with the health Millennium Development Goals. Ninety per cent of respondents stated they were familiar with the health MDGs. A website link to the MDGs was provided so that those not familiar could locate further information.

QUESTION 2: Knowledge of government involvement in programmes to achieve the health MDGs

Respondents were asked whether or not, to their knowledge, their government was actively involved in programmes to achieve the health MDGs. Of the 75 associations who responded, 85 per cent considered that their government was actively involved in achieving the MDGs.

QUESTION 3: Involvement in government programmes to achieve the MDGs

Respondents were asked whether or not the association to which they belonged was actively involved with their government in programmes to achieve the health MDGs. Sixty nine per cent of health professional associations (n=52) were actively involved with their governments in programmes to achieve the MDGs.

QUESTION 4: Action needed for governments to achieve the health MDGs

Respondents were asked to identify the most important actions for their government to take to achieve the health MDGs. Four main themes were identified from analysis of the responses: sustainable health systems; sustainable health programmes; a sustainable health workforce; and a sustainable environment.

Sustainable health systems

- Provide adequate funding for health which is transparent and accountable.
- Align policy objectives to resource allocation and budgeting.
- Develop national policies and legislative support for health programmes delivered by the health workforce.
- Develop information technology to support health programme delivery and the health workforce.
- Provide timely data collection on health status and health programmes and report in a framework that allows international comparison.
- Formally evaluate all health programmes and interventions.
- Develop global partnerships to share resources and the skills of the health workforce.

Sustainable health programmes

- Place a major focus on primary healthcare programmes delivered at the local level (rather than on in-patient hospital care).
- Develop a national primary healthcare plan which includes the health Millennium Development goals and targets.
- Provide universal access to healthcare without cost at point of delivery particularly for women and children under the age of 18 years.
- Provide universal access to affordable essential medicines.
- Provide health information including in schools and local community centres.
- Provide early detection services including testing at a local level.
- Increase the number of midwives for the provision of family planning services and pre and post natal care at the local level.

Sustainable health workforce

- Develop a national plan to educate and provide a sustainable health workforce currently and for the future including specific recruitment and retention strategies.

Figure 2: **Knowledge of government involvement in programmes to achieve the health MDGs**

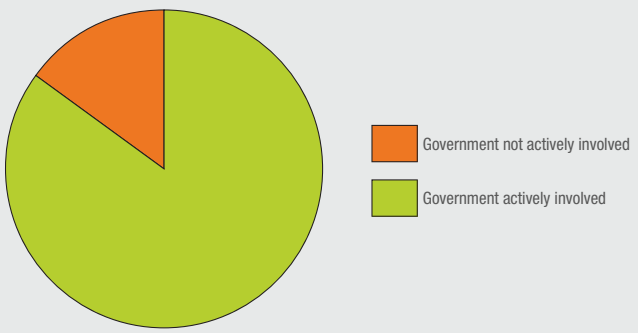


Figure 3: **Involvement in government programmes to achieve the MDGs**

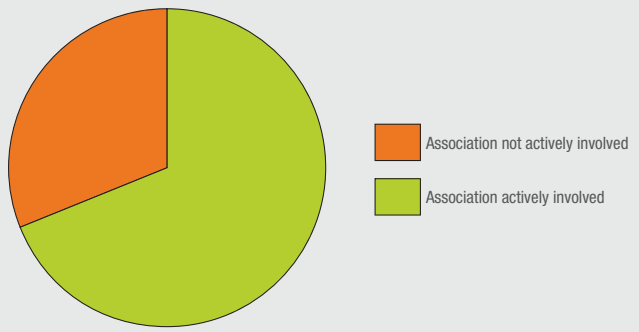


Figure 4: **Infant mortality and % skilled personnel attending birth**

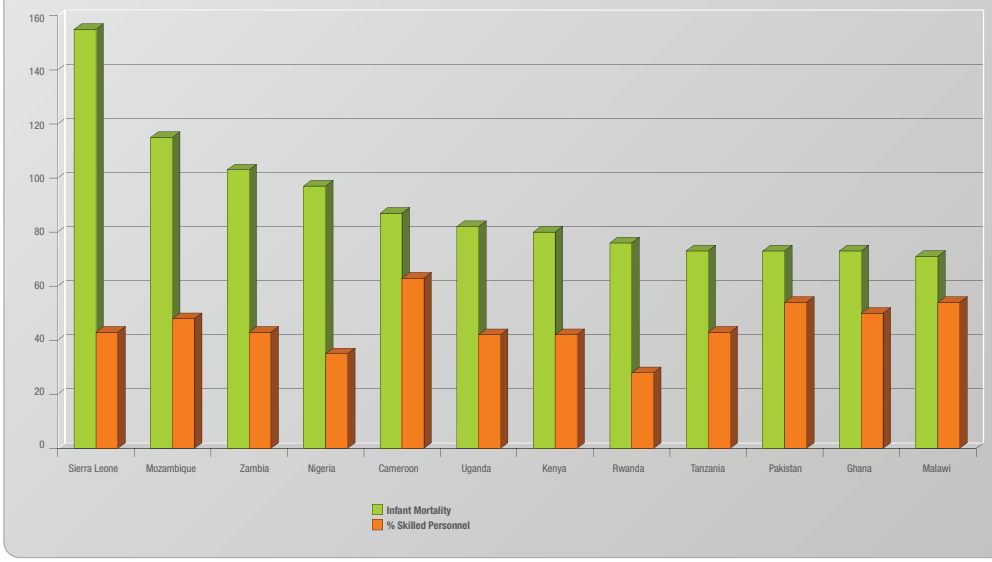
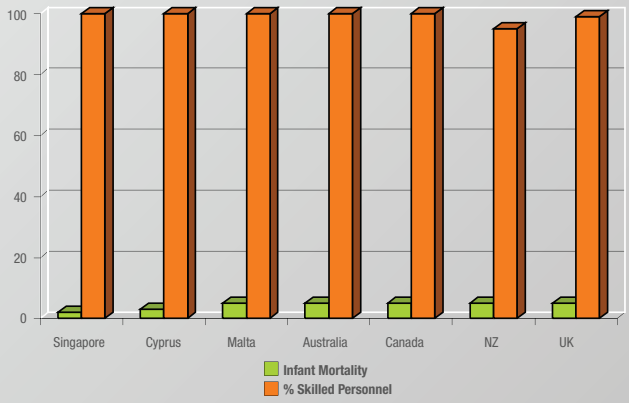


Figure 5: **Infant mortality and % skilled personnel**



**Data taken from UN STATS Millennium Development Goals available from: http://mdgs.un.org/unsd/mdg/. Data is a compiled from country estimated data. Year of infant mortality data is reported to be 2007. Year of % of births attended by skilled personnel varies.*

- Ensure working conditions for the health workforce are safe and fair.
- Deploy the health workforce so their skills are maximised with a focus on primary healthcare at the local level.
- Allow appropriate and safe multi-skilling within a supportive legislative framework (e.g. nurses and pharmacists to supply and dispense medications; pharmacists to provide testing and counselling services).
- Develop a programme of capacity building for the health workforce including a formal programme of competency assessment and continuing education.
- Develop a national policy for managing the migration of health professionals and health workers so that their skills are not permanently lost to their home country.
- Involve the health workforce in policy formulation and decision-making on health issues.

Sustainable environment

- Provide a politically stable environment.
- Provide universal access to a safe water supply.
- Provide support to the agricultural sector to improve food supply and nutrition.
- Develop and implement strategies to address poverty and reduce financial inequality.
- Address overcrowding in urban housing and provide alternate housing to squatter camps.
- Develop and implement strategies to reduce gender inequality.
- Provide at least nine years of universal education for boys and girls (essential for health literacy and to combat discrimination, stigmatisation and stereotyping).

QUESTION 5: Actions required by national associations to help governments achieve the MDGs

Respondents were asked to identify the most important actions for their associations to take to help achieve the health MDGs in their own or another country. Four main themes were identified from analysis of the responses: be involved; advocate; educate; evaluate.

Be involved

- Work together with a focus on team work to provide high quality health services at the local level.
- Use multi-skilling when safe and appropriate for efficient care delivery and develop partnerships with traditional community healers.
- Mobilise the community to take individual responsibility and collective action to improve their own health.
- Conduct research to improve health service provision.

Advocate

- Lobby the government to develop and implement a national plan for the education and provision of adequate health professionals and health workers.
- Lobby the government to improve working conditions for health professionals and health workers: safe workplace, adequate resources, reasonable workloads, improved salaries.
- Hold the government to account either to deliver on donor commitments or to be transparent and accountable in the spending of donor funds.

Educate

- Provide information and education about the MDGs to all health professionals and health workers.
- Raise awareness of health issues in the community with the provision of information and education.

Evaluate

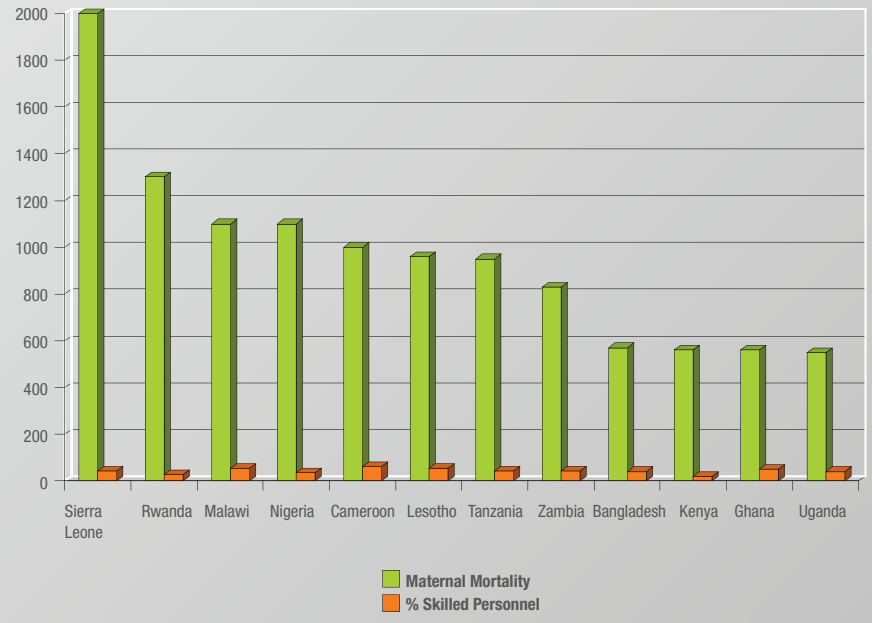
- Monitor and evaluate own practice.
- Monitor and evaluate health programmes.

Discussion

The CHPA consider that an adequate supply of health professionals to

deliver primary healthcare is a necessary prerequisite to a country achieving the health MDGs. This view is supported by the World Health Organization which notes a direct relationship between the ratio of health workers to population and survival of women during childbirth and children in early infancy (WHO 2005). As the number of health workers declines, survival declines proportionately. The GHWA claims that the health worker shortage has been a major impediment to making progress on meeting the MDGs. The United Nations High Level Meeting on the MDGs in September 2008 recognised that an adequate health workforce is fundamental to ensuring progress on improving maternal and child health and achieving the MDGs. Health workers provide essential, life-saving interventions such as care for pregnant women, safe childbirth, vaccinations and access to services for HIV and AIDS, tuberculosis and malaria (GHWA, 2008).

Figure 6: **Maternal mortality and % skilled personnel attending birth**



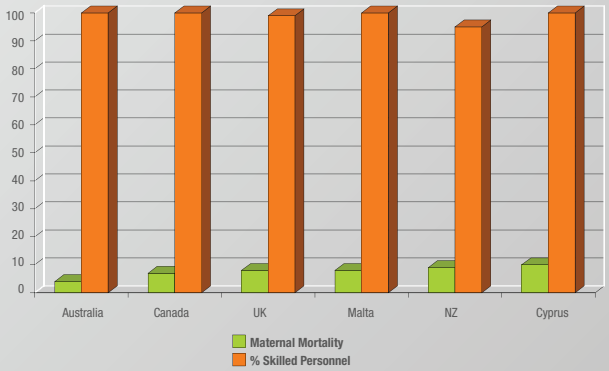
It is the role of health professional associations to represent their health professional members. This representation includes lobbying for a sufficient health workforce and a safe environment in which they can provide care. It also includes being actively involved in policy formulation and decision-making at a national level and participating in programmes to enable them to more effectively and efficiently provide healthcare.

It was encouraging to note that 90 per cent of respondents claimed to be familiar with the health MDGs, although as previously stated, it is possible that associations familiar with the MDGs would be more likely to return the survey. Also encouraging was that respondents considered 85 per cent of their governments were actively involved in actions to achieve the MDGs in their countries. However only two thirds of respondent associations were actively involved with their governments in programmes to achieve the MDGs leaving an untapped potential of one third of respondent organisations whose input and expertise is not being utilised. Respondent comments indicated they were willing to be involved, they recognised they had a responsibility to be involved, and intended to pursue involvement with their government in the future.

Reducing child mortality and improving maternal health are goals 4 and 5 of the MDGs. Countries which have a higher health worker ratio have better outcomes in reducing infant and maternal mortality. The graphs below show those countries with the highest and lowest infant mortality and the highest and lowest maternal mortality and plot the percentage of skilled personnel who attend births in that country. The graphs clearly demonstrate the inverse relationship between infant and maternal mortality and the percentage of skilled personnel who attend birthing mothers. Similar graphs can be generated for the other health MDGs.

The graphs are based on United Nations country estimates and the year of collection varies. However the major causes of infant mortality: preterm (27%), pneumonia and infection (26%), asphyxia (23%),

Figure 7: **Maternal mortality and % skilled personnel**



** Data taken from UN STATS Millennium Development Goals available from: http://mdgs.un.org/unsd/mdg/. Data is a compilation of country data, estimated data and modelled data. Year of maternal mortality data is reported to be 2005. Year of % of births attended by skilled personnel varies.*

congenital defects (7%), tetanus (7%), diarrhoea (3%) and others (7%), can be avoided with the provision of antenatal care provided by skilled health personnel as can low birth weight which is related to maternal malnutrition and which is reported to be a causal factor in 60-80 per cent of all neonatal deaths[1]. Likewise the major causes of maternal deaths: haemorrhage (25%); infections (15%); eclampsia (12%); obstructed labour (8%); unsafe abortion (13%); other direct causes (8%); other indirect causes (20%) can be avoided with the provision of skilled health personnel, such as midwives, nurses and doctors, to provide quality antenatal and birthing services (WHO, 2005).

A primary strategy therefore in government action plans to achieve the MDGs should be a focus on the health workforce: its sufficiency, its skills mix and its deployment.

The CHPA noted in preparing this paper the gross inadequacy of timely and comparable data across Commonwealth countries. Very little

available data was actually generated by countries themselves and relied on modelling or estimates. Years of collection varied even within the same data set. Definitions also varied. The CHPA consider that a major priority for Commonwealth governments should be a commitment to developing and publishing timely data that is consistent across Commonwealth countries and comparable globally.

In their responses to the CHPA survey, national health professional associations noted that the health workforce does not provide services in a vacuum. For health workers to be effective, they need supportive health systems and health programmes and a safe environment in which to provide care. Respondents saw health service delivery in a broad context, stating that health, education and poverty are interdependent and cannot be addressed independently as they perceive it is often being done now. The alleviation of poverty, the provision of at least nine years of universal education, and the provision of a stable environment they considered must go hand in hand with universal access to healthcare free at the point of delivery, particularly for women and children. Health professionals also considered that a politically stable environment was an essential factor in achieving the health MDGs and that in the midst of a conflict or a crisis development is impossible.

Conclusion

The responses to the CHPA survey suggest that Commonwealth health professional associations consider that, in order to achieve the MDGs, governments need to focus on sustainable health systems; sustainable health programmes; a sustainable health workforce; and a sustainable environment and that the principles of sustainable development should be incorporated into all country policies and programmes.

Health professionals and their associations have a major role in being actively involved, lobbying their governments for a national health workforce plan, educating themselves and their communities about the MDGs and the need for a healthy lifestyle, and monitoring and evaluating progress.

Health professional associations recommended that national governments should establish a national committee to develop a national plan, if one was not already established, to achieve the MDGs in their country or to assist another country to achieve the MDGs. The national committee should include representation from associations of dentists, doctors, nurses, pharmacists and community health workers. The national plan should have a primary healthcare approach and include strategies to achieve a sustainable health workforce.

They further recommended that national governments establish mechanisms to collect relevant MDG data in a timely manner which is globally consistent and comparable and which is made publically available so that progress in achieving the MDGs can be more accurately measured.

For their own part, national health professional associations considered that strategies to become involved in working with their government to achieve the MDGs should be included as part of their organisation's strategic plan and that they had a responsibility to educate and inform themselves about the MDGs. They expressed a willingness to work in partnership with their communities and their governments to help achieve the MDGs.

The CHPA also considers it has a responsibility to raise member's awareness of the health MDGs and to encourage them to become actively involved with their governments and with their communities. ◆

References

[1] UNICEF. 2009. The state of the world's children. Available from: http://www.unicef.org/sowc09/.World Health Organization. 2005. World Health Report: Making every mother and child count. Available from: http://www.who.int/whr/2005/en/.Global Health Workforce Alliance. 2008. Health workforce fundamental to achieving MDGs. Media Release. 23 September 2008. Available from: http://www.who.int/workforcealliance/news/mdg_statement/en/index.html. Global Health Workforce Alliance. 2008. GHWA welcomes health workforce commitments to reach MDGs. Media Release. 26 September 2008. Available from: http://www.who.int/workforcealliance/news/mdghlm_commitments/en/index.html.