Vision and Strategy
to reach the MDG 5:
Prevent unwanted pregnancies,
Increase access to care at birth,
Improve quality,
Ensure respect of human rights

Vincent Fauveau,
former maternal health adviser,
UNFPA
Bern, 1 September 2011

The new paradigm

- **All pregnancies are at risk**: Most obstetrical complications are neither predictable, nor avoidable, but can be treated if assisted by a competent personnel, in a supporting environment
- Shift focus to the critical period of **delivery**,
- **Readiness** becomes the key word, accompanied by **quality of obstetric care**,
- Provided parturients have **access to, and use** institutions providing quality care

4 pillars to improve maternal and perinatal health (MDGs 4 & 5)

1. **Family Planning**
2. **Skilled attendance at (all) births**
3. **Emergency Obstetric and Newborn Care**
4. **With an eye on Human Rights**

Addressing the barriers to access quality care

- Availability and geographic distribution of facilities – of equipments, drugs and supplies – of means of communication (transport, roads, telecom)
- Cost of care (even where services are supposed to be free: out of pocket expenditures) – cost of transport – other costs
- Human resources (health service providers) –numbers and distribution - technical quality of procedures – humanization of care - patronising attitudes and insensitivity to cultural diversity
- Neglect of MIDWIFERY

THE STATE OF THE

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DELIVERING HEALTH, SAVING LIVES

THE STATE OF THE WORLD'S MIDWIFERY 2011

A report long overdue !

- The first report on **midwifery** since 1976, based on the results of a survey among 58 low-income countries conducted in early 2011.
- Initiated by UNFPA and ICM, with 28 other development partners, in follow-up to the Symposium on Strengthening Midwifery of June 2010 (Women Deliver, Washington, DC).
- Contributions from many key agencies: UN H4+, HCPAs, International NGOs, Academic and research institutions, multi and bilateral donors, all aligned with the UN-SG Strategy for Women and Children Health (Every Woman , Every Child)

Why Midwives and others with midwifery competencies ?

- Key care providers for all aspects of maternal and newborn health
- Core to the achievement of the 3 health-related MDGs
- Central to the UNSG Global Strategy for Women and Children (2010)
- A profession marked by insufficient investment, few career opportunities, performing a key task with little health system support, little recognition and respect.
- An area where relatively modest investments can save many lives, pregnant women, mothers and newborns

The Report

Part 1 – Midwifery around the World - The current situation –

- Numbers of providers: the midwifery workforce
- Competencies
- Education (**E.R.A.**: the 3 pillars of quality midwifery)
- Regulation
- Professional Association
- Policy environment – How midwifery services are organized
- Accessing midwifery services

Part 2 – The state of Midwifery today –

Analysis of the returned survey data

- Inaccurate knowledge, inadequate numbers, inequitable coverage
- Falling short in quality
- Not enough schools, faculty, clinical learning opportunities, coherence in programmes
- Not enough employment opportunities
- Lack of consistent regulation, registration, re-licensing
- Too few and too weak professional associations
- Incomplete policy environment
- Lack of carry through from National Health Plans, to MNH plans and costed human resource plans

Part 3 –Moving forward

- Increase numbers and improve distribution: Scale up
- Increase capacity and improve quality: Skill up
- Develop stronger integration into the community by setting up autonomous midwife-led maternity units
- Provide a stronger policy environment, including costed human resource plans for MNH
- Improve strategic intelligence and Human Resource for Health management

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Part 4 – 58 Country Profiles, with:

- ✓ A short summary and a map, with key original indicators
- ✓ Health and population indicators
- ✓ MDG indicators
- ✓ Midwifery workforce
- ✓ Midwifery Education
- ✓ Regulation
- ✓ Professional association
- ✓ Policies
- ✓ Services
- ✓ Graphs and trends overtime, from analyses of DHS data

Afghanistan

Afghanistan's health status is among the poorest in the world. Maternal mortality continues to be among the highest. Cultural and geographic factors continue to pose barriers for women to access health services. A National Reproductive Health Commodity Security Action Plan is now in place, and a National Human Resource Development Plan for Reproductive Health with a focus on the Safe Motherhood Initiative for 2008-2020 has been launched. A major pre-service midwifery education initiative has been launched by the Ministry of Public Health to train and graduate new midwives. This includes strengthening existing programmes for the placement of graduates in provincial, regional and national hospitals, and establishing Community Midwifery Education programmes for community-based providers. Substantial increases in the number of practising midwives across urban and rural areas, coupled with increases in skilled attendance at birth, attest to the success of these programmes. A new Demographic and Health Survey is due to report in 2011.

COUNTRY INDICATORS*

Indicator	Value
Total population (000); % urban	29,117; 23
Adolescent population (15-19 yrs) (000); % of total	3,208; 11
Number of women of reproductive age (age 15-49) (000); % of total	6,380; 22
Total fertility rate (children per woman)	6.6
Crude birth rate (per 1,000 population)	47
Births per year (000)	1,250
% of all births registered	6
Number of maternal deaths	18,000
Neonatal mortality rate (per 1,000 live births)	53
Stillbirth rate (per 1,000 births)	29
Number of pregnant women tested for HIV	–
Midwives are authorized to administer a core set of life-saving interventions	Yes
Density of midwives, nurses and doctors per 1,000 population	0.7
Estimated workforce shortage to attain 95% skilled birth attendance by 2015	3,983
Gross secondary school enrolment (male; female) %	41; 15
Literacy rate (age 15 and over) (male; female) %	–; –

MDG INDICATORS

Indicator	Value
Maternal mortality ratio (per 100,000 live births)	1,400
Proportion of births attended by skilled health personnel (%)	14
Contraceptive prevalence rate (modern methods) (%)	19
Adolescent birth rate (births per 1,000 women age 15-19)	151
Antenatal care coverage (at least one visit; at least four visits) (%)	16; –
Unmet need for family planning (%)	–
Under-5 mortality rate (per 1,000 live births)	201

MIDWIFERY WORKFORCE[1]

Indicator	Value
Midwives (including nurse-midwives)[2]	2,331
Other health professionals with some midwifery competencies[3]	254
General practitioners with some midwifery competencies	–
Obstetricians	*Unavailable*
Community health workers with some midwifery training	*Unavailable*
A live registry of licensed midwives exists	No

MIDWIFERY EDUCATION

Indicator	Value
Midwifery education programmes (direct entry; combined; sequential)	Yes; No; No
Number of midwifery education institutions (total); number of private	39; 5
Duration of midwifery education programmes (in months)	24
Number of student admissions (first year)	–
Student admissions per total available student places (%)	–
Number of students enrolled in all years (2009)	–
Number of graduates (2009)	–
Midwifery education programmes are accredited	Yes

REGULATION

Indicator	Value
Legislation exists recognizing midwifery as an autonomous profession	No
Midwives hold a protected title	No
A recognized definition of a professional midwife exists	No
A government body regulates midwifery practice	Yes
A licence is required to practise midwifery	Yes
Midwives are authorized to prescribe life-saving medications	No

MIDWIFERY BAROMETER

Indicator	Value
Midwives per 1,000 live births	2
Birth complications per day; rural	478; 320
Lifetime risk of maternal death	1 in 11
Intrapartum stillbirth rate (per 1,000 births)	17
Neonatal mortality as % of under-5 mortality	27

PROFESSIONAL ASSOCIATIONS

Indicator	Value
A midwives association exists	Yes
Number of midwifery professionals represented by an association	1,600
Association(s) affiliated with ICM; ICN	Yes; No

POLICIES

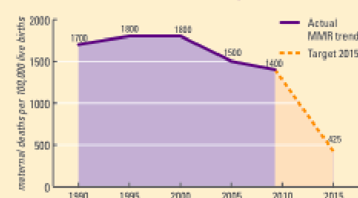
Indicator	Value
A national maternal and newborn health plan exists that includes the midwifery workforce	Yes
The plan is costed	–
The national health workforce plan specifically addresses midwifery	Yes
Compulsory notification of maternal deaths	Yes
Systematic maternal death audits and reviews	Yes
Confidential enquiry for maternal deaths	Yes
Compulsory registration of all births	Yes
All maternal and newborn health services are free (public sector)	Partial

SERVICES

Indicator	Value
Number of facilities providing essential childbirth care	–
Number of Basic Emergency Obstetric and Newborn Care (EmONC) facilities	1,152
Number of Comprehensive EmONC facilities	90
Facilities per 1,000 births	–

AFGHANISTAN

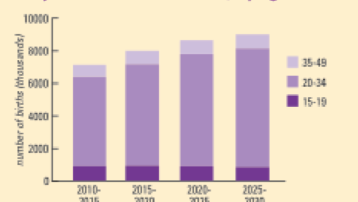
Trends in maternal mortality: 1990–2015



Where women give birth: urban vs. rural

Who attends births: urban vs. rural

Projected number of births, by age of mother



Explanatory notes: *Annex 2 provides a complete list of source data. All data sources are from 2008 unless otherwise stated. Where country respondents stated that data were not available, the term 'Unavailable' is used. In all other instances, '–' is used to denote a nil response or data that requires further verification. 1. 2008 estimates based on country data returns and the WHO Global Atlas of the Health Workforce. 2. Includes midwives, nurse-midwives and nurses with midwifery competencies. These figures do not necessarily reflect the number of practising midwives or the ICM definition of a midwife. 3. Auxiliary midwives and auxiliary nurse-midwives.

For more information, visit: www.stateoftheworldsmidwifery.com

ANNEXES

- ✓ Glossary, Definitions, and Data dictionary
- ✓ Workforce estimates and gap analysis
- ✓ Lives Saved through improved coverage of midwifery services (LiST method)
- ✓ Notes and Bibliographic references , including background papers and thematic papers contained in the companion CD-ROM
- ✓ Also in the **CD-ROM**: country data (from survey and accompanying documents), In depth country analyses, background documents on MNH, guidelines and standards, and reports from international conferences

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THREE KEY FINDINGS EMERGING FROM THE REPORT

- **The triple gap** of competencies, coverage, and access to midwives and others with midwifery competencies (38 countries have severe shortage, others have distribution and quality gaps)
- **The triad ERA** (Education-Regulation-Association) and its role on Quality of Care (must improve on all grounds)
- **Policies lack coherence.** Disconnect between needs and policy frame, reality and knowledge, strategies and investments, patients'rights and response

Leading to call for Action: the BOLD STEPS...

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BOLD STEPS 1: By Governments

- Recognize and support midwifery as a key to achieving all 3 health related MDGs
- Include midwifery services in MNH plans and strategies
- Ensure adequate distribution of basic EmONC facilities staffed with midwives
- Invest in human resources management and regulation
- Strengthen information systems to count midwives
- Engage senior midwives in policy and strategy discussions

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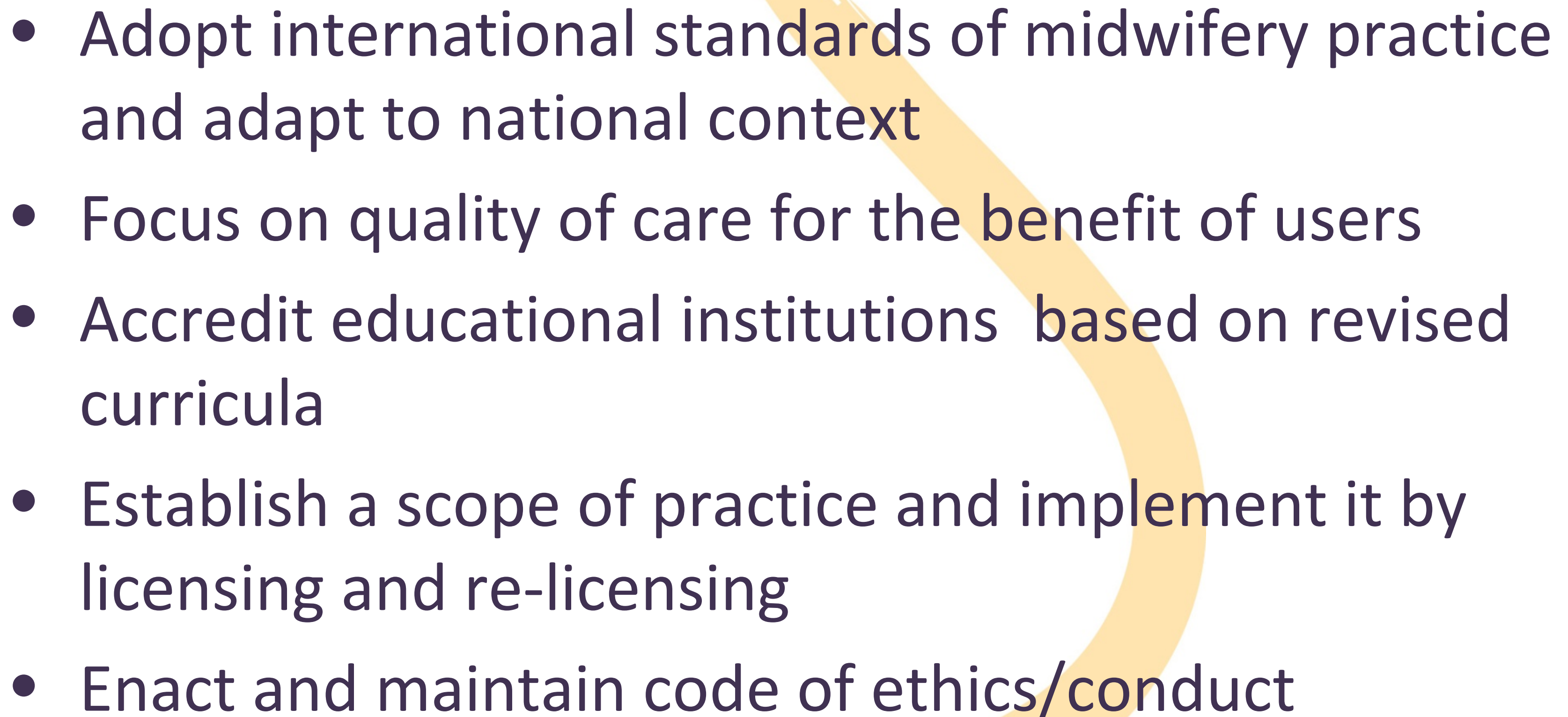

BOLD STEPS 2 : By Regulatory bodies

- Adopt international standards of midwifery practice and adapt to national context
- Focus on quality of care for the benefit of users
- Accredit educational institutions based on revised curricula
- Establish a scope of practice and implement it by licensing and re-licensing
- Enact and maintain code of ethics/conduct

BOLD STEPS 3 : By Educational institutions

- Regularly revise curricula to ensure proficiency in all essential competencies , to improve quality of care
- Adapt transformative education to modern concepts
- Ensure balance between theory and practice, both in skill labs and in maternities
- Recruit teachers, trainers and tutors
- Promote research and academic career paths
- Contribute to the development of midwifery leaders

BOLD STEPS 4 : By Professional Associations

- Raise midwives profile and status
- Advocate and lobby for improved conditions of work and life, to ensure optimal quality of care
- Promote in-service training and career development
- Participate in policy dialogue and strategy design
- Collaborate with other health professional organizations to strengthen team work
- Liaise with regional and international federations

BOLD STEPS 5 : By Global Organizations, International NGOs and donor agencies

- Support national plans and programmes to scale up quality midwifery services
- Monitor progress and measure impact, promoting mutual accountability and quality of care
- Keep an eye on Human Rights, equity, access
- Provide financial and technical support to build capacity
- Facilitate national, regional and international forums to promote exchange of knowledge and practice
- Encourage development of a research agenda and implementation of its results

How can Countries get involved?

- Collaborate, government and partners, to organize National Launches, using the Report and accompanying documents, adapting to national contexts, and promoting midwifery in countries
- Provide technical support to improve the counting of practicing midwives and the monitoring of trends
- Invest in national midwifery advisers, in the context of the joint ICM-UNFPA Programme
- Advocate for countries to realize the potential of midwives and others with midwifery competencies to achieve all health-related MDGs

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WHAT TO DO WITH THE REPORT?

- Presented to Ministers of Health during World Health Assembly (ministers and delegates from 40+ countries participated, as well as 20 partner agencies)
- Launched at the 29th ICM Congress in Durban, South Africa, 20 June 2011 (UNFPA ED chairing)
- Disseminated widely in three languages, with national launches done or planned in many countries

2 purposes: **Tool for Advocacy,** and **Tool for Guidance** for Ministries of Health, national education programmes and regulatory authorities, UN agencies, international and national NGOs, midwives' associations and other health care professional associations.

THE STATE OF THE WORLD'S MIDWIFERY 2011

Extract from media advisory:

The report, commissioned by UNFPA, surveyed 58 countries which together represent just under 60 per cent of all births in the world but 91% of all maternal deaths. Among the 38 countries most desperately in need of midwives, 22 countries will have to double their midwifery workforce by 2015; seven will have to triple or quadruple it; and nine countries (Cameroon, Chad, Ethiopia, Guinea, Haiti, Niger, Sierra Leone, Somalia, Sudan) need to dramatically scale up midwifery by a factor of between 6 and 15.

The joint UNFPA-ICM Programme "Investing in midwives"

Launched in 2008, merged with MHTF in 2010, now covers 30+ countries

ICM

- International Midwife Advisor (IMA) – overall technical supervision
- Regional Midwife Advisors (RMAs) – Technical support and CD
  - Anglophone Africa
  - Francophone Africa
  - Asia
  - Latin America (future)

Goal: To improve/increase provision of midwifery services in low-income priority countries

UNFPA

- International Programme Coordinator – global coordination & mgt, advocacy/communication, donor coordination
- Country Midwife Advisors (mostly national, some international)-

Core Steering Group (ICM & UNFPA) manages and strategically steers the programme

“Investing in midwives”

Suggestions for Swiss DDC and partners:

Adopt a country (or more) to: apply recommendations

Recruit and send midwives (instructors, tutors, monitors)

Exploit the JPO and UNV modalities

Support international consensus: Speak out

Request accountability