

'ICM-UNFPA Panel on the State of the World's Midwifery Report (SOWMY) 2014'

Wednesday 25 June, 2014. 12:30hrs - 14:00 hrs.

Royal Tropical Institute (KIT), Amsterdam

The State of the World's Midwifery Report 2014

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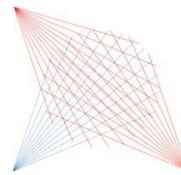
Summary The State of the World's Midwifery 2014 report was launched in Prague this month at the Triennial Congress of the International Confederation of Midwives. It brings a new analysis of midwifery services across the 75 Countdown countries that collectively represent more than 95% of the burden of maternal, new-born and child mortality. The report places midwifery firmly at the core of delivering maternal and new-born health and achieving the right to health. At the global and country level, it analyses the current deficit in human resource availability, accessibility, acceptability and quality, while also projecting future human resource needs, supply and feasibility of scale-up.

INTRODUCTION - LAURA LASKI, UNFPA

After thanking the organisers and presenters, Laura Laski gave some brief background to the report. The State of the world's Midwifery Report was inspired by the call to action in September 2013 of Ban Ki-Moon to achieve the Millennium Development goals and by his Every Woman Every Child initiative. The report aims to provide an evidence base on the state of the world's midwifery in 2014 that will: support policy dialogue between governments and their partners, accelerate progress on the health MDGs and inform negotiations for and preparation of the post 2015 agenda.

The role of midwives is critical in achieving goals in sexual, reproductive, maternal and new-born health and it is encouraging that midwives from around the world have been closely involved in the development of the report, starting at the 2nd Global Midwifery symposium held in Kuala Lumpur in May 2013 where the main objective of the report was agreed.

The report establishes a vision: Midwifery 2030. This presents a coherent policy and planning pathway to guide the provision of services to women and new-borns. UNFPA is committed to working to achieve this vision.



MAIN FINDINGS OF THE STATE OF THE WORLD'S MIDWIFERY REPORT (SoWMY) - FRANCES DAY-STIRK, ICM PRESIDENT

An important message from the report is that investing in midwife education is a 'best buy'. But to have good education and regulation, sufficient resources have to be available. Therefore, it is important that midwifery is prioritized in health budgets.

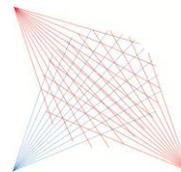
Another priority item is to strive for universal access to (midwifery) health care, where enough attention is paid to the quality of the midwifery care.

The report shows data collection on country level. This was empowering for the local institutions, as they were involved in the work itself.

The image below gives an overview of the main findings of the SoWMY 2014 report:

- 1** The 73 Countdown countries included in the report account for more than **92% OF GLOBAL MATERNAL AND NEWBORN DEATHS AND STILLBIRTHS** but have only **42% OF THE WORLD'S MEDICAL, MIDWIFERY AND NURSING PERSONNEL**. Within these countries, workforce deficits are often most acute in areas where maternal and newborn mortality rates are highest.
- 2** **ONLY 4 OF THE 73 COUNTRIES** have a midwifery workforce that is able to meet the universal need for the 46 essential interventions for sexual, reproductive, maternal and newborn health.
- 3** Countries are endeavouring to expand and deliver equitable midwifery services, but **COMPREHENSIVE, DISAGGREGATED DATA** for determining the availability, accessibility, acceptability and quality of the midwifery workforce **ARE NOT AVAILABLE**.
- 4** Midwives who are educated and regulated to international standards can provide **87% OF THE ESSENTIAL CARE** needed for women and newborns.
- 5** In order for midwives to work effectively, **FACILITIES NEED TO BE EQUIPPED TO OFFER THE APPROPRIATE SERVICES**, including for emergencies (safe blood, caesarean sections, newborn resuscitation).
- 6** Accurate data on the midwifery workforce enable countries to plan effectively. This requires **A MINIMUM OF 10 PIECES OF INFORMATION THAT ALL COUNTRIES SHOULD COLLECT**: headcount, percentage time spent on SRMNH, roles, age distribution, retirement age, length of education, enrolments into, attrition and graduation from education, and voluntary attrition from the workforce.
- 7** Legislation, regulation and licensing of midwifery allow midwives to provide the high-quality care they are educated to deliver and thus protects women's health. High-quality midwifery care for women and newborns saves lives and **CONTRIBUTES TO HEALTHY FAMILIES AND MORE PRODUCTIVE COMMUNITIES**.
- 8** The returns on investment are a "best buy":

 - Investing in midwifery education, with deployment to community-based services, could yield a **16-FOLD RETURN ON INVESTMENT** in terms of lives saved and costs of caesarean sections avoided, and is **A "BEST BUY" IN PRIMARY HEALTH CARE**.
 - Investing in midwives frees doctors, nurses and other health cadres to focus on other health needs, and contributes to achieving a grand convergence: reducing infections, **ENDING PREVENTABLE MATERNAL MORTALITY** and **ENDING PREVENTABLE NEWBORN DEATHS**.



H4+ PERSPECTIVE AND THE WAY FORWARD - LUC DE BERNIS, UNFPA

Please find the PowerPoint presentation as attachment to this report

SoWMy 2014's main objective is to provide an evidence base on the state of the world's midwifery in 2014 that will:

- support policy dialogue between governments and their partners;
- accelerate progress on the health MDGs;
- identify developments in the three years since the SoWMy 2011 report was published;
- and inform negotiations for and preparation of the post-2015 development agenda.

SoWMy 2014 focuses on 73 of the 75 low- and middle-income countries that are included in the "Countdown to 2015" reports. More than 92% of all the world's maternal and new-born deaths and stillbirths occur within these 73 countries.

SoWMy 2014 results from a partnership of over 30 agencies and more than 600 personnel from the 73 countries. The report was co-ordinated by the United Nations Population Fund, the International Confederation of Midwives and the World Health Organization. ICS Integrare, a UNFPA Implementing Partner, oversaw the development, writing and production of the report.

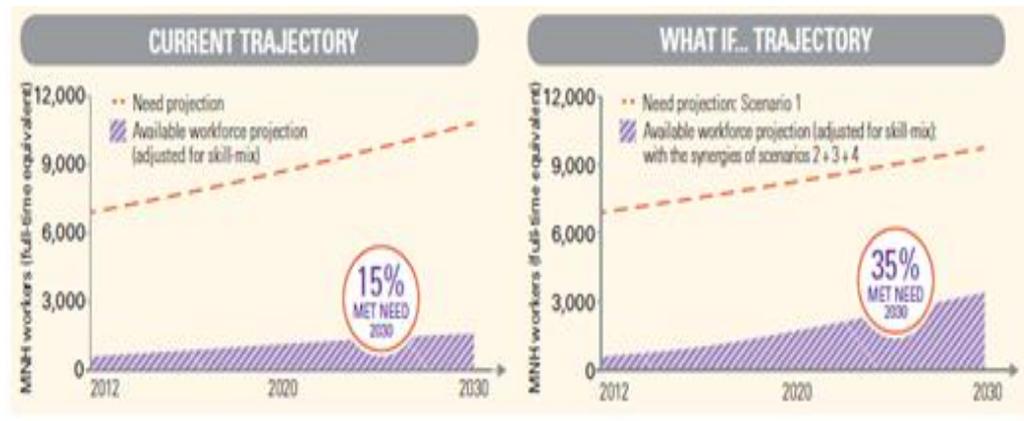
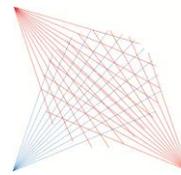
In the SoWMy 2014 a HR framework is used for analysis. Evidence and analysis are structured by the four domains that determine whether a health system and its health workforce are providing effective coverage, i.e. whether women are obtaining the care they want and need in relation to SRMNH services.

- These four domains are: availability, accessibility, acceptability and quality.

Issues around availability are, for example: Who is really actively working in midwifery? This question relates to more than just counting. Many people are labelled as skilled health professionals, but they are not. It is very difficult to define *the* midwifery workforce.

An issue around acceptability is, for example, that midwifery is not respected because they are women *and* because they work *with* women.

At the end of his presentation, Luc de Bernis shows some country findings of the report. It is shocking to see and to realise that if all kinds of measures (e.g. number of pregnancies reduced, efficiency improved) are taken, still too little needs are met.



NGO PERSPECTIVE AND THE WAY FORWARD - RENATE DOUWES, SIMAVI

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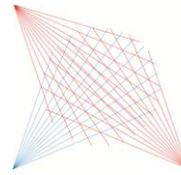
Midwives cannot only be seen as clinical professionals, but are also very important trust persons and sources for information. An ongoing discussion is taking place on how much work is going to lay health care – task shifting.

An important question is how to get health centres to the communities, instead of the other way around. This will increase the number of women able to receive care.



How can NGOs use the SoWMy report for advocacy? For example by using the toolkit by Family Care International for midwives' associations: ' Making the Case for Midwifery: A Toolkit for Using Evidence from the State of the World's Midwifery 2014 report to Create Policy Change at the Country Level'

<http://www.familycareintl.org/en/resources/publications/110>



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QUESTIONS-COMMENTS FROM, AND DISCUSSION WITH THE AUDIENCE

Q: (KIT) Have you also studied the demand side? From women? Are women actually demanding for this care?

A: (Luc de Bernis) With regard to the acceptability issue, it is very important that the community accepts and uses the facilities. In this research we didn't involve the community but the workforce. However, the community has to be involved to a larger extent. I hope this can be part of the next steps.

Q: (Nuffic) Is advocacy included in the curriculum for midwifery education?

A: (Francis Day-Stirk) Yes.

Q: (KNOV) Midwives do a lot on advocacy. Is there an app of this report? (There was one available for the latest report).

A: It is assumed that there is an app available. It will be checked.