

ACTUALIZING THE MILLENNIUM DEVELOPMENT GOALS: THE ROLE OF HEALTH WORKERS

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Abstract

The need for international and universal trade relations for mutual growth and development of nations and people gave birth to the millennium development goals in September 2000. The leaders from all the 1919 member nations of UN agreed on a vision for the future - a world with less poverty, hunger and diseases, greater survival prospects for mothers and their infants, better educated children, equal opportunities for women and a healthy environment, a world in which developed and developing countries worked in partnership for the betterment of all. This vision took the shape of eight goals, which are providing countries around the world a framework for development and time-bound targets by which progress can be measured. There is need for an in-depth knowledge of the millennium development goals at all levels of government and strata of society and the engagement with relevant policies. Health workers should strengthen education and services on health, gender and demographic issues in order to make the attainment of the millennium development goals possibly by 2015.

Introduction

The Millennium Development Goals (MDGs) were derived from the United Nations Millennium declaration, signed into use in September 2000 by all United Nations member states. The leaders from the 1919 member nations agreed to achieve the MDGs, which include measurable time-bound targets addressing poverty and hunger, education, maternal and child health, combating of HIV/AIDS, malaria and other diseases, equal opportunities for women and a healthier environment. This vision took the shape of eight goals and twelve targets, which are providing countries around the world a framework for development. Most of the goals and targets were to be achieved by 2015 based on the global situation during the 1990s when

the main objectives of the development agenda were defined. The Millennium Development Goals (MDGs) include the following:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, Malaria and other diseases
7. Ensure environmental sustainability
8. Development a global partnership for development

These MDGs are concrete, defined, and realizable, aiming to relieve the worst suffering on the planet and set in motion positive steps that will improve the living conditions of millions of people. It should be noted that good health is not only the absence of disease but also a state in which a person may realize his or her full human potentials. Health workers, therefore have a tremendous opportunity to play a leading role in the attainment of these laudable goals.

Goal 1

Eradicate extreme poverty and hunger

Target 1

Halve, between 1990 and 2015 the proportion of people whose income is less than \$1 a day.

According to the United Nations Committee on Economic, Social and Cultural Rights "Poverty may be defined as a human condition characterized by sustained or chronic deprivation of the resources, capabilities, choice, security, and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights" (ILO, 2003). In Nigeria, using a relative poverty measure, it was found that the number of people living below the National poverty line was 54.4% in 2004 (FOS, 2005).

Human beings have certain basic needs which include physical requirements such as clean water, food, energy to live; psychological and spiritual relations; environmental protection, adequate shelter and security, and opportunity for personal growth and care including access to education and health services (Feuerstein, 2007). A number of nutritional, environmental, societal and political factors contribute to the perpetual cycle of poverty and ill health. The unhealthy environment that is often associated with poverty -stricken households is often a cause of much ill

health including diarrhea and upper respiratory infection.

Target 2

Halve, between 1990 and 2015, the population of people who suffer from hunger

Food insecurity is an important index of poverty; households are food secure when they have year-round access to the quality and quantity of foods their members need to lead active and healthy lives. Food shortages, whenever they occur, lead to anxiety and even natural insecurity. In addition, adequate food availability and security is important for healthy, natural productivity and mental physical development of citizens .

The role of health workers in actualizing MDG 1

The health workers have a vital role in reducing poverty and its impact on health and well being. Health workers can lobby for anti-poverty measures such as access to credit, job creation, income supplements, nutrition gardens and self-help initiatives. To be effective, this requires partnerships and networking within health care professionals and non-governmental organizations. A household approach to health that focused on the

entire family can enhance the health of the people. This can be achieved through outreach programmes that extend beyond hospital care and urban communities. To create awareness in the fight against hunger and poverty, October 17th each year is marked as the International day for the Eradication of Poverty.

Goal 2

Achieve Universal Primary Education

Target 3.

Ensure that by 2015, children everywhere, boys and girls alike will be able to complete a full course of primary schooling.

Promoting the health, status and welfare of girl children so that they can acquire and benefit from primary education is central to the realization of this goal. In many countries, girl children endure a low status and have fewer of the rights and benefits of childhood than the boy child. They have reduced access to nutrition, healthcare and education. They are often victims of gender discrimination, violence, sexual exploitation and abuse.

Ensuring that access to education is not compromised by encouraging birth registration is also an important tool in

the realization of this goal. Article 7 of the Convention on Rights of the Child states that "The Child shall be registered immediately after birth and shall have the right from birth to a name, the rights to acquire a nationality (UN, 1999).

The role of the health workers in actualizing MDG 2

There should be more emphases on primary health care for the majority of the population. The enhanced roles of the primary healthcare workers have placed them as the first point of contact for both disease prevention programmes and curative care. Their broad and versatile training in disease prevention, health promotion and counselling have a direct bearing on the health of the girl child; schools, homes, work places, and health facilities. This brings them in close contact with young girls and offers opportunities to encourage and plan "child and youth friendly" services (Graham and Murray, 1997). They are the key members of the multidisciplinary team that involve teachers, social workers, health educators, nutritionists, community development officers and the social services.

Goal 3

Promote Gender Equality and Empower Women

Target 4

Eliminate gender disparity in primary and secondary education, preferably by 2005, and all levels of education no later than 2015.

The concept of gender refers to women's and men's and relationships that are shaped not by biology but by social, economic, political and cultural factors (UNICEF, 2009). Worldwide, women experience inequality far more markedly than men, especially in sharing wealth, employment opportunities, participation in public life and access to services such as health and education. Social, economic, political and harmful traditional practices often combine to put women in a disadvantaged position, including poor access to health services. Women's choices and resources to promote their health and well-being are often restricted. Violations of women's human rights such as sexual and other forms of violence, unwanted pregnancies related to rape and trafficking expose them to sexually transmitted disease including HIV/AIDS.

The role of health workers in the actualization of MDG 3

There is a relative absence of women in most of the arena of health policy formulation, programme design, planning, implementation and evaluation.

Experience indicates that success is reaching more equitable participation for women is more likely if there is a national or regional policy framework that makes gender equality one of its goals (Haselgrave, 2008). Health workers can be effective in promoting this approach through

- ✓ Advocacy at all health services levels, with legislators and other influential leaders. However, they must develop a clear position on gender mainstreaming, and identify strategies that will work in the political, legal and social structures.
- ✓ Using their relations with the media to promote a gender sensitive approach to health care.
- ✓ Forming partnership with other groups who share common interests (for example women and development groups) to promote the concepts to the public.
- ✓ Healthcare providers must play a leading role in strengthening the vital link between health and human rights and thereby contribute to prevention of diseases and enhance equitable

access to healthcare and education.

Goal 4

Reduce Child Mortality

Target 5

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

The Infant Mortality Rate (IMR) measures the probability of a child dying before his or her first birthday and under-five mortality rate (U5MR) the probability of death before the age of five. These are powerful indicators, of child survival as children are most vulnerable in the early years of life, particularly during the first year. Both measures are indicative of the quality of childcare, including the prevention and management of the major childhood illnesses.

Another indicator is the prenatal mortality rate, which measures the rate of dying from the 28th week of pregnancy until the end of the first week of life. This rate reflects the quality of maternal care, including antenatal services, the management of delivery and care in the immediate post-partum period.

Another indicator is the neonatal mortality rate, which estimates the

probability of dying within the first month of life. This rate too reflects the quality of childcare in the first month of life, as well as the presence of congenital defects and malformations. The high levels of mortality in young children, especially in developing countries, are mainly due to illnesses that can easily be prevented or can be treated with known remedies. These illnesses include malaria, diarrhoeal diseases, acute respiratory tract infection (ARI) and various vaccine preventable diseases. An emerging threat to young children is HIV/AIDS, which can be transmitted from an infected mother to her child in the womb, at the time of delivery or through breast milk. The risk of transmission can be greatly reduced by preventive measures.

Families that are both physically and psychologically healthy can also create an environment in which the risk of teenage pregnancy is reduced thus avoiding the cycle of deprivation this often triggers. Children of teen mothers are more likely to have low birth weight, do badly in school and are at greater risk of abuse and neglect. Immunizations are one of the most effective and safest public health interventions to reduce child mortality. Thanks to the success of

immunization the crippling childhood diseases such as poliomyelitis are nearing eradication and some like small pox have been eradicated. However, immunization programmes are faced with important challenges related to safety (WHO, 2000). A holistic approach to immunization safety is concerned with vaccine quality, maintaining the cold chain, vaccine administration, provision of accurate information on immunization, disposal of sharps and surveillance of adverse events following immunization (AEFI) (Dicko, 2000). The culture of immunization safety must be practiced at all levels of the health care system.

The role of health workers in the actualization of MDG 4

Health workers can play leading roles in childcare by educating families about health and illness and acting as the main provider of health information. Providing direct care and supervising care given by others, including family members and health assistants. They can also help in tracking diseases and playing a key role in disease surveillance and control. Healthcare providers need to be at forefront to assure immunization safety and to dispel myths about rumours and allegations. They should also be prepared to prevent and address

adverse events following immunization (AEFI).

Goal 5

Improve Maternal Health

Target 6

Reduce maternal mortality ratio by three - quarters between 1990 and 2015

As defined in the tenth International Classification of Diseases a maternal death is "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (UNICEF/WHO/UNFPA, 2007). WHO/UNICEF (2006) have called maternal mortality "a litmus test of the status of women".

Maternal Mortality Ratio - this is the number of maternal deaths per 100,000 live births. This measure indicates the risk of maternal death among pregnant women. It reflects a woman's basic health status, her access to healthcare and the quality of service she receives. **Maternal Mortality Rate** is the number of maternal deaths per 100,000 women aged 15-49 per year. This measure reflects both the risk of death among pregnant

women and the proportion of the women who become pregnant in a given year. It can be reduced by either making childbearing safer (as is true for the ratio above) and/or by reducing the number of pregnancies (Graham and Campbell, 2001).

The main causes of maternal mortality in Nigeria are hemorrhage, puerperal sepsis, pregnancy -induced hypertension, prolonged or obstructed labour, and anaemia. Other important indirect causes of mortality and morbidity include malaria, heart disease and hepatitis, nutritional deficiencies, HIV/AIDS and other sexually transmitted infections.

The role of health workers in the actualization of MDG 5

Healthcare providers can be active partners with governments, development agencies, NGOs and others to provide women with access for safe delivery. The most important factor associated with maternal mortality and morbidity is inadequate assistance at delivery. Most maternal deaths could be prevented if women had access to basic medical care during pregnancy, childbirth and the post partum period. This implies strengthening health systems and linking communities, health centres and hospital to provide

care when and where women need it. A skilled birth attendant can not only ensure hygiene during labour and delivery, provide safe and non traumatic care, and recognize complications, but also manage them effectively or refer the woman to a higher level of care. Ensuring access to maternal health service is essential in improving maternal health and reducing maternal mortality.

Goal 6

Combat HIV/AIDS, malaria and other diseases

Target 7

Have halted by 2015 and begin to reverse the spread of HIV/AIDS

Several countries report success in reducing HIV infection rates, through interventions that promote behaviour change. However, rate of overall infection are still growing. In Nigeria, an estimated 2.9 million people are living with HIV in 2005 (UNAIDS, 2006).

Approximately 300,000 adults were newly infected with HIV in 2005. Nationally about 4.4% of women attending antenatal clinics were found to be infected with HIV in 2005 but prevalence in pregnant women exceeded 5% in almost a dozen states (FMOH, 2006).

HIV transmission involves complex cultural, behavioural and economic forces. Poverty, illiteracy and violence often force people to engage in unsafe sexual practices. As well, the "invisible" nature of HIV infection fuels the epidemic in that the carriers infect others without realizing that they themselves are infected. The common causes of HIV transmission include the following:

- ◆ Unprotected sex between men and women
- ◆ Unprotected sex between homosexual men
- ◆ Intravenous drug use and sharing of needles and sharps
- ◆ Blood transfusion (unscreened blood)
- ◆ Mother-to-child transmission

Antiretroviral drug therapy (ART) has postponed the development of AIDS and prolonged the life of people living with HIV. ART has also reduced the rate of mother-to-child transmission in countries that have access to drugs.

The role of health workers in combating HIV/AIDS

It is important that health care providers are up to date with the HIV/AIDS situation, the mode of spread, access to care and treatment. They need to use facts and figures to lobby for increased access to prevention,

treatment and a continuum of care for people living with HIV/AIDS. They can also network with the media and other health professionals to provide information, education and communication to combat ignorance, fear and stigma associated with HIV/AIDS. Disseminate information materials and focus preventive efforts on those that are at high risk of HIV infection including commercial sex workers, homosexuals, intravenous drug users, street children and homeless people.

Target 8

Have halted by 2015 and begin reverse the incidence of malaria and other major diseases

Malaria is a disease which can be transmitted to people of all ages. It is caused by parasites of the species plasmodium that are spread from person to person through the bites of infected mosquitoes. The common first symptoms - fever, headache, chills, and vomiting - appear 10 to 15 days after a person is infected. If not treated promptly with effective medicines, malaria can cause severe illness that is often fatal. Malaria is a major cause of morbidity and mortality with serious impact on lost productivity. Children who survive infection often suffer from learning disabilities and brain damage that

excludes them from schooling and increases their vulnerability to poverty.

Effective low-cost strategies are available for its treatment, prevention and control and the Roll Back Malaria global partnership is being promoted in Africa and other malaria-endemic regions of the world. Mosquito nets treated with insecticides reduce malaria transmission and child deaths. Prevention of malaria in pregnant women through measures such as Intermittent Preventive Treatment and the use of insecticide - treated nets (ITNs) result in improvement in maternal health, infant health and survival. Promote access to treatment with effective up-to-date medicines, such as Artemisinin-based combination therapies (ACTs), saves lives.

The role of health workers in reversing the incidence of malaria Individually and through professional association, health workers can be effective in promoting the control of malaria They can become involved in country co-coordinating committees of the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM) that disburses funds to countries hardest hit by HIV/AIDS, malaria and TB to combat these diseases. Increase awareness of the use of Insecticide-Treated Nets (ITNs)

and ensure prompt access to treatment with effective up-to-date medicines, such as artemisinin-based combination therapies (ACTs) by patients and that pregnant women receive Intermittent Preventive Treatment of malaria.

Tuberculosis

Tuberculosis (TB) is a serious public health, social and economic problem causing an estimated 8 million cases world wide each year. Coughing the germ, *Mycobacterium tuberculosis*, into the air where persons sharing the same breathing space may inhale it, spreads TB infection. Only one in ten infected by the germ actually develops active symptomatic TB.

Goal 8

Develop a global partnership for development.

Target 17

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

Access to essential drugs, especially, those for treating HIV, has expanded in the developing world. Generic drugs have become more widely available and drug procurement systems have improved. But the target set in 2003 of

reaching at least half of those in need of therapy has been missed (NPC, 2005).

The role of health workers in achieving MDG 8

To help provide access to affordable essential drug in developing countries, health care providers can work with national and international bodies concerned with the manufacture and supply of drugs and lobby for sound regulatory policies that ensure universal access to safe, effective, and affordable drugs to the whole population, especially to developing countries.

Summary

Millennium Development Goals were developed to achieve mutual growth and development of nations by member nations in September 2000. Most of the goals and targets were to be achieved by 2015 based on the global situation during the 1990s when the main objectives of the development agenda were defined. These MDGs are concrete, defined, and realizable, aiming to relieve the worst suffering on the planet and set in motion positive steps that will improve the living conditions of millions of people. The health workers have a vital role in achieving these goals by reducing poverty and its impact on

health and well being. Health workers can lobby for anti-poverty measures such as access to credits, job creation, income supplements, nutrition gardens and self-help initiatives. To be effective, this requires partnerships and networking within health care professionals and non-governmental organizations. There should be more emphases on primary health care for the majority of the population. The enhanced roles of the primary healthcare workers have placed them as the first point of contact for both disease prevention programmes and curative services. Their broad and versatile training in disease prevention, health promotion and counselling have a direct bearing on the healthcare for the populace at schools, homes, work places, and health facilities. They are the key members of the multidisciplinary team that involve teachers, social workers, health educators, nutritionists, community development officers and the social services. Therefore their roles in actualizing the Millennium Development Goals can never be over emphasised.

Conclusion

Healthcare providers must play a leading role in strengthening the vital link between health and human rights and thereby contribute to prevention of

diseases and enhance equitable access to healthcare and education. Health workers can achieve this by educating families about health and illness and acting as the main provider of health information and providing direct care and supervising care given by others, including family members and health assistants. They can also help in tracking diseases and playing a key role in disease surveillance and control in order to make the attainment of the millennium development goals possible by 2015.

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