The Partnership for Maternal, Newborn & Child Health

Workshop on health care professional associations and their role in achieving MDGs 4 and 5

March 2008
Ouagadougou, Burkina Faso
Meeting report

Contents

List of acronyms

ABSF	Burkina Faso midwives' association
HCPA	Health care professional association
DES	Diploma of specialized studies
ICM	International Confederation of Midwives
FIGO	International Federation of Gynaecology and Obstetrics
EmOC	Emergency neonatal and obstetric care
FASFACO	Federation of Central and West Africa Midwives Associations
IPA	International Paediatric Association
MNCH	Maternal, newborn and child health
PMNCH	Partnership for Maternal, Newborn and Child Health
SAGO	African Society of Gynaecology and Obstetrics
VIA	Visual inspection with acetic acid
VILI	Visual inspection with Lugol's iodine
WAHO	West African Health Organization

Introduction

Health Care Professional Associations (HCPAs) are capable of playing an effective role alongside public services in the effort to achieve health development goals. Within the specific context of maternal, newborn and child health (MNCH), HCPAs may help to achieve Millennium Development Goals Four and Five. In order to explore how they may contribute, the Partnership for Maternal, Newborn and Child Health (PMNCH) has decided to hold workshops to provide HCPAs with an opportunity to meet and define a common approach and to determine specific means by which they may effectively contribute to national policies and programmes on maternal, newborn and child health (MNCH). Following an initial workshop in Blantyre (Malawi), a second one was held in Ouagadougou (Burkina Faso). This report summarizes the activities of the Ouagadougou workshop, which was held from 26 to 29 March 2008.

Millennium Development Goal Four
Target 1:
Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Millennium Development Goal Five
Target 1:
Reduce by three quarters the maternal mortality ratio

Target 2:
Achieve universal access to reproductive health

I. Objectives of the Ouagadougou workshop

1.1 Overall objective

The overall objective of the workshop was to enhance the contribution of HCPAs to the development and implementation of national MNCH plans through increased involvement in the drafting of policies and programmes and alignment of their activities with national objectives relating to the achievement of MDGs 4 and 5.

1.2 Specific objectives

1. Strengthen **organizational aspects** of HCP associations to enable them to develop more fully their roles in the areas mentioned in objectives 1 – 4 and establish better partnering between associations and with the public sector ;
   (Strengthening leadership, defining vision-plans-responsibilities, effective partnering with the public sector, harnessing energies of members, keeping HCPAs involved in key issues affecting MNCH)

2. Strengthen the role of HCP associations as **advocates** for MNCH and in **policy dialogue;**
   (Being an effective player in dealing with legislative barriers, improving drug use policies, advocating for MNCH funding, quality improvement measures)

3. Explore HCP associations role of HCPAs in **planning;**
   (Working together and as good partners with the public sector to ensure comprehensive, integrated and costed plans with adequate evaluation mechanisms)

4. Develop the role of HCP associations in **quality improvement;**
   (Training, continuing education, monitoring / supervision, standards of care, regulation and accreditation issues)

5. Increase **HCPA joint activities to address the human resources crisis** with respect to MNCH.
   (Advocacy for and development of new cadres, task analyses, revision of job descriptions)

II. Workshop proceedings

All of the activities took place at the Hôtel Splendid in Ouagadougou, Burkina Faso. On 25 March 2008, participants had an opportunity to get to familiarize themselves with each other through a welcome cocktail.

2.1 Opening ceremony

The opening ceremony, which took place on the morning of 27 March, was presided by Mrs Priscille Zongo, wife of the Prime Minister of Burkina Faso, speaking on behalf of the First Lady of Burkina Faso. Three speeches were given during the ceremony, one by Dr Francisco Songane, the Director of PMNCH, another by Mr Alain Bédouma Yoda, Minister of Health of Burkina Faso and the welcome address by Mrs Priscille Zongo, representing the First Lady of Burkina Faso. These Speeches are provided in the annex.

Francisco Songane
Director, PMNCH

Alain Bédouma Yoda
Minister of Health

Priscille Zongo,
Wife of the Prime Minister of Burkina Faso

The activities of the workshops proper began after the opening ceremony, and lasted three and ahalf days.

2.2 Day One Activities (26 March 2008)

Three topics were explored through introductory presentations and round table discussions: organizational strengthening of HCPAs, the role of HCPAs in planning and HCPA collaborative efforts to solve human resources problems.

2.2.1 MDGs 4 and 5: Where are we now and what needs to be done?

In order to provide contextual information, Dr M. H. Diallo from PMNCH gave a presentation entitled: “MDGs 4 and 5: Where are we now and what needs to be done?”. The speaker drew attention to the current geographical distribution of maternal, neonatal and child mortality pointing to the fact that Sub-Saharan Africa, South Asia and Latin America account for more than 90% of global maternal, newborn and child deaths. The presenter then demonstrated the direct correlation between the maps highlighting maternal, newborn and child mortality and that highlighting the gaps in human resources. Areas of high mortality are the same as those in which the human resources situation is critical (insufficient staff, lack of skills, the brain drain, etc.). In these areas, current trends point to the need for greater efforts in order to achieve MDGs 4 and 5 by 2015. HCPAs have a major role to play in both the planning and implementation process and in solving the human resources problem.

The PMNCH, a new global initiative resulting from the joining of three previously independent partnerships (Partnership for Safe Motherhood and Newborn Health, Healthy Newborn Partnership and Child Survival Partnership) has over 250 members and promotes the achievement of MDGs 4 and 5 through the scaling up of activities based on the continuum of care. To achieve its mandate, PMNCH relies on its four working groups responsible respectively for advocacy, country support, promoting effective interventions and monitoring and evaluation

To add to the points made by Dr M. H. Diallo and further guide discussions, Dr A. Lalonde from the International Federation of Gynaecology and Obstetrics (FIGO), gave a talk on the role and responsibilities of HCPAs in the sphere of maternal, newborn and child health; he highlighted four main aspects of the role and responsibilities of professional associations in MNCH:

- advocacy;
- support for the implementation of national programmes;
- promotion of interventions of proven efficacy;
- capacity-building at the national level.

He drew attention to the need to determine the true meaning of HCPAs. This definition was a prerequisite to the adoption of a common approach and therefore also a necessary first step in the workshop. Professor C. Welffens-Ekra, President of the African Society of Gynaecology and Obstetrics (SAGO), proposed the following definition to participants:

An association is a group of persons with a common interest in sharing ideas, goals and activities. There are several types of association:

1/ Health care professional association

This is a group of individuals who share an interest in a specific area of health (midwives, paediatricians, gynaecologists, obstetricians). They are responsible for the following**:**

- programme planning;
- solving human resource related problems;
- improving quality of care;
- advocating on behalf of maternal, newborn and child health.

2/ Professional union

This is a legally constituted collective professional association or group. It has the following roles and responsibilities:

- upholding the material and moral interests of its members;
- negotiating the profession's collective agreement.

3/ Order

An order is a body formed by the members of a profession which, under public law, has the status of a legal person, whose function is determined by law and whose status is awarded by decree. It has the following roles and function:

- to supervise and uphold the profession's ethical and professional standards;
- to check the professional qualifications of its members;
- to make provisions for in-service training;
- to maintain a roster of members and of professional corporations;
- to develop and enforce the professional code of conduct;
- to ensure competition among members is fair, non mercenary and complies with rules of good practice;
- to limit formation of subgroups and dominant positions;
- to arbitrate disputes between professionals and clients over interpretation.

4/ Scientific health care professional associations

This is a group of specialists in a given field of health (gynaecologist-obstetricians, paediatricians…). Several such associations may join to form a federation

It has the exact same role and responsibilities as a health care professional association.

5/ NGO

An non-governmental organization (NGO) is a public-interest organization that answers neither to the state nor to an international body. It is defined by:

- the private origin of its constitution;
- the non-profit nature of its activities;
- the notion of public interest;
- financial and political independence.

An NGO is a legal entity that operates at the international or national level and brings together members from a range of fields. Family welfare associations are an example of health NGOs.

In the field of maternal, newborn and child health, an NGO assumes the following responsibilities:

- to raise awareness among populations;
- to advocate on behalf of and uphold maternal, newborn and child health;
- to carry out programmes in the field of maternal, newborn and child health (family welfare association, reproductive health research unit);
- to provide practical training and supervision;
- to improve the quality of care.

A health professional' NGO may also fulfil other roles in the field of health: examples of this include: *Doctors without borders* and *Pharmacists without borders.*

2.2.2 Organizational strengthening of HCPAs

The organizational capacity of HCPAs is an important factor in enabling them to play their role. There are several HCPAs that exist only on paper; they do not have office and do not organize periodic meetings. Their members are invited to various activities organized by the Ministry of Health (drafting planning documents, consultation over matters of national interest, basic training for professionals), although in most cases the invitations are issued to individuals, who are invited as resource persons, as opposed to HCPAs or members of HCPAs. When an HCPA endeavours to emerge from inactivity, in many cases it finds itself confronted by incomprehension or disinterest from the authorities. A striking illustration of this was drawn by the President of the Haitian Society of Obstetricians and Gynaecologists (SHOG). Success requires determination and perseverance.

The round table on this topic allowed participants, after listening to the presentations by the members of the panel, to describe examples from their own experience in their countries, to highlight the main difficulties and to make suggestions.

The difficulties described included the following:

- some HCPA exist only in name (inactivity);
- public authorities attach low importance to HCPAs;
- the lack of a headquarters;
- insufficient funds to enable them to operate;
- problems with leadership.

Suggestions for improving organization:

- avoid becoming discouraged; (HCPAs must not baulk at obstacles.)
- HCPAs must themselves strive to be present where decisions are taken;
- HCPAs must focus information and awareness on their capacities and on the role they may play;
- HCPAs must explore the problems that exist; (Many professionals are unaware of what actually goes on in their practices. To overcome this, they need to participate in the collection of reliable data as a source of sound estimates.)
- HCPAs must align their actions with the priorities listed in the countries' national development plans. Where MNCH is concerned, several countries already have road maps setting out priorities for action.

2.2.3 The role of HCPAs in planning

Planning is the channel through which HCPAs are able to influence measures affecting MNCH. By influencing objectives and strategies, they are able not only to draw attention to best practices in MNCH, but also to help implement them and assess results achieved.

Niger provided a case study for participants, illustrating the idea that HCPAs can participate in several aspects of the planning process, and in particular:

- in the process of drawing up plans of action within the Ministry of Public Health;
- in drafting health-sector policy;
- in drafting documents relating to the assignment of staff within the MoH;
- in the national quality assurance network
- in in-service training of young health workers;
- in national and international meetings
- in helping to solve labour disputes (work stoppages).

As in Niger, the panellists and discussants recognized the role that HCPAs have to play in the planning process. Whether as resource persons or via their associations, health professionals help to set priorities and to make strategic choices. In Senegal, HCPAs have been involved in drawing up the national health development plan which forms the basis for the Road Map for the Reduction of Maternal and Newborn Mortality and Morbidity. They also take part in its implementation. In Burkina Faso, the situation is the same and HCPAs are involved from the very beginning in defining reproductive health policies, norms and protocols which take women's and children's health into account.

Overall, albeit with minor differences, HCPA are deeply involved in the planning process. However, a number of pitfalls were identified:

- HCPAs are not always involved in implementing plans;
- HCPAs are not given enough responsibility for implementing plans;
- there is insufficient evaluation of the actions carried out by HCPAs;
- there is insufficient coordination of the actions carried out by HCPAs;
- the financial autonomy of HCPAs is weak.

Nonetheless, a number of solutions exist:

- contracting the implementation of planned activities to HCPAs and NGOs;
- consolidation of HCPAs into one network;
- participation of HCPAs in NGO activities;
- advocacy;
- enhancing the skills of HCPA to organize and manage activities.

2.2.4 Collaboration among HCPAs to solve the human resources problem

Availability of sufficient skilled human resources is a prerequisite for improving MNCH. Although the most effective strategies for averting the majority of maternal and newborn deaths are known, their implementation calls for skilled staff capable of conducting life-saving procedures at the right moment. If we examine the map of maternal and newborn mortality, there is a clear match between the geographical distribution of mortality and the distribution of skilled human resources.

The discussions on the topic confirmed that the countries represented at the workshop suffer from a chronic shortage of human resources in all areas. In response to the situation, some HCPAs have taken initiatives to make up for the shortage. In Burkina Faso, measures have been taken to make it possible to provide certain services on sites which lack the requisite personnel. These have included:

- Advocacy for the assignment of gynaecologists-obstetricians to peripheral hospitals. Since the introduction of the specialized training course (DES) at the University of Ouagadougou, freshly trained specialists in gynaecology-obstetrics graduate each year. Thanks to advocacy campaigns, they are assigned to regional hospitals.
- Advocacy, in collaboration with the Burkina Faso midwives' association (ABSF) to improve the status of midwives and to offer them possibilities for career development. This opportunity has helped to retain midwives in the profession throughout their careers.
- Delegation of tasks, especially to midwives. This concerns the following activities:
    - post-abortion care: 86% of post-abortion care is provided by midwives;
    - family planning: IUD and Norplant are fitted by midwives in rural maternal and child health centres;
    - cervical cancer screening using VIA/VILI: thanks to practical training, it has been possible to transfer responsibility for carrying out this technique to midwives, who provide the service in peripheral health facilities.
- As part of emergency neonatal and obstetric care (EmOC), general practitioners have been trained to carry out emergency obstetric surgery in district hospitals where there is no specialist.

Other experiences in Niger, Senegal, Mali and DRC were described. The delegation of tasks to which HCPAs have agreed has rendered a number of services available and accessible, particularly in rural locations. However, this contribution by HCPAs would be even more successful if a number of difficulties were overcome. These difficulties include the following,:

- Lack of involvement of HCPAs in basic training. Although professionals do participate in training, they do so on a personal basis, renders difficult the harmonization of certain practices.
- Failure to involve all HCPAs in appointments committees. HCPAs can help reverse the tendency that professionals have to set up practices in urbanized areas.
- The limited number of basic professional training establishments.
- The lack of consultative opportunities between HCPA and decision-makers which would allow for a joint determination of recruitment profiles and requirements for membership of the various professions. In most countries, although several categories of staff are responsible for obstetrics, results have not shown any sign of improvement.
- The low staff motivation level. This is the key to both the domestic (from rural to urban areas, from the public sector to NGOs and to foreign agencies) and external (to other countries) brain drain.

2.3 Day Two Activities (27March 2008)

2.3.1 The role of HCPA in improving quality of care

In his introductory talk, Dr L. De Bernis from UNFPA, described the crucial measures of proven efficacy in respect of MNCH. They are:

- family planning;
- presence of skilled birth attendants;
- management of obstetric and newborn emergencies.

These measures need to be developed at the operational level.

The following points are drawn from the discussion that followed the presentations on quality of care given by the members of the panel:

a. Training as the cornerstone for improving quality of care

- Basic training must focus on the acquisition of skills, rely on service norms and procedures.
- It is possible to ensure that skilled human resources are available to bolster the supply of quality care by training specialists in obstetrics and paediatrics locally. In this regard, WAHO is making a considerable effort to harmonize curricula. In most of the countries represented, specialized training has begun, although it has encountered a variety of difficulties.
- In-service training is a means of preserving skills and of introducing new practices of proven efficacy. It may be provided formally or via supervisory visits. On-the-spot training is a means of associating theoretical and practical knowledge.
- Curriculum development is another activity which calls for the involvement of HCPAs.
- HCPAs can play an essential role in the training of human resources.

b. Supplies of suitable medicine and equipments

- Quality care requires a number of elements, one of which is the supply of medicine and equipment for health services.
- Where medicine is concerned, pharmacists play a crucial role. Apart from dispensing medicine, pharmacists also give advice and direct patients to the most appropriate health services. Clearly, pharmacists' associations have a role to play, as they bring patients together with skilled and accessible personnel who are capable of making a valuable contribution to improving quality of care.
- In regards to equipment, HCPAs possess organizational capacity and have strong leverage with decision-makers.

c. Preventing infections and developing a patient-friendly approach

- Simple gestures make it possible to prevent the transmission of infections to clients; hand washing, wearing individual protective equipment, (gloves, suitable clothing, work shoes, smocks, etc.), and cleaning of instruments.
- Service providers must develop a patient-friendly attitude towards their clients. They must adopt a comprehensive approach to each client, taking into consideration their cultural, physical and psychological dimensions.

d. Where to begin to reduce maternal and newborn mortality?

- HCPAs must not replace ministries of health; they should align themselves with national priorities. Every country now possesses a road map for the reduction of maternal and newborn mortality. These road maps include the following essential interventions: family planning, the presence of skilled birth attendants and the management of obstetric and newborn emergencies. Implementation of these road maps offers HCPAs opportunities to play a role in:

- training;
- advocacy;
- carrying out activities.

– HCPAs are able to participate in defining roles at all levels of the health-care system and to foster collaboration and team work between the different levels.

2.3.2 The role of HCPA as advocates of MNCH and in coordination

This session was led by regional and international representatives of health professionals associations, the Federation of Central and West African Midwives' Associations (FASFACO), the International Confederation of Midwives (ICM) and the International Paediatric Association (IPA), who each described their desired role in the mobilization of national level HCPAs. HCPAs were urged to organize themselves in order to increase their involvement in carrying out MNCH related measures. In order to raise the profile of their contribution they should become more dynamic. They should also agree on messaging and speak with a united voice in order to give more strength to their statements.

HCPAs must :

- contribute to a re-examination of their health facilities in order to better take cultural considerations into account in providing care;
- improve practices and attitudes;
- integrate the environment into provision of care;
- improve communication in the health-care environment;
- enhance scientific planning of care;
- sign a moral contract with administrators and patients;
- work to set up groups.

2.3.3 What can international and regional associations do to further country group action plans?

This session began with a presentation by Dr M. H. Diallo, who explained to participants what they could expect from PMNCH. Firstly, he outlined the outputs expected from the Workshop:

- the creation of national and regional networks;
- an exchange of experiences:
  - among the different fields of expertise;
  - at the national and regional level;
- the creation of country teams:
  - the development of action plans based on specific country needs;
  - the identification of leaders and of responsible parties for the successful achievement of stated goals.

He then sketched out the opportunities offered to HCPAs by the Partnership:

- restricted financial support for the implementation of national action plans
  e.g.: organization of meetings and workshops bringing together the different associations in order to establish and strengthen partnership between associations
- technical support
  Ex: identification of sources of technical and financial support
  drafting project/programme documents
- advocacy/communication
  lobbying other actors involved in MNCH on behalf of HCPAs
  giving legitimacy to requests made by HCPAs
  large-scale communication between HCPAs and with other actors

- "Communities of practice" (a site for virtual sharing/discussion)
- Web site and publications

Dr A. Lalonde, describing the activities of FIGO, stated that the organization worked alongside national associations in order to build up capacities. An example of this was provided by Dr Laure Adrien from the Haitian Society of Gynaecology and Obstetrics (SHOG).

Dr A. Ghérissi from the International Confederation of Midwives (ICM) highlighted the three directions of work adopted by the association, which is composed of 93 national associations in 85 countries:

- alliance and learning:
  - Technical assistance to national associations
  - Organization of congresses
  - Organization or regional workshops
  - Publication of a journal
  - Creation of a web site
- positioning the profession:
  - Signature of a draft agreement with FIGO
  - Development of a professional code of ethics
- advocacy and lobbying.

Dr H. Balkissa from Niger described the mobilization role played by WHO on behalf of MNCH in Niger, where it brought together all the representatives of the United Nations system around MNCH, provided support for the development of action plans centred on the Government's priorities and undertook advocacy directed at the Government to obtain funding for MNCH activities and to secure the involvement of civil society. WHO also helped train health professionals, to draft policy documents and to monitor and evaluate interventions.

Dr C. Rahimy from the International Paediatric Association (IPA) described his association and its efforts to mobilize national societies on behalf of newborn and child health.

Professor Pr C. Welffens-Ekra, President of the African Society of Gynaecology and Obstetrics (SAGO) then gave a presentation on her Society, which groups associations from several countries in Sub-Saharan Africa. SAGO was involved in defining norms in the field of gynaecology and obstetrics and organized scientific meetings and promoted and implemented training and research policies; it also planned:

- to enhance the organizational capacities of HCPAs in order to enable them to achieve their development goals as related to MDGs 4 and 5;

- to set up an evaluation mechanism to facilitate the follow-up of training modules in MNCH related areas;

- to mobilize resources on behalf of its members by implementing international programmes:
  - The Roadmap for the Reduction of Maternal and Newborn Mortality and Morbidity
  - The Maputo Plan
  - Vision 2010.

In order to take advantage of these opportunities, HCPAs need an action plan which takes into account not only national priorities but also best practices for reducing maternal, newborn and child mortality. Any such plan of action should be implemented by the HCPAs themselves. In order to improve their credibility, HCPAs need to be better organized and coordinated.

2.3.4 Opportunities for Africa's Newborns

Newborns were the focus of this session. In her introduction, Dr G. Begkoyian from UNICEF presented the book Opportunities for Africa's Newborns, which describes the situation of newborn mortality in Africa, its causes and the opportunities for reversing the trend in the light of MDGs 4 and 5.

The French version of the publication, Donnons sa chance à chaque nouveau-né d'Afrique, was officially launched the same evening in the presence of Madame Priscille Zongo, the wife of the Prime Minister of Burkina Faso.

The panel discussions which followed the presentation identified the following factors as preventing the reduction of newborn mortality:

- poor quality of case management;
- the poor level of equipment in health services;
- the heavy costs born by families.

All these factors required careful consideration.

Presentation of the book «Opportunities for Africa's Newborns» to the wife of the Prime Minister of Burkina Faso by Dr G. Begkoyian from UNICEF at the launch on 27 March 2008

There are opportunities for improving newborn health in all countries, through the various maternal and child health programmes, and in particular through the implementation of The Roadmap for the Reduction of Maternal and Newborn Mortality and Morbidity. HCPAs must seize these opportunities and support the implementation of effective actions at the different levels (community, health centre and national).

Participants recommended that periodic evaluations of newborn programmes be undertaken, especially of the newborn resuscitation component

2.4 Day Three Activities (28 March 2008)

Day Three was devoted to the drafting two year action plans by country groups. The different groups were given three terms of reference for their work:

1 Selection of priorities for action:

The workshop has focused on five areas for action where professional associations can contribute to improving maternal, newborn, and child health (advocacy, planning, quality improvement, human resources, organizational strengthening). Participants were given half an hour to **select two or three** areas most relevant for HCPA intervention in their country.

2 Planning actions :

They were then asked to discuss for each of the focus areas identified during the first phase:

- the main problems (3 - 5) in this area;
- opportunities for action;
- feasible activities for HCP associations and partners (3 - 5);
- responsibilities and time frame;
- support needed from international, regional and national partners;
- immediate next steps;
- monitoring indicators.
-

3. Preparation of the presentation

Participants were then requested to present their action plans during the plenary for group feedback.

2.5 Day Four Activities (29 March 2008)

Day Four was devoted to the sharing and revision of action plans. The delegations from the six countries present described their action plan during the plenary session while spectators made recommendations on how to improve said plans. Each group of countries was then asked to revise plans and send them to the Partnership. Most suggestions moved towards making plans more realistic given the time frame and available resources.
After the presentation of the action plans, participants were awarded a certificate of participation and the workshop ended.

A participant receives her certificate from Dr A. Lalonde (FIGO)

Conclusion

The workshop provided an opportunity for HCPAs from the six countries to:

- meet and discuss;
- to identify both their weaknesses and their potential for intervening on behalf of MNCH:
  - in the area of planning
  - in the provision of quality care
  - in the area of human resources;
- to lay the foundations for better internal organization;
- to plan for the increased consolidation of groups.

While the opportunities for support certainly exist, HCPAs have drawn up action plans which they are able to carry out with their existing resources. The plans drafted during this meeting in no way replace those drafted by the ministries of health rather they are aligned with national priorities. These plans have mapped out the way forward for HCPAs for the next two years. Similarly, the Ouagadougou Declaration (Annex 3) which was worked on by a group of participants and signed by all of the participants was both a testimony of the commitment of the HCPAs and a benchmark which can be used to evaluate HCPA progress.

Annexes

Annex 1

Address by the Director of PMNCH, Dr Francisco Songage.
Opening ceremony, HCPA's Workshop, Ouagadougou, 26-29 March 2008

Madam the wife of the Prime Minister, representing the First Lady of Burkina Faso,
Your Excellency, the Minister of State for Health of Burkina Faso,
Your Excellencies the members of the Government,
Ladies and gentlemen representing international organizations,
Dear participants,

In addressing you today on behalf of the Partnership for Maternal, Newborn and Child Health I feel a sense of both joy and humility. I am particularly honoured to be addressing such distinguished personalities and deeply satisfied that the cause we seek to further is supported by representatives of so many organizations and institutions. As health professionals and members of organizations and representatives of civil society, you symbolize the opportunity of reducing maternal, newborn and child mortality and of improving health, and I feel reassured as to your commitment, which is eloquently demonstrated by the presence of so many of you here.

Each year, more than 500 000 women die as a result of complications during pregnancy or childbirth, 3.3 million babies are stillborn and a further 3 million die during their first week of life, while 7 million more die after only 28 days. At least two thirds of these deaths could be avoided by providing better access to health services and better nutrition.

The Partnership for Maternal, Newborn and Child Health was set up to harmonize efforts at the regional and national levels in order to improve maternal, newborn and child health. This partnership, which came into being in 2005, is the outcome of the merger of three existing partnerships which dealt with issues of maternal, child or newborn health. This initiative, which demonstrates the interdependence of these three aspects of health, has brought together 180 members who support the efforts of MNCH through a focus on continuity of care. I shall not dwell on the workings of this institution, about which you shall learn more in just a few hours.

The Partnership has a remit to increase collaboration and coordination among actors in the field of maternal, newborn and child health in order to avoid redundancy, maximize efficiency of funding and reduce the number of conflicting initiatives. It was this vision that led the Partnership to invite you here in order that, together, we might consider the best means of enhancing the contribution made by health care professional associations to developing and implementing plans for MNCH.

Why health care professional associations?

Today, the situation of maternal, newborn and child mortality is still alarming. Globally, it is clear that if we fail to speed up our efforts, we shall not achieve Millennium Development Goals 4 and 5. The situation in Africa is even more dramatic. The World Health Report has revealed a disconcerting disparity in mortality rates. According to the Report, sub-Saharan Africa and South Asia account for the bulk of newborn mortality. Mortality rates in West Africa are particularly high. Sub-Saharan Africa is the region where maternal mortality rates are highest.

Research carried out by WHO, UNICEF and UNFPA has shown that three African countries account for 66% of the 2.5 million newborn deaths registered in the 10 foremost contributors to maternal and newborn mortality; they are Ethiopia, the Democratic Republic of the Congo and Nigeria. This is particularly disturbing and is a challenge to us all.

To return to my initial question, why health care professional associations? The same World Health Report draws attention to countries in which there are critical shortages of health professionals, and it comes as no surprise to see that the figures in sub-Saharan Africa and South Asia are astounding. The direct link between the presence and the commitment of maternal, newborn and child health professionals is undeniable. Inadequate provision of effective interventions, inequalities in the provision of services and ineffective use of existing resources compound the human resources crisis and jeopardize maternal, newborn and child health. It is for this reason that we have chosen to focus our attention on you, or rather us, as health professionals.

Why this workshop?

In August 2006 the representatives of health care professional associations met in Geneva to discuss means of increasing the contribution made by their associations to national efforts on behalf of maternal, newborn and child health. Following the meeting, the representatives undertook to continue their joint efforts at the global, regional and national levels in order to improve the skills of health professionals and thus their efficacy and impact.

The actions identified included the following: at the national level, improving effective communication and collaboration among health professionals, strengthening health care professional associations and developing a shared vision of maternal, newborn and child health, consolidating relations between health professionals and other actors present in the field of maternal, newborn and child health, fostering an integrated strategy and a monitoring mechanism for maternal, newborn and child health, and lobbying for greater provision of essential interventions.

The Partnership has organized this workshop in the hope of meeting needs and identifying ways to enhance the role and contribution of HCPAs to national efforts on behalf of MNCH. Its objectives are to identify shortcomings and bottlenecks hampering the implementation of programmes, defining specific actions whereby HCPAs can achieve a greater impact and setting up networks of HCPAs to facilitate closer coordination and minimize the harmful effects of a the lack of effective communication and participation with which we are all too familiar.

As regards tangible outcomes, the workshop should foster the emergence of a shared vision of MNCH among actors in a single country, the formulation of country-based action plans, and a commitment by partners and the development of exchange among actors involved in different groups of interventions.

The workshop reflects a desire for the commitment and participation shown by health care professional associations at the national level to match that of their international counterparts. The high profile of international associations in the effort to control maternal mortality, where they have participated in events such as Women Deliver and a number of exchanges with actors in the field of MNCH, is not matched by the recognition afforded to or the commitment of national associations. We want this to change. This workshop is a first step towards more active participation by associations at the national level and towards closer collaboration among associations at the international, regional and national levels.

Lastly, this workshop is a call to arms addressed to all health professionals and stakeholders in the field of MNCH; it also testifies to the importance of the role played by HCPAs in attaining MDGs 4 and 5. If we speak with a single voice and share a common strategy and vision, if we use cogent arguments, if our associations are well organized and their members well-informed and deeply committed and provided there is close collaboration between members of the government and health professionals, then we shall attain our objectives. It is for us to seize the moment and the opportunities to improve the health of our wives, mothers and children.

I cannot conclude without thanking all our national and international partners for their contribution to the work of this meeting, and expressing our deep gratitude to Burkina Faso and its people whose hospitality is legendary and to its Government and especially to the Minister of Health for having made it possible to hold in Ouagadougou this workshop which has brought together the representatives of six countries (Senegal, Mali, the Niger, the Democratic Republic of the Congo, Haiti and Burkina Faso)

Thank you.

Annex 2
Address by Madame Priscille ZONGO, Wife of His Excellency the Prime Minister
Opening ceremony, HCPA's Workshop, Ouagadougou, 26 March 2008

Ladies and Gentlemen,

First and foremost, I would like to extend to the delegations from Mali, the Niger, the Democratic Republic of the Congo and Senegal a warm welcome to Ouagadougou. I should also like to thank the sponsors of this workshop, the Partnership for Maternal, Newborn and Child Health, for having chosen Burkina Faso as the venue for this important event.

Ladies and Gentlemen,

Generally speaking, pregnancy is seen as a healthy condition and a source of joy for a family. Unfortunately, many people fail to realize that pregnancy also poses a potential threat to the health of a mother and her child, and that it may lead to death or severe disability, especially in our developing countries.

It has been estimated that every minute worldwide, a woman dies because of complications associated with pregnancy or childbirth. In sub-Saharan Africa, one out of every sixteen women runs the risk of dying while she is of childbearing age, a risk that is virtually non-existent in the developed countries, where it is 1 in 2800.

Moreover, the annual number of perinatal deaths is estimated to be 8 million.

In Burkina Faso, despite the efforts made in respect of reproductive and child health, maternal and infant mortality levels - as recorded by two population and health surveys in 1998 and 2003 - remain high (484 per 100 thousand live births and 83 per thousand respectively).

Ladies and Gentlemen,

It was with this deeply disturbing situation in mind that in 2005 the Partnership for Maternal, Newborn and Child Health, based Geneva, Switzerland, set itself the objective of accelerating attainment of the Millennium Development Goals, and in particular goals 4 and 5 relating to the reduction of mortality among children under 5 and the improvement of maternal health. To attain this objective, the Partnership has developed several strategies, one of which is resource mobilization. It is in this connection that Burkina Faso has received a grant to scale up interventions on behalf of maternal and child health.

We are pleased to note that among the resources to be mobilized, the Partnership has accorded priority to human resources. Indeed, health care professional associations currently represent an essential entry point in efforts to enhance scaling-up of strategies to attain the MDGs.

It will not be possible to attain MDs 4 and 5 without the services provided by skilled personnel. This makes it imperative to ensure the involvement of health professionals in programme development.

Ladies and gentlemen,

These are the reasons why I value the relevance of the topic adopted for this workshop «the role of health professionals in attaining MDGs 4 and 5». For four days, you will be exchanging and consolidating your experience in the following areas:

- Improving the organization of health care professional associations;
- Strengthening their role in planning, human-resources problem solving, delivering better quality care, and awareness-raising and advocacy.

Ladies and Gentlemen,

Before I conclude, allow me once again to remind you of the ticking of the « maternal death watch ».

EACH MINUTE :

- **380 become pregnant;**
- **190 women face unplanned or unwanted pregnancy;**
- **110 experience a pregnancy-related complication;**
- **40 have an unsafe abortion;**
- **1 woman dies from a pregnancy-related complication;**
- **Every minute, 8 children die from easily preventable disorders: «this is comparable to a Jumbo jet full of children crashing every hour».**

I invite you to work out how many of our sisters, aunts and daughters have lost their lives while giving life during the time I have been speaking to you.

« In spite of this bleak picture, I still hope that thanks to everyone's contribution, together we shall achieve Millennium Development Goals 4 and 5 ».

Thank you

Annex 3

Ouagadougou Declaration of Commitment to Attainment of Millennium Development Goals 4 and 5 by 2015.

30 March 2008

We, the representatives of **national** health care professional associations and scientific bodies (gynaecologists, obstetricians, paediatricians, pharmacists, midwives and nurses) in five Central and West African countries (Burkina Faso, Democratic Republic of the Congo, Mali, the Niger and Senegal), regional representatives from Central and West Africa and other invited international representatives (Haiti),

Meeting at Ouagadougou, Burkina Faso, from 26 to 29 March 2008 for the second workshop of the International Partnership for Maternal, Newborn and Child Health, focusing on the role of health care professional associations with the object of attaining **Millennium Development Goals 4 and 5 by 2015**,

Hereby declare that:

We adhere to the vision and objectives of the International Partnership for Maternal, Newborn and Child Health. In so doing, we recognize the importance of human rights, particularly the right of all men and women to a healthy and satisfying sex life and responsible procreation, and especially the right of women to bear children and benefit from uninterrupted care at all ages, both in the home and in tertiary referral hospitals.

We are of the firm belief that health professionals working in national bodies and at the community level can make a significant contribution to attaining Millennium Development Goals 4 and 5.

We the undersigned believe that, in the sphere of maternal, newborn and child health, it is essential to build on the commitments undertaken at the national or local level to improve access to quality health services and thereby promote low-risk childbirth. We believe that the best way to achieve this end is to encourage partnerships between health care professional associations and among each of their members.

We commit ourselves to effectively utilizing the potential of our health care professional associations at all levels to act collectively in order to attain Millennium Development Goals 4 and 5 by 2015.

We commit ourselves to strengthening collaboration, raising awareness, promoting training, and mobilizing proactively within the International Partnership for Maternal, Newborn and Child Health, alongside our partners in government, United Nations agencies, NGOs and donor institutions.

We commit ourselves to raising awareness, promoting training, and proactively mobilizing health professionals and their associations in our respective countries, with a view to securing their active involvement in attaining MDGs 4 and 5.

We commit ourselves to ensuring that legislation and regulations specify that all categories of health professionals should have the necessary skills to provide continuity of care.

We commit ourselves to raising the profile of maternal, newborn and child health with political decision-makers and partners, and lobbying for more money to that end.

More specifically, we commit ourselves to the following actions, with effect from today:

- Within 6 months :
  - create a coalition of HCPAs in each of our 5 countries;
  - organize a meeting between this coalition and the Health Ministers of our 5 countries;

- organize a joint meeting between the coalition of HCPAs and national representative offices of United Nations agencies, NGOs and other donor partners in our 5 countries;
- draw up national action plans.

- Within 1 year :
  - reach agreement with our institutional and community-based partners on the role of HCPAs in supporting and implementing the roadmap / national strategic plan for maternal, newborn and child health in our 5 countries;
  - ensure that each HCPA in our 5 countries has a functioning secretariat;
  - draw up a list or schedule of (evidence-based) actions for inclusion in the national strategic plan for maternal, newborn and child health in our 5 countries (with support from regional and international professional associations);
  - organize an annual meeting to define and update HCPA objectives for the following year.

- Within 2 years :
  - pilot test medical task shifting;
  - organize a meeting to assess past AHP objectives and set fresh ones for the following year.

The representatives of health care professional associations of the five Central and West African countries call upon the International Partnership for Maternal, Newborn and Child Health and the West African Health Organization to support the action undertaken to attain MDGs 4 and 5, including through financial support and regular technical assistance visits to the 5 countries over the next two years.

This Declaration was drawn up on 29 March 2008 at Ouagadougou, Burkina Faso, at the second workshop of the International Partnership for Maternal, Newborn and Child Health by the representatives of the health care professional associations and scientific bodies attending the event.

Annex 4

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