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# International Journal of Gynecology and Obstetrics

journal homepage: [www.elsevier.com/locate/ijgo](http://www.elsevier.com/locate/ijgo)

## FIGO LOGIC INITIATIVE

### Advocacy: The role of health professional associations

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#### ARTICLE INFO

##### Keywords:

Advocacy  
 FIGO LOGIC initiative  
 Influence  
 Low- and middle income countries  
 Maternal and newborn health  
 National health policy  
 Organizational capacity building

#### ABSTRACT

The FIGO Leadership in Obstetrics and Gynecology for Impact and Change (LOGIC) Initiative in Maternal and Newborn Health was developed on the premise that organizational capacity strengthening in eight low- and middle-income countries would result in improved ability of member associations to take a leadership role in engaging a range of stakeholders in the health sector to discuss evidence and facilitate policy change and clinical practice in maternal and newborn health. Definitions of relevant terms, principles, and a framework for an advocacy plan are presented. The term advocacy is typically not well understood by health professionals, nor generally thought to be part of their role as a clinician, researcher, or educator. "Influence" based on expertise is often more consonant with a clinician's reality, especially where advocacy is perceived as a more political process that may present a barrier in some countries. The organizational capacity development of the FIGO member associations was integral to their ability to exert influence based on evidence, both internally in their associations and with other stakeholders, including the Ministry of Health. Examples of advocacy from each of the eight LOGIC countries are provided, noting that evaluation of impact can be challenging.

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#### 1. Introduction

The International Federation of Gynecology and Obstetrics (FIGO) has increasingly strengthened its advocacy role on the international stage over the last decade by focusing on improving the health of women and children. As a federation, and representing significant evidence-based expertise globally, FIGO has been in a pivotal position to collaborate with other stakeholders to exercise influence at the global level and through initiatives in-country, involving its member associations. The FIGO Leadership in Obstetrics and Gynecology for Impact and Change (LOGIC) Initiative in Maternal and Newborn Health was developed on the premise that organizational capacity strengthening in low- and middle-income countries would result in the ability of its member associations to improve policy and clinical practice in maternal and newborn health. The FIGO LOGIC initiative was funded by a grant from the Bill and Melinda Gates Foundation from 2008–2013 and involved eight countries from Africa and Southeast Asia—the highest burden regions for global maternal and newborn deaths. Advocacy was an integral part of the initiative; however the term advocacy is not one that is well understood by health professionals, nor generally thought to be part of their role as a clinician, researcher, or educator.

#### 2. Definitions

##### 2.1. Advocacy

Advocacy can be represented in several ways, most frequently based on a social justice model. The Oxford Dictionary defines advocacy as "public support for or recommendation of a particular cause or policy" [1] and advocate as "a person who publicly supports or recommends a particular cause or policy reform"; or "a person who puts a case on someone else's behalf" [2].

##### 2.2. Lobbying

The Oxford Dictionary definition of lobbying indicates its intent as clearly political: "...seeking to influence legislators on a particular issue" [3]. Lobbying typically involves a group or organization.

##### 2.3. Influence

As a noun, influence is defined thus by the Oxford Dictionary: "The power to shape policy or ensure favourable treatment from someone, especially through status, contacts, or wealth" [4].

#### 3. Health professionals and advocacy

From the definitions given above, it is clear that there is some overlap or confusion. Guidance from a sister organization provides terminology and definitions more specific to physicians.

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The Royal College of Physicians and Surgeons of Canada (RCPSC) developed the CanMEDS Physician Competency Framework in 2005, which describes the knowledge, skills, and abilities that specialist physicians need for better patient outcomes [5]. The framework (Fig. 1) has been adopted and adapted broadly beyond Canada and is based in part on empirical research. It encompasses the seven roles that all physicians need to have to be better doctors. Medical Expert is at the center and integrates with the other roles that include scholar, professional, communicator, collaborator, manager and, importantly, health advocate.

The RCPSC definition of health advocate is more helpful to health professionals: “As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations” [5]. The notion of this type of “influence” based on expertise is often more consonant with a clinician’s reality, especially for those who equate advocacy with a more political process that may present a barrier in some countries. Taking a leadership role in engaging a range of stakeholders in the health sector to discuss evidence and facilitate policy change, as health advocates defined by the RCPSC, has been the foundation for the FIGO LOGIC initiative.

The member associations involved in the FIGO LOGIC initiative were from Burkina Faso, Cameroon, Ethiopia, India, Mozambique, Nepal, Nigeria, and Uganda. Some specific examples of the work of these member associations will illustrate how they have used their influence. While some of the member associations came to this initiative with experience in influencing policy, others were new to the activity. In all eight countries, the member associations had the benefit of powerful, well-connected members who were already engaged in advocacy or lobbying, even if not part of a formal strategy. Sometimes I observed that a member association would not even recognize that they had been engaged in activities where they had used influence or advocacy in discussing policies on maternal and newborn health. In some cases, advocacy proved to be risky—with advocacy efforts being interpreted as suspicious in the eyes of authorities. Member associations that have experienced such reactions have learned that the

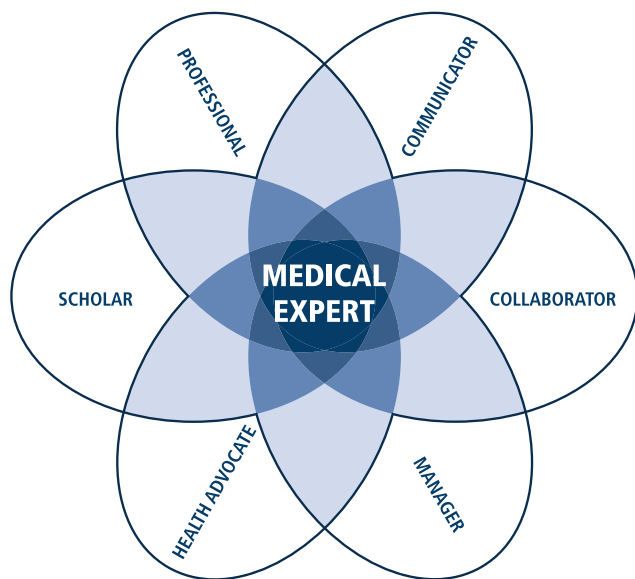


Fig. 1. CanMEDS Physician Competency Framework. Reproduced with permission from The Royal College of Physicians and Surgeons of Canada.

use of “influencing” rather than advocacy in their messaging is met with a more positive response.

The organizational capacity development of the eight member associations was integral to their ability to exert influence based on evidence—both internally in their associations and in meetings with other stakeholders, including the Ministry of Health. Developing clinical guidelines and disseminating them would be a good example of such an activity.

#### 4. Principles of advocacy

General principles around advocacy include a clear goal (the “ask”), the rationale for why this issue is important, and a determination of what can be measured to determine success. It is also important to consider the target audience, as the approach will be tailored to the audience.

The goal for each member association at the outset of the FIGO LOGIC initiative was to encourage the adoption of national policies, strategies, and actions to improve maternal and newborn health. Supported in capacity building efforts, the member associations committed to influence policy and participate in national policy dialogues concerning maternal and newborn health. This included increasing human resources, financing, evidence-based clinical practice, education, and review processes such as maternal death reviews (MDRs) and near-miss reviews (NMRs).

#### 5. The plan

The eight member associations involved in the FIGO LOGIC initiative undertook strategic planning exercises that formed the foundation for their advocacy activities. Having a plan that takes into account the human and financial resources available before embarking on an advocacy initiative is critical to success, especially one where the plan is to influence colleagues, the Ministry of Health, parliamentarians, and the public. Collaboration with other organizations and building coalitions avoids perceptions of self-interest and can provide the ability to have a broader reach and greater impact, but reaching consensus on messaging may prolong the process and should inform the timeline.

To be successful, an advocacy strategy must first be convincing for the people who will be asked to go out and play their part in advancing the strategy. That commitment requires clear and simple messaging of the strategy in a few statements. It is not uncommon for physicians to overwhelm with information/evidence/scientific rationale using the same approach regardless of the audience, as they have had no training in advocacy messaging. What is important is that those involved are credible and have recommendations to fix the problem.

In order to be credible as a source of expertise for national policy, other aspects of organizational capacity strengthening are important, including governance, financial management, membership, and communication. If an association is weak in these areas, their credibility may be questioned over time and jeopardize their potential for success. The Organizational Capacity Improvement Framework (OCIF) tool developed by the Society of Obstetricians and Gynaecologists of Canada (SOGC) for organizational capacity strengthening takes this into account.

“Targets” are key individuals in a position to bring about the change you want, whereas “influentials” have some influence over your target and can use this influence for or against your case. Determining the target(s) will provide direction in terms of messaging. Such targets could include members of your association, potential partners in a coalition, the Ministry of Health, the Ministry of Finance, parliamentarians, local politicians (who can campaign for lifesaving improvements for their constituents), local government budget holders, the general population and finally, the media.

“Stakeholders” are everyone who can affect or will be affected by the change you seek. For maternal and newborn health this includes: health professional organizations, children’s and women’s organizations, and health workers and groups of health workers.

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