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Meeting the health related MDGs: challenges and the way forward

In collaboration with the 9th CNF Europe Region Conference
Supported by the Royal College of Nursing UK
MEETING THE HEALTH RELATED
GOALS: CHALLENGES AND WAY
FORWARD

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The Governments of West African states adopted the Millennium Development Goals (MDGs) along side other UN countries.

The West African College of Nursing (WACN), an agency of the West African Health Organization (WAHO) works with the ministries of health of member countries to further initiatives that will advance attainment of the health related MDGs and other health programmes.

Each WACN member country/Chapter works with the five faculties - Medical Surgical, Community health, Maternal and Child health, Mental health/Psychiatry, Management, Administration and Education to implement all adopted programs/measures within the countries.

The major problems with MDGs include the 3 DELAYS – seeking care; reaching/access to care and getting care in health system.
OBJECTIVES

- Outline the Health related Millennium Development Goals (MDGs), targets and indicators
- Outline the priorities and interventions for meeting them
- Highlight progress and challenges
- Discuss the way forward as recommended by WHO African Region
- Highlight WACN efforts in the attainment of the health related MDGs (Focus MDG 4 & 5)
THE HEALTH RELATED MDGS

- MDG 4: Reduce Child mortality
- MDG 5: Improve Maternal health
- MDG 6: Combat HIV and AIDS, Malaria and other diseases
MDG 4
REDUCE CHILD MORTALITY

TARGET:
- Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

INDICATORS
- Under-five mortality rate
- Infant mortality rate
- Proportion of children immunised against measles
MDG 4
REDUCE CHILD MORTALITY – Priority and Key Interventions

- Focused Antenatal care
- Newborn care
- Appropriate infant feeding
- Immunizations
- Integrated Management of Neonatal and childhood illnesses (IMNCl)

The WACN through country Chapters in member countries- Benin, Gambia, Ghana, Liberia, Nigeria, Sierra Leone are strengthening the capacity of nurses and midwives to ensure that these are practiced.
## MDG 5: IMPROVE MATERNAL HEALTH

<table>
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<tr>
<th>Targets</th>
<th>Indicators</th>
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| A. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio | - Maternal mortality ratio  
- Proportion of births attended by skilled health personnel  
- Cardio Pulmonary Resuscitation |
| B. Achieve by 2015 universal access to reproductive health | - Antenatal care coverage($1^{st}$ & $4^{th}$)  
- Unmet need for family Planning (FP) |

UN 2000 United Nations Millennium Declaration A/RES/55/2
MDG 5: IMPROVE MATERNAL HEALTH - Priority and Key interventions

- Increasing access to skilled birth attendance
- Strengthening FP, including adolescent services

- Prompt and free referral and care for complications /Caesarian Section
  Empowering women, families and communities for timely decision making

- Scaling up Emergency Obstetric and Newborn care (EmONC)

The WACN engages in advocacy to facilitate the provision of Ambulances service and emergency transportation in the rural areas
MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Targets

- Have halted by 2015 and begun to reverse the spread of HIV & AIDS
- Achieve by 2015 universal access to treatment for HIV & AIDS for all those who need it
- Have halted by 2015 and begun to reduce the incidence of Malaria, TB and other diseases

The Millennium Development Goals Report, 2011

**Indicators: HIV and AIDS**

- HIV prevalence in 15 to 24 years
- Condom use in higher-risk sex
- Proportion of 15 – 24 years with comprehensive/ correct knowledge of HIV & AIDS
- Proportion of population with advanced HIV infection with access to ARV drugs
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10 - 14
Indicators: Malaria & Tuberculosis

- Incidence and death rate associated with malaria
- Proportion of children under-five sleeping under ITN
- Proportion of children under-five with malaria treated with appropriate anti-malaria drugs
- Incidence, prevalence and death rate associated with Tuberculosis (TB)
- Proportion of TB cases detected and cured under directly observed treatment short course (DOTS)
MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES - Priorities and key interventions

- HIV & AIDS Prevention and treatment, including Provider-initiated HIV testing & Counseling
- Prevention and control of STIs
- HIV prevention among the youth
- Improve blood safety
- Prevention of illness

- Preventing sexual and mother to child transmission of HIV (PMTCT), (ART)
- provision of treatment and care

- Client-initiated testing and counseling
- Update nurses/midwives skills in care and control

HAS THERE BEEN PROGRESS WITH THE ATTAINMENT OF MDGs?
**PROGRESS**

**FIGURE 4** Under-five mortality declined in all regions between 1990 and 2009

Under-five mortality rate, by region, 1990 and 2009 (deaths per 1,000 live births)
**PROGRESS**

**MDG 4:**
**Insufficient Progress:**
- Sierra Leone: 192-95  Nigeria: 138-71
- Benin: 118-61  Liberia: 112-82

**MDG 5:**
Some progress  Medium progress
- Liberia: 990-275  Benin: 410-198
- Sierra Leone: 970-325  Gambia: 400-188

**MDG 6:**
- Fewer are contracting HIV
- Commendable progress made in Tuberculosis reduction while the proportion of children sleeping under insecticide treated nets (ITNs) is increasing to combat Malaria;
- Treatment of Malaria with Artemisinin–based combination therapies (ACTs) widely in use in all the countries of the region
- Global Malaria programme with Public-private partnership adopted in most countries
- UNFPA, DFID, USAID, WHO, UNICEF, UK Advanced Life Support groups and non governmental organizations provide support for training in MCH, emergency obstetric care and other areas
MDGs CHALLENGES

- Inadequate and inequitable resources
- Weak health system
- Limited access to evidence based high impact intervention
- HIV & AIDS and other diseases
- Low priority accorded to health in national budget e.g. the 15% annual budget to health as agreed by African Govts yet to be implemented
- Inefficient use of available resources
- Inadequate qualified staff
- Poor Management of human resources for health
- Poor attention to national health policy/programmes
WAY FORWARD
WHO AFRO RECOMMENDATIONS

- Increase resources
- Strengthen existing structures
- Strengthen health system-to increase accessibility of quality services for high impact interventions
- Effective Measurement and evaluation, and Health management Information System (HMIS)
- Appropriate policy development, and implementation, include free services
- Strengthen leadership and institutional capacity
- Encourage private partnership
- Effective M&E and HMIS
WAY FORWARD
WACN EFFORTS IN COUNTRIES

- Support for most governments’ free health care services to pregnant and lactating mothers and children under five
- Increasing availability of skilled birth attendance through training and equitable deployment of midwives to rural areas (MSS & community midwifery)
- Harmonized curricula for training of nurses and midwives sensitive to needs of the region
- Advocacy for establishment of Regulatory bodies and national plan of action for nursing and midwifery where they do not exist
- Training of personnel in Life Saving Skills (LSS, ALSS), CPR etc
- Increased advocacy with the governments as political support for MDGs remain strong
- Disseminating and encouraging support for the African Union (AU) campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) - “No woman should die while giving birth” – through positive messaging, encouraging peer learning, intensifying efforts to reduce maternal deaths and associated child deaths
- Strengthening leadership skills of nurses and midwives – through short programmes (in 5 of 6 member countries, the 6th expected 2012)
- Encouraging more innovative strategies - use of mobile phone links with mothers in rural areas; adolescent health programmes; rural area incentives for workers; community empowerment programmes for parliamentarians; Faith based organizations’ training in MCH; adoption of safe motherhood strategies etc
CONCLUSION

WACN is poised to further encourage:

- Effective Leadership and customer focused and quality driven care at all levels of care especially the rural communities

- Cooperation, strategic partnerships and collaboration is ready to partner with other sister agencies and groups especially in the area of research and evidence based care

- Appropriate supervision and role modeling to achieve excellence in practice

- Advocacy for supportive policies for quality training of nurses and midwives and other health workers and their equitable deployment

- Advocate for government and communities to equitably allocate resources to sustain improved services

- Collectively, we could though make a difference in the lives of the communities in line with the WACN objectives.
CONCLUDING RESOLUTION

THE WEST AFRICAN COLLEGE OF NURSING CAN WORKING ASSIDUOUSLY WITH ALL OF YOU INDEED MAKE THE DIFFERENCE TO THE LIVES OF OUR COMMUNITIES AND THE WORLD

THANK YOU FOR LISTENING
References

- Regional Prevention of Maternal Mortality Course materials
- UNDP: The MDG: Challenges and Opportunities. 10 November 2010
- *Unlocking Progress: MDG Acceleration on the Road to 2015*, by United Nations Development Programme, 2010 (slide 12)
- WHO. Regional Committee 61. August to September 2011