CONTRIBUTIONS, PROSPECTS AND CHALLENGES OF HEALTH PROFESSIONALS ASSOCIATIONS IN ETHIOPIA: THE CASE OF Ethiopian Public Health Association (EPHA)

Project Synopsis for Partial Fulfilment of Master of Business Administration (MBA)

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CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Health is a fundamental human right and a public good. Health situation in developing countries is regarded to be poor. The toll of communicable diseases is rampant and at the same time, non-communicable diseases are gaining increasing grounds. This picture is complicated by the often weak health systems that lack adequate finance and human resources to run the services (Badir E, Abdulrahman A, July 2016).

Ethiopia has come a long way in improving the health status of its people, evidenced by achievements or remarkable progress made in the/towards the achievement of MDGs, other health and health related indicators. Access to services has improved drastically as a result of the capacity building efforts in improving the health system inputs and processes. The main drivers for the successes were strong leadership, community empowerment and better financing by the Ethiopian government and development partners (UNICEF Annual report, 2013).

The country has recorded remarkable improvements in health status and human centered development over the past two decades. Child deaths were reduced by 67% from 204 per 1000 live births in 1990 to 68 per1000 live births in 2012 (FMOH HSTP , August 2015), achieving Millennium Development Goal (MDG) 4 on child survival three years ahead of 2015.

Ethiopia has been promoting civic engagement in the context of decentralization of authority to lower levels as an important policy instrument for addressing local needs effectively and situating the power for public service delivery closer to the people. The Government in its successive mid-term development plans has emphasized the role that citizens and their associations, especially membership-based organizations, have in ensuring accountability of service providers (UNDP Ethiopia   working paper series, NO 2/2014).

Given their potential proximity to communities and their ability to engage grassroots energies, civil society organizations, in particular community and mass based organizations, are seen as important actors in ensuring accountability for service delivery.

Professional associations for health care workers can promote high standards of practice, advocate for the needs of both consumers and providers, form networks with other professional associations and liaise with legislative and regulatory bodies.

Strengthening professional associations is one strategy for addressing global HRH issues such as out-migration and the lack of an adequate supply of well-trained professionals to deliver different type of services for health.

What are health professionals associations? A health professional association or body is an organization, usually not-for-profit, which exists to represent a particular profession, promote excellence in practice and therefore protect the public as well as the good standing of the professionals. Professional associations may have the following functions:

- Representing the interests of a profession and, in essence, serving as the public voice of the profession at the national and international levels

- Protecting the profession by guiding terms and conditions of employment.

- Ensuring that the public receives the highest possible standards of care by maintaining and enforcing training and practice standards, as well as ethical approaches in professional practice. Influencing national and local health policy development to improve health care standards and ensure equitable access to quality, cost-effective services

- A branch of the association may act like a labor or trade union for organizations and health care workers.

Most health Professional Associations are established and operated by people to achieve a specific yet general purpose—to enhance quality health care service. Health Professional associations aims to advance health measures for the promotion of health, prevention of diseases, treatment of the sick and rehabilitation of the disabled. It tries to do this through bringing together health professionals, making health policy recommendations, promoting professional standards, the advancement of research and networking, advancing research and working in collaboration with the government.

Among other professional association's, health professional associations is one of the oldest associations in the world. The important roles played by the associations in health training, research and policy advocacy have been highlighted. Some of the important health system interventions that have been affected in the country through the influence and active participation of the Association have also been pointed out.

Civil society commonly embraces a diversity of spaces, actors and institutional forms, varying in their degree of formality, autonomy and power. Civil societies are often populated by organizations such as registered charities, development non-governmental organizations, community groups, women's organizations, faith-based organizations, professional associations, trades unions, self-help Groups, social movements, business associations, coalitions and advocacy groups.

As to the Commission of European Communities (2001: 14) *civil society includes groups of trade unions and employers' organizations ('social partners'); nongovernmental organizations; professional associations; charities; grass-roots organizations; organizations that involve citizens in local and municipal life with a particular contribution from churches and religious communities.*

The Charities and Societies Proclamation (CSP) dealing with the formation and operation of CSOs divided them into two broad categories as Charities and Societies. It envisages three forms legal establishment of Charities and Societies depending on the laws under which they are formed, source of income, and composition of members' nationality, place of residence and control of Charities or Societies. These three forms of associations include (1) Ethiopian Charities or Ethiopian Societies, (2) Ethiopian Residents Charities or Ethiopian Residents Societies, and (3) Foreign Charities.

1.2 Statement of the problem

 The Ethiopian Public Health Association (EPHA) is a health professional association established in 1991 GC that envisions the attainment of an optimal standard of health for the people of Ethiopia. It promotes better health services to the public and high professional standards through advocacy, professional competence, relevant policies and effective networking. EPHA is committed to improve the health and living status of the people of Ethiopia through dedicated and active involvement of the organization and its member and through collaboration with stakeholders.

Similar to other associations working in Ethiopia, EPHA also shares a number of challenges such as: the government policy, new charities and society's 10/90 funding policy, member's contributions, communications and participations etc. If challenges mentioned above improves and managed properly, the associations contributions will significantly improves the health delivery system of the country particularly for the poor, women and children.

1.3 Research Questions

In addressing the issues mentioned in the statement of the problem, the research tried to answer the following questions:

1   What are the prospects and contribution of the EPHA in the country health delivery system?

2   What are the challenges to (policy, capacity, financial, human resource, membership etc.) which affects the performance of the association?

1.4   Objective of the Research

The main objective of the study is to assess prospects and the contributions of EPHA in the country health delivery system towards fulfilling the country MDG for health.   The specific objectives are to:

1.   Assess the extent of their contribution in the health delivery system in the country

2.   To identify challenges related to

   2.1 Existing government policies and procedures specific to the EPHA

   2.2 Identify factors that constraints the EPHA from discharging their duties and responsibilities (Internal capacity, member's engagement etc.)

   2.3 Identify the challenges related with financial sustainability of the associations with regards to the new Ethiopian government charities and societies agency law 10/90.

3.   Suggest recommendations which may help the health professional's association's involvement in the advancement of the country health delivery system.

1.5   Research Methodology

1.5.1 Nature of the data

This study will use a descriptive research methodology for the purpose of describing the EPHA in terms of historical roles, contribution in the country health delivery system and

challenges, and future prospects. It is also used to describe their relationships with the government bodies, communities, with their members and their overall impact in the country health delivery structures. To gather all those information, the researcher employed a survey method.

1.5.2 Data Source

To collect data required to answer research questions, the researcher will collect information from the employee of EPHA (both leaders, technical and administrative staff), member of the boards and active members of the EPHA through purposive sampling, this is due to the budget constraint by the researcher.

A) Health Professional Associations

1.5.3 Data collections Method

In conducting research, both primary and secondary data were used. Primary data collection: this data will be collected from study participants selected for this study. A self-administered questioner is prepared and provided to selected member of the association via emails. An in-depth individual interview for EPHA leaders such as CEO and members of the boards will be done using a separate questioner. Document such as annual report and various publications will be done to get facts about contributions, challenges and the relation of the association with in the state in the area.

1.5.4 Analysis Method (Tools and techniques)

Data presentation and analysis is one of the core points in this research and will be handled as follows. Data collected through the above-motioned tools will be organized

and analyzed using statistical tools such as percentages, tables, graphs, figures and multiple response analysis. Qualitative analysis was also applied to elaborate the data collected through interview and document reviews. Hence, both quantitative and qualitative approaches will be employed in the research to come up with the thesis report.

1.5.5 The population and sample of the study

The total population of the study is comprised of employees and members of the association. Of this population 66 will be selected for sample of the study based on Krejcie and Morgan, (1970) have given a table in which no calculations are needed to determine the size of the sample. GAltumg, John (1970) theory and methods of social research, London..George-allen and Unwin.

1.6   The scope and limitations of the study

The scope of this study is not to evaluate the performance of the EPHA based on the strategic vision and missions, instead to find out their contributions in filling gaps in the country health delivery system.

The reliability of the findings depends on honest feedback from respondents (managers and leaders). The researcher made every effort to explain that the outcome of this research is meant to be normative and will help to enhance understanding on the extent of the problem by the professional associations. Due to time and budget limitations, the research only depends on the analysis of the issue from the

associations' perspective and on feedback from limited stakeholders and therefore lacks consensus building through stakeholder meetings, to validate the findings of this study. Notwithstanding these limitations, the study identified priority issues to inform the strategies to overcome the challenges identified. The researcher will use own fund and this has limited the scope of the study. The non-response rate to the self-administered questionnaire will also have a challenge and taken as limitations for the study. Involving one association and using purposive sampling for study participants will limit generalizability for the study findings.

1.7 Directions for Future Research

This research gives direction to future research by indicating different challenge areas of the health professional associations and telling focus points for government decisions. Among many other points, new charities and societies agency 10/90 funding policy, members do not see membership value, lack of funding for core association staff, lack business plan for association revenue are those major not to visualize and establish quality health care system in Ethiopia.

1.8 Expected contribution from the study

Findings of this research paper will disclose some of the most important contributions of the EPHA, particularly to meet the millennium development goals. The challenges in the process of achieving these goals will be explored.   The finding will inform the policy makers, FMOH and other stakeholders to redesign an enabling policy environment and utilize the contributions to achieve the stated goals and provide a better health delivery system in the country. Moreover, this paper provides

opportunities for donors such as USAID, World Bank, EU, etc. to make informed actions with the aim of shaping their strategic approach for ensuring sustainable support which focus on capacity building at various level. Besides the academic fulfillment, the findings from this research will be disseminated through the various peer reviewed journals published in Ethiopia which enhance information sharing and learning. Finally the study also gives directions to EPHA to revise the strategic plan to be aligned with the government policy and new CSO laws. This paper also explore the challenges both internal with in the associations and external factors if identified , handled properly in both ways so that both parties can benefit and achieve the intended goals and objective with minimal resources and the country could benefit in the better health delivery system for the citizens.

1.9 Structure of the study

This research report will be organized under four chapters. Chapter one concentrates on the problem and its approach. It includes the background of the study, statement of the problem, objectives of the study, significance of the study, the scope of the study and research design and methodology. The second chapter is a general literature review on EPHA and other health professionals associations on prospects, challenges and contributions in the health delivery system .The third chapter cover presentation and analysis of the data. The last chapter focuses on the summary, conclusions and recommendations of the study.

CHAPTER TWO
LITERATURE REVIEW

2.1 Contributions of Civic societies for development

Experience shows that enhanced civic engagements offers important potential benefits for governments including increased effectiveness, legitimacy, popularity, efficient allocation of resources and political stability. Effectiveness of civic engagement, among other things requires an enabling environment that (a) promotes awareness of the rights, responsibilities and entitlement of citizens for better quality public services delivery; (b) empowers citizens to participate in, negotiate with and hold accountable service providers and public policy makers; (c) promotes participation of citizens and communities in the planning, budgeting, implementation and monitoring of the quality and quantity of services delivered to them; and (d) ensures policy makers and public services providers are capacitated in order to respond to community and citizens need and preferences4.. A law guiding the registration and operation of charities and societies was put in place "to aid and facilitate the role of Charities and Societies in the overall development of Ethiopian peoples" and "…to ensure the realization of citizens' right to association enshrined in the constitution" (FDRE, 2009).

2.2 Challenges to Strengthening Professional Associations

Building a sustainable, member-led professional association with the capacity to carry out a range of appropriate functions is best done in a stable environment with a strong

membership body. In countries where there are political and governmental upheavals, gains made through governmental or donor collaboration can quickly be undone by changes that are out of the association's control. These may include shifts in funding and policies, transitions among government officials and shortages of human and other resources, especially in places with high prevalence of HIV/AIDS. Associations trying to sustain themselves through membership dues and fee-based services may be challenged to convince members to spend their limited income on the association. Improving the clinical and management skills of a profession requires a large investment of time and effort that can be complicated when associations have no funding for full-time staff and are run primarily by volunteers. Members have competing priorities and limited time and energy with which to invest in their association duties. While the benefits of belonging to a professional association are often apparent in the long term, associations may only be able to provide short-term incentives to their members because of funding insecurity.

2.3 Approaches to strengthen professionals associations

Interventions designed to strengthen professional associations have most often used partnership models that build on the experience of strong associations or organizations. For example: The Midwifery Association Partnerships for Sustainability (MAPS), a special initiative of the USAID-funded Family Planning Service Expansion and Technical Support (SEATS II) Project, focused on developing private-sector midwives by building the capacity of midwifery associations. The American College of Nurse-Midwives (ACNM) implemented MAPS. The Society of Obstetricians and Gynecologists of Canada

(SOGC) Partnership Program has undertaken various projects with other Ob/Gyn associations working in developing countries or countries in transition. These partnerships aim to build the capacity of associations to assume leadership in promoting maternal and newborn health while strengthening the associations themselves in the areas of governance, training, leadership and fiscal responsibility.

2.4 Model for strengthing professional associations

Experience has shown that there is no single model for strengthening professional associations—interventions have to be customized to the particular association's needs and context. Strategies that have been employed successfully in a variety of contexts fall into two broad categories: 1) advancements that strengthen a professional association's internal structure and organizational effectiveness and 2) strengthening activities that enable the professional association to enhance the skills of individual members or to increase influence on external communities. In order to successfully strengthen an association, capacity building efforts should initially focus on both of these areas of activities.

2.4.1 **Capacity Building**: Internal Structure and Organizational Effectiveness Management and leadership, business and fundraising skills: Program management, financial management and accountability, leadership, advocacy and information technology are examples of different areas of skills strengthening that may be needed to assist an association in achieving its goals. Associations are frequently subject to the financial pressure of income generation and resource mobilization. This pressure can be

greatly lessened by enhancing financial management and business development skills. Making the most of the limited financial and staff resources of professional associations to organize and implement effective resource mobilization strategies and increase membership is essential if an association is to be sustainable. Membership drives, productive partnerships with governmental and private organizations, fundraising, proposal development and linking to international resources (through sharing resource databases, for example) are ways to leverage the available resources for maximum impact (Quimby and Mantz, 2000).

2.4.2 **Governance and strategic planning**:

Aspects of governance that an association should focus on strengthening include defining the roles and responsibilities of members, organizing working groups or committees and promoting a work environment at health facilities that emphasizes participation, teamwork and team-based leadership (USAID, 2004).

2.4.3 **Strategic planning**

Is essential for effective use of the association's financial and human resources as they grow. "Planning is important because it causes discussion, debate, and generates consensus among the association leaders about direction and priorities" (USAID, 2004). After a situational assessment, assistance provided by the MAPS initiative included helping the association with strategic planning processes, such as the development of business and sustainability plans (Quimby and Mantz, 2000). The SOGC Partnership Program facilitates strategic planning based on strong internal governance, working

with associations to ensure infrastructural standards (for example, creating representative boards and functional secretariats). This type of organizational support consequently permits SOGC's partner associations to better align their programs and activities to the needs of their members and countries and make better use of scarce resources.

2.4.5 **Member needs and services**:

The MAPS initiative highlighted member services as one of the principal components of association strengthening. MAPS worked with association leaders to emphasize the importance of meeting members' needs and then helped to develop tools for identifying and addressing these needs, such as member surveys and databases. A professional association should determine the information that it will provide members as a service or benefit of membership. MAPS stressed the importance of facilitating knowledge sharing through such mechanisms as continuing education, seminars and technical and regulatory updates (Quimby and Mantz, 2000). As another example, one primary member service provided by the Commonwealth Steering Committee for Nursing and Midwifery has been the production and distribution of resource materials on key issues affecting the professions, including practical tools to develop action plans on human resources (Maslin, 2005).

2.4.6 **Member Skills and External Advocacy Training and service delivery skills**: Health professional associations are well positioned to set evidenced-based standards of quality and excellence. The MAPS initiative's programs in Eritrea, Senegal,

Tanzania, Uganda, Zambia and Zimbabwe included components that specifically addressed the clinical performance of the associations' members. For example, one of the objectives of the MAPS program in Zimbabwe was to improve the quality of family planning/ sexually transmitted infection services provided by private midwives. ACNM partnered with the Zimbabwe Nurses Association and the Independent Clinics Organization to provide training and other support for 109 midwives. At the end of the project, 85% of private midwives met national family planning standards, compared to only 10% in 1996 (Quimby and Mantz, 2000). The SOGC Partnership Program has incorporated SOGC's ALARM International Program (AIP), a five-day training and mobilizing tool for health professionals involved in the delivery of emergency obstetrical care in resource-constrained settings, in to its association strengthening efforts.

2.5 **The Link between Democracy and Governance and Professional Association Strengthening**. Strengthening the capacity of professional associations in advocacy work also contributes to the development of an independent and politically active civil society. According to Andrew Natsios, former USAID Administrator, civil society "is a complex web of private associations, of professional associations…of all sorts of non-government institutions that, when they combine together, protect individual freedom, protect civil society and protect civil liberties which are critically important to the development of a country, a stable democratic system over the longer term, and guard society against abuses." In countries with new or fragile democracies, politically active associations can strengthen health care infrastructure and systems and simultaneously provide models for engaging civil society to participate in democracy.

For example, the USAID-funded ACCESS Program launched and works with the Afghan Midwives Association (AMA). The AMA has tripled the number of trained nurse midwives in Afghanistan, and is working to reform midwifery education and the profession in a country with a new democracy emerging from 25 years of civil war with the second highest maternal mortality rate in the world (JHPIEGO, 2006). AIP's content is derived from evidence-based medicine and endorsed by the Partnership for Safe Motherhood and Newborn Health and the World Health Organization as a tool to ensure skilled attendance at birth. Using the train-the trainers (TOT) approach, national teams of ALARM instructors from professional associations have been established in partner countries. The teams are equipped with the supplies and other training materials necessary for delivery of the course so that they can continue to offer the trainings independently after SOGC has completed the TOT portion of the partnership program.

2..7 **Evidence-based practice and education standards**: A professional association's involvement with regulatory reform can ensure high universal standards of education and practice firmly founded on evidence and data. For example, in 1985, the International Council of Nurses commissioned a global study of nursing regulation, the conclusions of which resulted in an internationally disseminated guide, still widely used, for nurses' associations seeking to establish or reform their regulatory system (Styles, 1986). "The concept of universal standards was promulgated as ICN reasoned that principles governing nursing education and practice should be the same in every country because the need for nursing services is universal and the same, wherever it is being given" (http://icn.ch/reghistory.htm). The East, Central and Southern African

College of Nursing (ECSACON), a regional association, developed core standards for the nursing and midwifery curricula for all countries in its region. Professional associations also play an important role in the establishment of professional codes, such as the International Federation of Gynecology and Obstetrics (FIGO)'s Code of Ethics, which outlines standards that members are expected to uphold. The California Nurses Association and the Group of Nursing Professionals of Central America and the Caribbean have also developed standards of ethical and safe practice for registered nurses. Many professional nursing bodies have developed frameworks for continued practice competence in order to establish standards to ensure that nurses retain adequate knowledge and skills after they have completed their basic training. As one example, the Canadian Nurses Association has developed a national continuing competence framework for nurses that responds to a call for a coordinated approach to meet consumer demands for competent health professionals in an era of global mobility (ICN, 2005). In countries where midwives do not have control of midwifery education, the International Confederation of Midwives (ICM) encourages member associations to negotiate with their governments for education to occur only after competencies and curricula have been established. (http://www.internationalmidwives. org/Statements) Service delivery must be coupled with standardization and competency assessment across cadres and contexts.

Professional associations can be a major source of continuing education and technical updates; health workers should be able to rely on their associations for the latest guidance in evidence-based practice. Responses to a survey conducted by the ICN

expressed the opinion that professional associations were the best-placed entities for determining professional standards, educational requirements and scopes of practice (Gragnola and Stone, 1997). ICN also emphasizes the use of research findings as a basis for decision-making in HRH development. (http://www.icn.ch/pshhrd.htm) .

Coalition building and advocacy: A strong professional association can influence access to quality, cost-effective health services. Professional associations are natural centers for coalition building and advocacy to change policies and systems related to quality of care, task shifting, health worker mobility and deployment, retention, working conditions, incentives and staffing norms (Chamberlain, 2003; ICN, 2005). Strong coalitions also have the potential to foster consistent commitment to quality health care nationally, regionally and across various levels of health workers. The ICM believes that all patients will "benefit when there is continuity and collaboration among the range of health care workers from community to district to regional settings" (http://www.internationalmid wives.org/Statements). Along with member services, the MAPS initiative pointed to coalition-building as one of the most important components of association strengthening. One successful coalition-building intervention was a study tour in Uganda for 24 private midwives from Senegal, Uganda and Zimbabwe to encourage the exchange of ideas and experiences, sharing of lessons learned and establishment of ongoing networking among the associations. As a result of MAPS' work, midwifery associations began communicating with each other through newsletters, journals and e-mails (Quimby and Mantz, 2000). The Group of Nursing Professionals in the Andean Community of Nations, a group supported and encouraged

by the Pan American Health Organization, is another collaborative example of cross-sectoral groups coming together to set standards for the health service community. Through this coalition, members of the nursing group are able to identify key audiences, influence policy agendas and have their voices heard. Similarly, the Group of Nursing Professionals of Central America and the Caribbean unites member nurses in building collaborative efforts between health and other sectors to advance the overall development and quality of nursing. "To date, achievements have been the establishment of nursing standards, hospital and community protocols, training in the quality, preparation and dissemination of a code of ethics, the implementation of the nursing process in health institutions and contributions to the curricula in schools of nursing" (Salas and Zárate, 1999).

Effective policy advocacy requires individual dedication coupled with comprehensive knowledge The Role of a Regional Association: The East, Central and Southern African College of Nursing Based in Arusha, Tanzania, the East, Central and Southern African College of Nursing (ECSACON) provides a strong framework for promoting professional excellence and improved health services in the region by focusing on collaboration, education, practice, research, management and leadership. ECSACON is akin to a national professional association in the services it offers to its members and the initiatives it undertakes, such as the coordination of courses and seminars aimed at improving the quality of health care and strengthening the human resources for health situation in the region.

The continuing education offered by professional associations can also give female health workers more professional independence by providing training in business as well as clinical skills.

The success or failure of a health care system relies upon the continued strength of the health care workforce. Professional associations are an important bridge connecting the needs of health care clients, policy makers and health professionals delivering services. A strong professional association ensures the public of high standards of care and advocates for consumers' needs while motivating new and experienced health care professionals to continually improve the quality of care they provide as they proceed along a stimulating, empowering and rewarding career trajectory. Health professionals on such a path are more likely to continue to work in their field and to encourage the next generation to follow in their footsteps. Strengthening professional associations should be regarded as a critical component of any comprehensive development program that seeks to achieve sustainable human resources for health results.

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