

# The impact of mandatory continuous professional development program on nurses in the provision of quality Nursing care at Kwara State Nigeria

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**Abstract:** The study assesses the impact of Mandatory Continuous Professional Development Program on nurses in the provision of quality nursing care nurses at Kwara State, Nigeria. It employed cross-sectional descriptive designed method. The study participants included all nurses and midwives that attended the Kwara State Mandatory Continuing Professional Development Programme. A total of 87 questionnaires were administered using availability and purposive sampling technique, but 75 filled questionnaires were valid for data analysis. The instrument used for data collection in this study was a self-structure questionnaire. Data collected were analyzed through the use of descriptive and inferential statistics. Findings revealed that majority of the nurses and midwives, 49 (65.3%), attended the workshop for the purpose of equipping self for better service delivery, 33 (44%) attended Mandatory Continuous Professional Development Program workshop for the purpose of licensure renewal while others 29 (38.7%) attended so as to broaden their knowledge. It was also revealed that majority of the respondents, 72 (96%), believe the program added to their knowledge of care, and most 69 (92%) of the respondents said the knowledge gained changed their orientation towards patients' care, while good number 70 (93.3%) of them believe that the knowledge gained during the program can improve the nursing care they would render. It was concluded that the mandatory continuous professional development programme has a lot of benefits the major motive behind the attendance of nurse and midwives at the mandatory continuous professional development programme workshop is for the purpose of equipping self for better service delivery.

**Key words:** Nursing, MCPDP, Quality, Care, Impact

## I. Introduction

Nursing profession needs to stay up to date with the latest developments, continuing to update their skills and competences to meet changing future population health needs effectively and safely (Royal College of Nursing 2018). However, Continuous Professional Development (CPD) offers nurses and midwives the opportunity to improve their knowledge, skills and also improve their performance in the healthcare setting (Simon et al., 2019), to provide best practice and clinical care. This is achieved through participating in continuing education (CE). CPD is readily accessible and a mandatory requirement for nurses and midwives in developed nations, such as Australia (Ng 2017). Although Mandatory Continuing Professional Development Programme (MCPDP) is a product of nursing and midwifery council of Nigeria (NMCN) as such MCPDP is peculiar to Nigeria nurses. MCPDP for Nurses is increasingly recognized as a route for needed quality enhancement among nurses and healthcare system (Chinemerem et al., 2018). According to World Health Organization [WHO] WHO (2016) nursing professionals needs to be competent in their practice thus having a scientific basis for their practice also have adequate knowledge to communicate with increasingly informed patients and parents likewise nurses must have the ability to access relevant information and have adequate technology in their area of specialization.

The provision of effective nursing and midwifery care can be gain from CPD and education to maintain a continuum of quality care and best practice (Plager & Razaonandrianina 2009),. In consonant to that WHO (2012) state that CPD serves as a vital contributor to achieved the ambitions of the United Nations' Millennium Development Goals (MDGs) to improve health in developing countries. Thus (Légaré et al., 2017) depict that, involvement in CPD is an effort for the improvement of quality of healthcare and is believed to transfer new knowledge so that health professional does not only gain skill but also provide optimal care that would improves the patient outcome. Therefore Royal College of Nursing in 2007 as cited by Laxmi and Sharmila (2018) affirmed that CPD is an important tools for all healthcare personnel's through which high quality patient and client care is demonstrated. Conversely, Glasper (2018) view the essence of CPD to encourage nurses to maintain and develop skills they need to deliver high-quality, safe and effective care across all roles and settings, to assist them in maintaining their professional development and facilitate improvement of care. On the other hand, Taylor (2016) report that the factors influencing CPD center on economic gain, job promotion and financial rewards. In another version Eslamian et al., (2015) report that continuing

professional education (CPE) is often tested with brief professional scholastic aptitude tests which form the basis of decision making regarding who meets minimum set standards for re-licensing and further practice. While Pool et al., (2016) in a study asserted that the motives for engagement in CPD are to increase competence in current work, requirement fulfillment, deepening knowledge, and enhance career development, to get relief from daily routine and to improve quality of care, increase self-esteem and to fill gaps in prior education.

Hence, Glasper (2018) posit that CPD for nurses across the countries is configured in three major domains: Statutory training: required for employees and employers to be compliant with specific legislation pertaining to health and social care. Mandatory training: deemed essential by the employer related to the character of the role, such as, hand hygiene and incident reporting. Therefore, CPD is a lifelong learning that takes place after a degree or qualification and strives to meet the current need of the patient and improve the health care delivery thus providing a quality care to the patients (Davis et al., 2014), As nurses forms the integral part of healthcare system, they are expected to meet the new demands that are arising in the field of healthcare and undertake evidence based practice. Nevertheless CPD is a way to maintain and acquire current knowledge and skills in the rapidly changing healthcare environment. (Pryce-Miller 2015). as a result of these Nurses must continuously develop their professional skill and contribute into the development of nursing profession and education to foster evidence based practices (Finnish Nurses Education 2017).

Study Ng (2017) revealed that Continuous Professional Development has helping in the reduction of maternal mortality, this is as noted by the Tanzania Nursing and Midwifery, these indicates that CPD and education has the ability to alter clinical practice, and consequently improve patient care and outcomes. As such nurses and midwives have the will and aptitude to support their colleagues and be potential mentors in the workplace, and the generated a sense of efficiency in the workplace, which positively altered the status quo among coworkers and patients. Additionally Wood in 1998 noted that positive impact of Continuing Professional Development Programme on nurses translated positively to quality delivery of patient care. These showed that there is positive relationship between continuous professional development and job performance of nurses Ng, (2017). On the other hand, Tame (2012) reported that continuing professional education appeared to lead to intrinsic changes to practitioners rather than direct behavioral change. Nurses' increased knowledge and confidence affected the balance of power in therapeutic relationship. Simultaneously, the major outcomes of these activities for the nurses who are engaged in continuous CPD are improved practice and solidification of positive changes. CPD aims to maintain and broaden the nurses' existing knowledge and expertise thereby fostering the personal and professional qualities of the healthcare personnel. Most importantly Bindon (2017) conclude that the ultimate goal of MCPDP is to contribute to high quality of patient care and their significant orders.

### **Aim of the study**

The aim of this study was to assess the impact of MCPDP on nurses in the provision of quality nursing care nurses at Kwara State, Nigeria. Specifically, the study sought to:

1. Describe the motives of nurses and midwives towards the importance of MCPDP.
2. Identify the post MCPDP impact on nurses and midwives in provision of quality nursing care to patients.

### **Hypothesis**

1. There is no significant association between the knowledge of care added after MCPDP and change in orientation towards patient's care among MCPDP nurse participants.
2. There is no significant association between the knowledge of care gained after MCPDP and improvement in nursing care among MCPDP nurse participants.

## **II. Methodology**

This is a cross-sectional descriptive study design involving all nurses and midwives who attended Kwara state MCPDP. Study participants included all nurses and midwives that attended the Kwara state mandatory continuing professional development programme. A total of 87 nurses and midwives among the 100 attendees of 2020 MCPDP continuing education programme in Kwara, Nigeria who gave consent to participate were recruited for the study. The participants were recruited using availability and purposive sample technique. 75 nurses returned distributed questionnaires. Data were collected using a self-structured questionnaire developed by the researchers from review of relevant literature on continuing education programme. Data analysis was done using SPSS version 20.0 for windows. Descriptive analysis was computed using dependent and independent variables, Mean and Standard Deviation, while test for significance was determined using Chi-Square ( $\chi^2$ ). Nurses who are registered for the Mandatory Continuing Professional Development Programme and attended the programme from the beginning to the end eligible and included those that were not register and nurses whose training days where not completed were excluded in the study.

**III. Findings**

**Socio-demographic Data**

**Table 1: Socio-demographic Characteristics**

Variable		Frequency (f)	Percentage (%)
<b>Gender</b>	Male	4	5.3
	Female	69	92.0
	No response	2	2.7
	<b>Total</b>	<b>75</b>	<b>100.0</b>
<b>Age (in years)</b> Mean age = 46 – 55years S.D. = 9.77	16 – 25	1	1.3
	26 – 35	9	12.0
	36 – 45	20	26.7
	46 – 55	26	34.7
	56 – 65	11	14.7
	66 – 75	1	1.3
	No response	7	9.3
	<b>Total</b>	<b>75</b>	<b>100.0</b>
<b>Highest level of qualification</b>	RN	5	6.7
	RN+Post Basic	29	38.7
	BNSc	30	40.0
	MSc	3	4.0
	PhD	1	1.3
	Others (BSc. Health Education)	4	5.3
	No response	3	4.0
	<b>Total</b>	<b>75</b>	<b>100.0</b>
<b>Professional Rank</b>	NO II	5	6.7
	NO I	4	5.3
	SNO	13	17.3
	PNO	18	24.0
	ACNO	1	1.3
	CNO	18	24.0
	ADNS	5	6.7
	DNS	7	9.3
	No response	4	5.3
	<b>Total</b>	<b>75</b>	<b>100.0</b>
<b>Years of Service</b>	1 – 5	3	4.0

Mean = 16 – 20 years	6 – 10	11	14.7
S.D. = 8.97	11 – 15	16	21.3
	16 – 20	8	10.7
	21 – 25	12	16.0
	26 – 30	6	8.0
	31 – 35	10	13.3
	No response	9	12.0
	<b>Total</b>	<b>75</b>	<b>100.0</b>
<b>Place of Practice</b>	Private	7	9.3
	Public	59	78.7
	Paramilitary	1	1.3
	Retired	3	4.0
	No response	5	6.7
	<b>Total</b>	<b>75</b>	<b>100.0</b>
	A & E	7	9.3
	Medical Ward	12	16.0
	Surgical Ward	3	4.0
	Administration	5	6.7
	Theatre	2	2.7
	Mental Health Unit	1	1.3
	O & G	12	16.0
	Public Health	5	6.7
<b>Areas of Practice</b>	Paediatric	9	12.0
	Others (Such as General practice, Primary Health Care, Ophthalmology, Anti-retroviral clinic, Infection Unit and Academia	13	17.3
	No response	6	8.0
	<b>Total</b>	<b>75</b>	<b>100.0</b>

According to Table 1, greater number of the respondents are females 69 ((2%) while just 4 of them (5.3%) are males; 2 (2.7%) didn't respond to the question about their gender. Also, 7 (7.3%) of them didn't respond to the question on their age but most of them 26 (34.7%) are within the age range 46-55 years, 20 (26.7%) are within 36-45 years, 11 (14.7%) are within 56-65 years, 9 (12%) are within 26-35 years while 1 (1.3%) each are within 16-25 years and 66-75 years respectively (Mean age = 46 – 55years, S.D. = 9.77). In addition, majority of the respondents 30 (40%) are BNSc holders when asked about their highest level of qualification, 29 (38.7%) are RN+Post Basic, 5 (6.7%) are RNs, 4 (5.3%) hold other qualifications like BSc. Health Education, 3 (4%) are MSc holders. Only 1 respondent (1.3%) had PhD while 3 (4%) didn't respond to the question. Four respondents (5.3%) didn't respond to question on their professional ranks while majority of them 18 (24%) each are PNOs and

CNOs respectively, 13 (17.3%) are SNOs, 7 (9.3%) are DNS, 5 (6.7%) each are NO II and ADNS respectively, 4 (5.3%) are NO I and only 1 (1.3%) is ACNO. Furthermore, as regards their years of service, most of the respondents 16 (21.3%) had 11-15 years of service, 12 (16%) had 21-25 years, 11 (14.7%) had 6-10 years, 10 (13.35) had 31-35 years, 8 (10.7%) had 16-20 years, 6 (8%) had 26-30 years while 3 (4%) had 1-5 years but 9 (12%) didn't respond to the question (Mean = 16 – 20 years, S.D. = 8.97). Also, greater number of the respondents 59 (78.7%) practice in public institutions, 7 (9.3%) practice in private institutions, 3 (4%) are retired while only 1 (1.3%) practice in a paramilitary institution; 5 of them (6.7%) didn't respond. Finally, 6 respondents (8%) didn't respond to question on their area of practice while most respondents practice in areas such as General practice, Primary Health Care, Ophthalmology, Anti-retroviral Clinic, Infection Unit and Academia, 12 (16%) each practice at O & G and Medical Ward respectively, 9 (12%) practice at the Paediatric Unit, 7 (9.3%) practice at A & E, 5 (6.7%) each practice at Administration and Public Health respectively, 3 (4%) practice at Surgical Ward, 2 (2.7%) practice at the Theatre and 1 (1.3%) works at the Mental Health Unit.

**Table 2: Motives of nurses and midwives towards the importance of MCPDP**

Variable	Frequency (f)	Percentage (%)
Renewal of license	33	44.0
Improved knowledge	29	38.7
Equipped for better service delivery	49	65.3

**The post impact of MCPDP on nurses and midwives in provision of quality nursing care to patients**

According to table 3, majority of the respondents, 72 (96%), believe the program added to their knowledge of care, 69 (92%) said the knowledge gained changed their orientation towards patients' care, 70 (93.3%) believe that the knowledge gained during the program can improve the nursing care they will render.

**Table 3: Post impact of MCPDP on nurses and midwives in provision of quality nursing care to patients**

Variable		Frequency (f)	Percentage (%)
<b>Do you believe that this program has added to your knowledge of care?</b>	Yes	72	96.0
	No	3	4.0
	<b>Total</b>	<b>75</b>	<b>100.0</b>
<b>Would you say the knowledge gained has changed your orientation towards patients' care?</b>	Yes	69	92.0
	No	6	8.0
	<b>Total</b>	<b>75</b>	<b>100.0</b>
<b>Do you believe that knowledge gained during this program can improve the nursing care you will render?</b>	Yes	70	93.3
	No	5	6.7
	<b>Total</b>	<b>75</b>	<b>100.0</b>

**Table 4: Areas that have changed post-MCPDP**

Variable	Frequency (f)	Percentage (%)
Improved nurse-patient relationship	45	60.0
Develop therapeutic communications	39	52.0
Effective ward management and organization	36	48.0
Solving problems with scientific approaches	40	53.3
Team work among other professionals in the care of patients	40	53.3

From table 4, the following number of respondents believed changes occur in these areas including the need to develop nurse-patient relationship 45 (60%), the need to develop therapeutic communications 39 (52%), the need for effective ward management and organisation 36 (48%), solving problems with scientific approaches 40 (53.3%) and working as team with other professionals involved in the care of patients 40 (53.3%).

**Hypothesis Testing**

HO<sub>1</sub>: There is no significant association between the knowledge of care added after MCPDP and change in orientation towards patient’s care among MCPDP nurse participants.

Pearson chi square value (X<sup>2</sup>) = 34.993. At 0.05 level of significance, p value (p) = 0.000 (p<0.05). This reveals that there is statistically significant association between the knowledge of care added after MCPDP and change in orientation towards patient’s care among MCPDP nurse participants. Thereby, the null hypothesis is rejected.

**Table 5: Showing the association between the knowledge of care added after MCPDP and change in orientation towards patient’s care among MCPDP nurse participants**

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	34.993 <sup>a</sup>	1	.000
Continuity Correction <sup>b</sup>	8.248	1	.004
Likelihood Ratio	7.739	1	.005
Linear-by-Linear Association	34.500	1	.000
N of Valid Cases	71		

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .03.

b. Computed only for a 2x2 table

HO<sub>2</sub>: There is no significant association between the knowledge of care gained after MCPDP and improvement in nursing care among MCPDP nurse participants.

Pearson chi square value (X<sup>2</sup>) = 35.493. At 0.05 level of significance, p value (p) = 0.000 (p<0.05). This reveals that there is statistically significant association between the knowledge of care added after MCPDP and improvement in nursing care among MCPDP nurse participants. Thereby, the null hypothesis is rejected.



	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	35.493 <sup>a</sup>	1	.000
Continuity Correction <sup>b</sup>	8.373	1	.004
Likelihood Ratio	7.767	1	.005
Linear-by-Linear Association	35.000	1	.000
N of Valid Cases	72		

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .03.

b. Computed only for a 2x2 table

#### IV. Discussion of Findings

Findings from this study shows that majority of the respondents are females which is an indicator that the profession is a female-dominated one. Their mean age is 46 – 55years with majority falling among this age group and the minority among age group 16-25 years and 66-75 years respectively. This reveals that most of them are at the middle adulthood stage of their life. As greater number of them are BNSc holders, it shows the desire of the nurses to acquire the basic academic qualification as a nurse beyond the professional qualifications of RN, RM, etc. Many of them are at the peak or almost at the peak of their careers, though most of the respondents have just spent 11-15 years of service with a mean of 16 – 20years, which may influence their motive behind attending the MCPDP workshop. Greater number of the respondents practice in public institutions, practicing majorly in areas such as General practice, Primary Health Care, Ophthalmology, Anti-retroviral Clinic, Infection Unit and Academia, with the least at the Theatre and the Mental Health Unit, showing the areas of specialization of the respondents.

There are different motives behind attending the MCPDP workshop as revealed by the nurses and midwives. Majority of them attended the workshop for the purpose of equipping self for better service delivery, which is seen as an important reason, centered on the care of patient, the consumer of healthcare service delivery. Almost half of them reiterated license renewal as the reason behind attending the MCPDP workshop, as this can be seen as the criteria to practice legally. Even though there may be adequate or updated knowledge on patient-centred care, without a valid practicing license, such services can't be rendered. The finding is agreement with Taylor (2016) who reported that the factors influencing CPD center on economic gain, job promotion and financial rewards while Pool (2016) affirmed that the motives for engagement in CPD are to increase competence in current work, requirement fulfillment, deepening knowledge, and enhance career development, to get relief from daily routine and to improve quality of care, increase self-esteem and to fill gaps in prior education.

The post MCPDP impact as stated by the respondents are addition their knowledge of care, change in their orientation towards patients' care, and an improvement in the nursing care they will render including majorly the need to develop nurse-patient relationship, the need for effective ward management and organization, solving problems with scientific approaches and working as team with other professionals involved in the care of patients and the need to develop therapeutic communications, in that order. This is in tuned with Legare et al., (2017) depict that, involvement in CPD is an effort for the improvement of quality of healthcare and is believed to transfer new knowledge so that health professional does not only gain skill but also provide optimal care that would improves the patient outcome. Continuous Professional Development (CPD) offers nurses and midwives the opportunity to improve their knowledge, skills and also improve their performance in the healthcare setting, according to Simon et al., (2019) to provide best practice and clinical care.

Findings also revealed that there is statistically significant association between the knowledge of care added after MCPDP and change in orientation towards patient's care among MCPDP nurse participants and also, a statistically significant association between the knowledge of care added after MCPDP and improvement in nursing care among MCPDP nurse participants. This indicated that the knowledge of care added after MCPDP can be reflected in the change in orientation towards patient's care, leading to the improvement in nursing care.

#### V. Conclusion

The mandatory continuous professional development programme on nurses in the provision of quality nursing care nurses at Kwara state has a lot of benefits which include increase in the knowledge of care, change in orientation towards patients' care, and an improvement in the nursing care rendered. The major motive behind the attendance of nurse and midwives at the MCPDP workshop is for the purpose of equipping self for better service delivery. This is very important as health care is centered on patient, whom are the primary consumer of healthcare service delivery.

#### IV. Recommendations

Based on the findings of this study, the following are recommended to increase impact of MCPDP on nurses in the provision of quality nursing care nurses at Kwara State, Nigeria. Efforts should be made at the local and state hospitals to ensure that the nurses can readily access the programs. Considering the benefits and motives of MCPDP among participating nurses and midwives, as discussed above, it could be recommended that the training fees should subsidize to enhance more participation in order to influence quality nursing care at all level. Health care managers should also make budgetary allocation and create a culture training and retraining. Through this research paper, the authors would like to recommend that scientific section be created during MCPDP programs. As such, it is recommended that adequate and relevant materials be provided for nurses in order to achieve and perform their respective tasks at the optimal best.

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#### Conflict of interest

The authors declare that no conflict of interest exist.

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