
Federation's Pages Online Supplement

MDGs – A public health professional's perspective from 71 countries[†]

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Abstract The World Federation of Public Health Associations executed a quali-quantitative survey to explore the opinion of public health professionals worldwide and their experience concerning the implementation and achievement of the Millennium Development Goals (MDGs) with a focus on sub-Saharan Africa. We received 427 completed questionnaires from 71 countries. 88 per cent of respondents were involved in MDGs-related activities collaborating mainly with the national government, multilateral organisations and local NGOs. The respondents' main activities focused on MDGs 4, 5, and 6. Their answers do not differ significantly between respondents' position, WHO regions, and country's Gross National Income. All the 8 MDGs were considered as relevant by some in the public health community. However, the importance assigned to each MDG varies significantly, with MDGs 4 and 5 considered most important in the African Region, and MDGs 7 and 8 in the Western Pacific Region. Low-income countries attach high relevance to MDG 1. Altogether 51 per cent agree fully and 40 per cent partially with a positive statement on MDGs achievement.

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Introduction

The Millennium Development Goals (MDGs) were adopted on a voluntary basis in 2000, by 189 nations.¹ Some of the MDGs are fundamental human rights, such as health and education. They are to be achieved by 2015 (see Box 1). Governments have reported regularly on the progress. Several statistical analyses, based on measurable indicators, have been published recently.^{2,3} In 2009, UN Secretary-General Ban Ki-Moon⁴ summarised: ‘Nine years ago, world leaders set far-sighted goals to free a major portion of humanity from the shackles of extreme poverty, hunger, illiteracy and disease. They established targets for achieving gender equality and the empowerment of women, environmental sustainability and a global partnership for development... we have been moving too slowly to meet our goals. And today, we face a global economic crisis whose full repercussions have yet to be felt... Early indications are that, not surprisingly, the poor have suffered most from the upheaval of the past year. The numbers of people going hungry and living in extreme poverty are much larger than they would have been had progress continued uninterrupted.’

The latest published analyses of progress seem to indicate acceleration of the achievement process.⁵ The global average is dominated by the government-reported overachievement of some countries, especially People’s Republic of China. Most of the African countries are lagging behind especially for MDG 5 on maternal mortality.⁶ We found few reports where the investigators sought the views of involved health

Box 1: The Millennium Development Goals





professionals working in the field of public health, serving as spokespersons of public health associations, schools of public health or institutes of public health, or working in primary health care or health administration. Adegboye *et al* found in Niger that 21 per cent of doctors at tertiary health centres had no foreknowledge of the acronym MDG and 42 per cent did not know that there are 8 MDGs.⁷ The authors conclude ‘that there is an absolute need for more elaborate publicity of the MDGs ... if attaining the MDGs is to be a reality’.

The World Federation of Public Health Associations (WFPHA) decided to conduct an online survey to explore the opinions of public health professionals around the globe and their experience with the implementation and achievement of the MDGs, with a focus on sub-Saharan Africa, the region lagging farthest behind.

Methods

The *quali-quantitative survey* was conceived based on Ulrich Laaser’s proposal (personal communication, 2010) and was conducted by WFPHA health professionals in collaboration with the WFPHA Equity Working Group, between January and March 2012. The survey was translated into four languages from the original English version (French, Spanish, Portuguese and Chinese) and published online through <survey-monkey.com>. We contacted all public health professionals and organisations ($N = 5014$) listed in the WFPHA database by e-mail between April and July 2012 and invited to complete the survey if they were involved in MDGs-related activities. We also advertised the survey in the WFPHA newsletter, Facebook group, and Twitter. We promoted the survey during the 13th World Congress of Public Health, April 2012 in Addis Ababa, Ethiopia.⁸ In total, we received 427 completed questionnaires, representing professionals from 71 countries.

The landing page of the online questionnaire is displayed in Figure 1, the complete questionnaire can be found in Appendix. Percentages are rounded; differences are tested by Pearson Chi².

The questionnaire consisted of the following sections:

- position/role of respondent (including Public Health Association (PHA) membership)
- social categories and education
- professional work

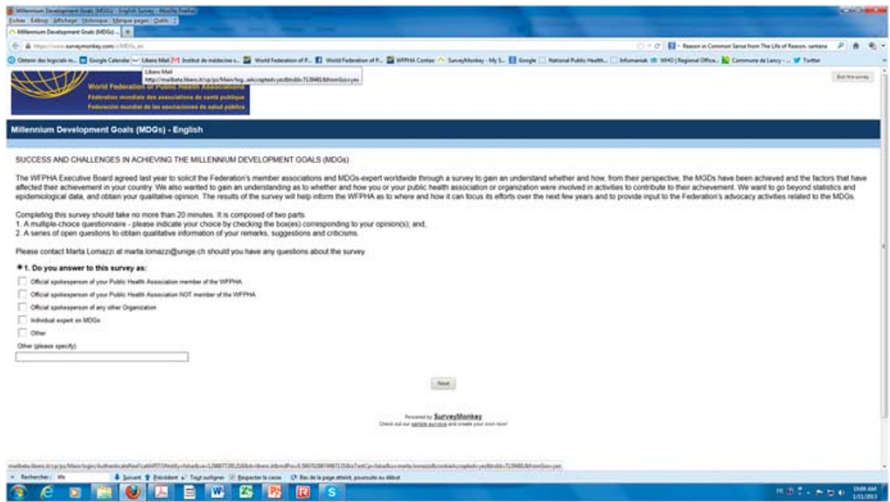


Figure 1: Landing page of the online questionnaire used in the survey. (From https://www.surveymonkey.com/s/MDGs_en, which is no longer online. See the full version in Appendix).

- importance of MDGs
- involvement/activities in MDG implementation
- main challenges/obstacles
- collaboration and partners
- support of the work on MDGs
- achievement of MDGs and
- usefulness of the survey.

We analysed the results and then subcategorised them according to respondents’ role (individual professionals versus official spokespersons), WHO regions, main countries, and country’s Gross National Income (GNI) according to the World Bank Indicators.⁹

Here we report mainly the results obtained from the quantitative part of the survey. We will analyse the qualitative data separately.

The survey was ranked as ‘Very relevant/useful’ by 55 per cent and ‘somewhat relevant/useful’ by 37 per cent. Two percent of all answers were negative; 6 per cent had no opinion.

Professional experts involved with the implementation of MDGs accounted for 65 per cent of respondents and 18 per cent answered as the official spokesperson of their PHA (Others accounted for 17 per cent).

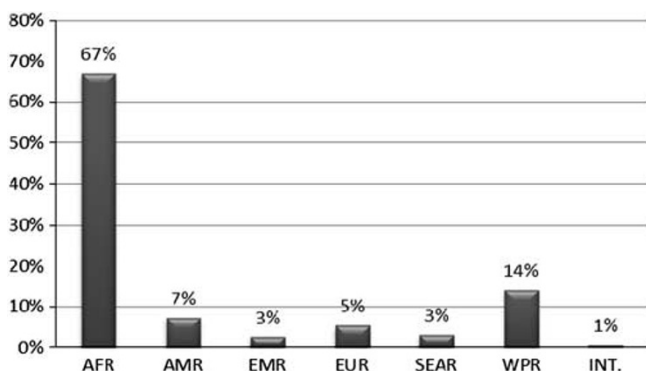


Figure 2: Respondents according to WHO regions (rounded percentages).

Legend: AFR – African Region; AMR – Region of the Americas; EMR – Eastern Mediterranean Region; EUR – European Region; SEAR – South-East Asia Region; WPR – Western Pacific Region; INT. – International Organisations.

Figure 2 shows the distribution of answers according to WHO Regions. Although 67 per cent of all completed questionnaires came from the African Region (AFR), the West Pacific Region (WPR) responses constitute 14 per cent, the next highest group of respondents. The response rate from all other regions was low. In AFR and WPR, WFPHA has regional offices in Addis Ababa and Beijing.¹⁰ Moreover, 73 per cent of all participants came from low or lower-middle income countries – according to the World Bank Indicators.⁹

Results

Of all respondents, 88 per cent had been directly involved in MDGs-related activities, collaborating mainly with the national government (20 per cent), multilateral organisations (17 per cent), local NGOs (15 per cent), and local communities as well as bilateral agencies (13 per cent each). 80 per cent of the respondents were still working in the area, mainly focusing on maternal and child health (24 per cent), communicable diseases (20 per cent), and public health professionals' education (10 per cent). Sixty-three per cent acted as supporting partners in MDGs-related activities. Those not yet involved (12 per cent), indicated that they were interested, but up to now had no opportunity, for example, if their PHA had only recently started. Almost all required support (90 per cent): 26 per cent financial support; 20 per cent

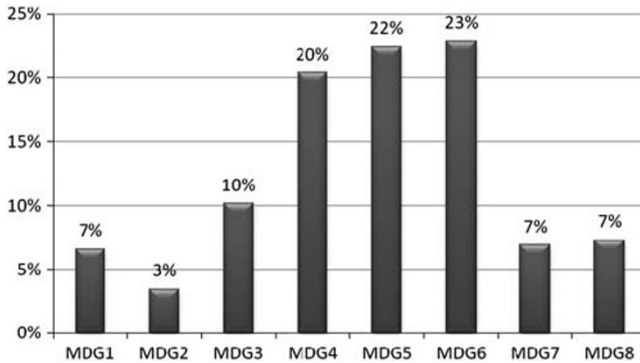


Figure 3: Main expert involvement according to MDGs (multiple answers possible, rounded percentages).

logistic/organisational support; 20 per cent technical consultancy; and 17 per cent supportive advocacy.

Figure 3 shows in what MDGs the respondents were principally involved – most in the directly health related MDGs 4, 5, and 6 with a frequency of 20, 22, and 23 per cent, respectively. The answers did not differ significantly between professional experts and spokespersons ($N = 839$ and 194 ; $P = 0.935$), nor between the two regions with the highest number of answers – the AFR and the WPR ($N = 867$ and 135 ; $P = 0.152$) nor within the countries with the highest number of answers (Ethiopia and China, $N = 671$ and 79) and their region (AFR and WPR without Ethiopia or China, $N = 196$ and 56 ; $P = 0.672$, and 0.250 , respectively). This applies also if respondents’ countries of origin were ranked according to the World Bank Indicators *low*, *lower-middle*, *upper-middle*, and *high-income countries* (LIC, LMIC, UMIC, HIC, respectively; $N = 165$, 121 , 154 , 776 ; $P = 0.136$).

Figure 4 presents the overall opinion about the importance of the 8 MDGs. Besides the classical health related MDGs 4, 5, and 6, only MDG 1 was identified as the most relevant MDG by a higher percentage of respondents (16 per cent). All the 8 MDGs were considered relevant by at least some in the public health community ($N = 1381$). There is no significant difference between professional experts and official spokespersons ($N = 900$ and 254 ; $P = 0.657$). The importance given to the different MDGs was, however, significantly different among the regions, that is, MDG 7 and 8 are more important for China ($N = 114$) and WPR

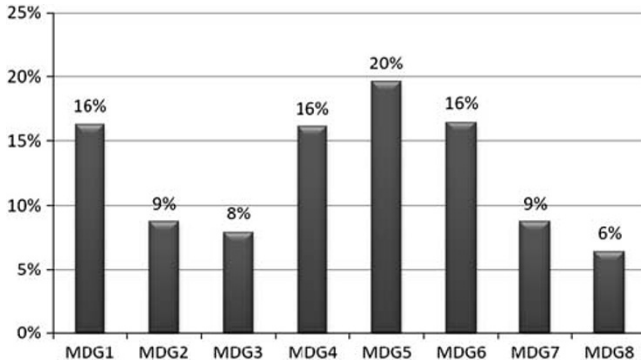


Figure 4: MDGs considered being of highest importance in participants' countries (multiple answers possible, rounded percentages).

without China ($N = 57$) than in Ethiopia ($N = 703$) or in AFR without Ethiopia ($N = 259$) while we see the opposite if we consider MDG 4 and 5 ($P < 0.001$). Furthermore, significant differences can be observed according to the World Bank classification ($P < 0.001$): respondents from poor countries are ranking MDG 1 higher, but not MDGs 7 and 8, whereas the opposite is true for the higher income countries (data not shown).

A comparison between the ranking by importance in Figure 4 and the real involvement of respondents in MDGs-related activities (Figure 3) reveals highly significant differences. The professional involvement does not match the perceived importance of MDG 1 in the LIC (6.6 versus 20.2 per cent) as well as in the LMIC (5.2 versus 11.3 per cent; $P < 0.001$ and $P = 0.028$ on all 8 MDGs compared respectively; data not shown). In the UMIC and HIC especially high weights were given for the importance of MDG 7 (24.2 versus 12.4 and 18.2 versus 5.5 per cent; $P = 0.012$ and $P = 0.001$ on all 8 MDGs respectively; data not shown) and 8 (UIMC only) as well. Most of the respondents were involved in services/programmes under MDG 4 and 5 across all GNI country groups. MDG 6 remains of high importance as well as the focus of many activities for almost all GNI country groups (see detail Table 1).

All respondents together listed as challenges or obstacles encountered most frequently the *economic crisis* and the *lack of in-country resources* (11 per cent each). *Geographical limitations* were mentioned nearly as frequently, together with the *unavailability of primary health care*

Table 1: Comparison of assigned importance and main involvement of respondents according to World Bank Indicators (multiple answers possible, rounded percentages, maxima bolded)

GNI	LIC		UMIC	
	(a) Importance (%)	(b) Main activities (%)	(c) Importance (%)	(d) Main activities (%)
<i>Tot N answer</i>	856	776	165	121
MDG 1	20.2	6.6	7.9	8.3
MDG 2	8.9	3.7	6.7	2.5
MDG 3	6.7	9.3	4.9	8.3
MDG 4	17.4	21.5	10.3	17.4
MDG 5	22.2	22.7	10.3	19.0
MDG 6	16.1	23.7	20.0	23.1
MDG 7	5.1	6.3	24.2	12.4
MDG 8	3.4	6.2	15.8	9.1

Significance: (a) vs (b) $P < 0.001$; (c) vs (d) $P = 0.012$.

services and cultural reasons (10 per cent each). *Lack of local coordination and organization, lack of sufficient human resources within the PHA/Organization, lack of logistic support, political reasons, and lack of international cooperation financial and/or technical support* were mentioned less frequently. We present selected statements in Box 2.

Altogether 51 per cent agreed fully and 40 per cent partially with the statement that ‘In your/your Public Health Association/Organization’s opinion, the MDG related activities undertaken by you/your Public Health Association/Organization achieved their desired/expected results (were they successful)?’. Only 6 per cent disagreed, 3 per cent had no opinion.

Discussion

In this survey, public health professionals clearly pointed out that they are mainly involved in their day-to-day activities in MDGs 4, 5, and 6. They declared positive experiences with the implementation of these goals. The positive motivation of the public health workforce is an invaluable achievement in itself. Public health professionals work with energy and enthusiasm on those of the MDGs they are able to influence, mainly 4, 5, and 6, knowing at the same time that the underlying causes addressed in MDG 1, 2, 3 and to some degree 7, are not under their direct influence. The qualitative aspects of survey reported Box 2 show that the



Box 2: Full respondents statements, selected from more than 500 statements (translated to English, and slightly edited when necessary)

2/3rd of deliveries are without medical aid and *there is a huge gap in MMR (maternal mortality ratio) between cities and rural areas*

In my opinion improving maternal health is the highest important Millennium Development Goal. Improving maternal health means reducing child mortality; women can really protect their children with breast feeding in the earlier age. Improving maternal health promotes gender equality and empower women; this means each healthy woman can participate by her own motivation.

Despite the money and effort put nationally and internationally, there is no significant improvement in maternal and child health indicators

Cultural and religious barriers, shortage of trained birth attendants, shortage of emergency obstetrics care, inadequate equipments/materials available for emergency referral service

Poverty by itself is dirty, stupid, crisis, diseases, everything, I don't have words to explain its effect. Education is a key strategy for all maternal death; *this is a neglected tragedy*

After 14 years of devastating civil unrest where the fabrics of all possible development gains including a working health system *(are destroyed)*

A hungry country cannot develop, that's why MDG 1 is so significant

Because first, my country faced famine repeatedly

No fund was available and no one cares

While technical capacity for HIV and AIDS responses is higher than is often anticipated in MICs and LICs, structural impediments such as governance and administration systems often lack capacity and are not sufficiently supported by many projects

The goals cannot be attained in remote areas

Yes, in many remote/rural areas of Nigeria there is a beautiful new PHC built with MDG money which are empty and unused except for chickens

Personally I feel that there is a huge gap between professionals experience and attitude, which mainly contradicts with politicians

Involve the field personnel more in decisions for specific MDGs-related interventions

Discussions on the MDGs at the international level often left out many of the stakeholders most effective in those areas. The lack of progress in MDG 5 and to some extent for MDG 1 and MDG 6 could have been mitigated with more inclusive involvement

MDGs are a concept of the 1990s, based on the assumption of ongoing economic growth and feasibility of equality..... The future is unpredictable and cannot be changed through linear goal setting

notion of basic values, fairness, and human rights to be present among the participants. The link between actions for some MDGs and the

fulfilment of others seems to be missing. Understanding of MDG 8 among public health professionals was limited and does not include the notion of *negative duty*, meaning that we are responsible for the global misery.¹¹

In this study we were more interested in the experiences of the involved public health workforce, less in the statistics of achievement. The degree to which the concept of MDGs has been transmitted to the actors in the field is related to the MDGs' success. In spite of the limitations of our study, our results shed light on some issues that are especially relevant for designing the next generation of MDGs after 2015, whatever they will be called. Nevertheless our study has several intrinsic limitations that have to be considered in the interpretation of the results:

- (1) The respondents do not constitute a statistically representative sample; only 22 of 80 WFPHA member associations (28 per cent) answered the questionnaire. For sub-Saharan Africa, the number of completed questionnaires was quite high ($N = 291$). Furthermore, 88 per cent of the responding experts indicated a direct involvement into MDGs-related activities. Despite self-selection in a non-representative sample, we found considerable homogeneity: involvement in MDG activities does not differ significantly across the various sub-groups.
- (2) The respondents answered according to their personal knowledge and their subjective opinions. We intended in order to complement the published statistical analyses of MDGs with personal experience and qualifying statements. A more representative approach would require much greater resources, but we recommend it be done before 2015. As 92 per cent of respondents judged the survey as *very useful* or *somewhat useful*, we conclude that our approach, to ask for personal experiences, was welcome, because it filled a gap not yet covered.
- (3) The questionnaire was oriented predominantly to the past experience of the target group, but did include information about experts' involvement in on-going activities. A subsequent questionnaire, focusing the on-going activities and future development, will make use of the present results. Analysing the past comprehensively is a precondition for developing the future: 'Those who cannot remember the past are condemned to repeat it'.¹²



One key feature of our analysis is the significant variance of the importance assigned to single MDGs. Although all the 8 MDGs were considered by at least some in the public health community to be relevant, in the African Region the classical health related MDGs 4 and 5 received highest relevance scores, whereas in the Western Pacific MDGs 7 and 8 on environmental sustainability and global partnership were considered most important. (MDG 6 was of high importance for both regions). This may well indicate the most immediate threats in the respective regions. Correspondingly MDG 1 on poverty reduction was valued significantly higher in the LIC than in the UMIC and HIC. This discrepancy in perceived importance versus activities exists also for MDG7 that received awareness in higher income countries, but only sparse activity was deployed in the field.

The main barriers in working on MDGs were listed as *financial resources*, *communication infrastructure* including access to primary health care, and interestingly *cultural reasons*. These findings might well be considered in the design of a next round of development goals.

Key messages

The overwhelming majority of public health professionals approves the MDGs and looks with optimism on their achievability in spite of considerable challenges. The regional differences in assigned importance should be considered in the next round of development goals.

Acknowledgement

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About the Authors

Marta Lomazzi obtained a Masters in Medical Biotechnology from the University of Milano, Italy in 2004, and a PhD in Neuroscience from the University of Geneva, Switzerland in 2008, focusing on the mechanisms of addiction of drugs of abuse. In 2008, she joined the Institute of Social and

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Appendix

The online questionnaire used in the survey 2012 (English version)

Millennium Development Goals (MDGs) - English

SUCCESS AND CHALLENGES IN ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS (MDGs)

The WFPHA Executive Board agreed last year to solicit the Federation's member associations and MDGs-expert worldwide through a survey to gain an understand whether and how, from their perspective, the MGDs have been achieved and the factors that have affected their achievement in your country. We also wanted to gain an understanding as to whether and how you or your public health association or organization were involved in activities to contribute to their achievement. We want to go beyond statistics and epidemiological data, and obtain your qualitative opinion. The results of the survey will help inform the WFPHA as to where and how it can focus its efforts over the next few years and to provide input to the Federation's advocacy activities related to the MDGs.

Completing this survey should take no more than 20 minutes. It is composed of two parts:

1. A multiple-choice questionnaire - please indicate your choice by checking the box(es) corresponding to your opinion(s); and,
2. A series of open questions to obtain qualitative information of your remarks, suggestions and criticisms.

Please contact Marta Lomazzi at marta.lomazzi@unige.ch should you have any questions about the survey.

***1. Do you answer to this survey as:**

Official spokesperson of your Public Health Association member of the WFPHA

Official spokesperson of your Public Health Association NOT member of the WFPHA

Official spokesperson of any other Organization

Individual expert on MDGs

Other

Other (please specify)

***2. Please enter your contact details:**

Name:

Surname:

Country:

Email Address:

3. Are you a member of a Public Health Association/Organization?

Yes

No

4. Please enter the name of the Public Health Association/Organization:



Millennium Development Goals (MDGs) - English

5. What is your gender?

- Male
 Female

6. What is your age?

- < 20 year
 21-35 years
 36-50 years
 51-60 years
 >61 years

7. What is the highest education degree obtained?

- Doctorate
 Masters
 Bachelors
 Other

Other (please specify)

8. Do you have a degree in Public Health?

- DPH
 MPH or equivalent
 Undergraduate degree in Public Health
 No, I do not have a specific degree in Public Health
 Other

Other (please specify)



Millennium Development Goals (MDGs) - English

9. What sector do you work in?

- Academic/Research
- District level or Municipal Government
- For-profit business/corporate
- International Multilateral/Bilateral Agency (e.g., WHO, UNICEF, USAID, CIDA, etc.)
- International Non-Governmental (e.g., CARE; World Vision, Médecins sans frontières, etc)
- Local Non-Governmental (e.g., NGO, foundation, faith-based organization, etc)
- National Government
- Other

Other (please specify)

10. What field describes your professional affiliation?

- | | |
|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Health services administration/management |
| <input type="checkbox"/> Biostatistics | <input type="checkbox"/> International/global health |
| <input type="checkbox"/> Emergency medical services | <input type="checkbox"/> Legal/law |
| <input type="checkbox"/> Environmental health | <input type="checkbox"/> Maternal and child health |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Global health equity | <input type="checkbox"/> Public health laboratory practice |
| <input type="checkbox"/> Health education | <input type="checkbox"/> Public health policy |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Public health practice |
| <input type="checkbox"/> Health promotion | <input type="checkbox"/> Other |

Other (please specify)

*11. Please enter your contact details:

Name:

Surname:

Full name of your Public Health Association/ Organization:

Position in the Public Health Association/ Organization:

Country:

WHO region:

Email Address:



Millennium Development Goals (MDGs) - English

IMPORTANT

Please answer to the whole questionnaire reporting ALWAYS the perspective of your Public Health Association/Organization if you participate as its spokesperson OR your personal perspective if you participate as individual expert.

12. Which of the following MDGs are of the highest importance for your country? Please select THREE:

- | | |
|--|---|
| <input type="checkbox"/> MDG1: Eradicate extreme poverty and hunger | <input type="checkbox"/> MDG5: Improve maternal health |
| <input type="checkbox"/> MDG2: Achieve universal primary education | <input type="checkbox"/> MDG6: Combat HIV/AIDS, malaria and other diseases |
| <input type="checkbox"/> MDG3: Promote gender equality and empower women | <input type="checkbox"/> MDG7: Ensure environmental sustainability |
| <input type="checkbox"/> MDG4: Reduce child mortality | <input type="checkbox"/> MDG8: Develop a global partnership for development |

13. Why are the MDGs selected above of highest importance for your country?

14. Have you/your Public Health Association/Organization been involved in activities related to the MDGs?

- Yes
- No

15. Why have you/your Public Health Association/Organization not been involved in activities related to the MDGs?

- Not interested
- Not among top priorities for the Public Health Association/Organization
- Not among top priorities in my country
- Interested in developing such activities but not feasible
- Other (please specify)



Millennium Development Goals (MDGs) - English

16. What were the main challenges that prevented you/your Public Health Association/Organization from being involved in MDG-related activities?

- | | |
|---|---|
| <input type="checkbox"/> Cultural reasons | <input type="checkbox"/> Lack of logistic support |
| <input type="checkbox"/> Economic crisis | <input type="checkbox"/> Lack of sufficient human resources within the Public Health Association/Organization |
| <input type="checkbox"/> Geographical limitations (difficult to reach communities, climate-related limitations etc) | <input type="checkbox"/> Migration |
| <input type="checkbox"/> Lack/low access to primary health services | <input type="checkbox"/> Natural disasters |
| <input type="checkbox"/> Lack of financial support from local (in-country) sources | <input type="checkbox"/> Political reasons |
| <input type="checkbox"/> Lack of international cooperation financial and/or technical support | <input type="checkbox"/> Religious reasons |
| <input type="checkbox"/> Lack of local coordination and organization | |
| <input type="checkbox"/> Other (please specify) | |

17. In which of the following activities related to the MDGs have you/your Public Health Association/Organization been involved?

- | | |
|--|---|
| <input type="checkbox"/> MDG1: Eradicate extreme poverty and hunger | <input type="checkbox"/> MDG5: Improve maternal health |
| <input type="checkbox"/> MDG2: Achieve universal primary education | <input type="checkbox"/> MDG6: Combat HIV/AIDS, malaria and other diseases |
| <input type="checkbox"/> MDG3: Promote gender equality and empower women | <input type="checkbox"/> MDG7: Ensure environmental sustainability |
| <input type="checkbox"/> MDG4: Reduce child mortality | <input type="checkbox"/> MDG8: Develop a global partnership for development |

18. Did you/your Public Health Association/Organization collaborate with other partners on MDG-related activities or did it take action on its own?

- Collaboration
- On its own



Millennium Development Goals (MDGs) - English

19. With which of the following partners did you/your Public Health Association/Organization collaborate?

- Your country's government
- Local (your country's own) NGOs
- Local communities in your country
- Faith-based organizations in your country
- Multilateral organizations (e.g., WHO, PAHO, UNICEF, other UN agencies)
- Bilateral agencies (e.g., USAID, GTZ, SIDA, CIDA, etc.)
- International NGOs (e.g., CARE, World Vision, Médecins sans frontières, etc.)
- Other

Other (please specify)

20. Was your Public Health Association/Organization the lead or was it a supporting partner?

- Lead organization
- Supporting partner

21. Did your Public Health Association/Organization request any support from the partners?

- Yes
- No, none requested/needed

22. Which of the following supports did your Public Health Association obtain from partners?

	Yes	No	Not requested/needed
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logistics/Organizational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)



Millennium Development Goals (MDGs) - English

23. Why didn't your Public Health Association/Organization collaborate with other partners?

24. Briefly describe the main MDG-related activity you/your Public Health Association/Organization undertook (including major achievements and failures)

25. In your/your Public Health Association/Organization's opinion, the MDG-related activities undertaken by you/your Public Health Association/Organization achieved their desired/expected results (were they successful)?

- Fully Agree
- Agree
- Partially Agree
- Disagree
- Fully Disagree
- No opinion/Uncertain

26. Were there any obstacles to achieve the targeted MDGs?

- Yes
- No



Millennium Development Goals (MDGs) - English

27. Which of the following obstacles affected the achievement of the targeted MDGs?

Please check all boxes that apply.

- | | |
|---|---|
| <input type="checkbox"/> Cultural reasons | <input type="checkbox"/> Lack of logistic support |
| <input type="checkbox"/> Economic crisis | <input type="checkbox"/> Lack of sufficient human resources within the Public Health Association/Organization |
| <input type="checkbox"/> Geographical limitations (difficult to reach communities, climate-related limitations etc) | <input type="checkbox"/> Migration |
| <input type="checkbox"/> Lack/low access to primary health services | <input type="checkbox"/> Natural disasters |
| <input type="checkbox"/> Lack of financial support from local (in-country) sources | <input type="checkbox"/> Political reasons |
| <input type="checkbox"/> Lack of international cooperation financial and/or technical support | <input type="checkbox"/> Religious reasons |
| <input type="checkbox"/> Lack of local coordination and organization | <input type="checkbox"/> Other |

Other (please specify)

28. How did these obstacles affect the achievement of the targeted MDGs?

29. Are you/your Public Health Association/Organization undertaking MDG-related activities now?

- Yes
 Non

30. Please briefly describe this on-going activity.

31. Why aren't you/your Public Health Association/Organization involved in any on-going MDG-related activities?

Millennium Development Goals (MDGs) - English

32. Would you like to add your PERSONAL point of view/feelings regarding MDGs projects/achievements/challenges in your country?

33. Would you like to add any comments/suggestions?

34. How were the answers to this questionnaire generated?

- By the Public Health Association/Organization President/Executive Director or another senior Public Health Association/Organization Officer
- By the Public Health Association/Organization's Executive Board/Board of Directors
- Through consultation with several key Public Health Association/Organization members
- Through a consultation with the Public Health Association/Organization's membership (e.g., through a survey, email, or consultative meeting)
- Personal Opinion
- Other method

Other method (please describe)

35. Please rank how relevant/useful you/your Public Health Association/Organization found this survey.

- Very relevant/useful
- Somewhat relevant/useful
- Not relevant/useful
- No opinion/Uncertain

THE WFPHA THANKS YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

PLEASE SEND TO marta.lomazzi@unige.ch ANY DOCUMENTS, REPORTS, ARTICLES ETC. RELATED TO THE ACHIEVEMENTS OF MDGs WITHIN YOUR PUBLIC HEALTH ASSOCIATION/ORGANIZATION OR COUNTRY THAT YOU CONSIDER IMPORTANT/RELEVANT TO THIS SURVEY.