Since the launch of the joint Midwives Programme in 2008 by the United Nations Population Fund (UNFPA) and the International Confederation of Midwives (ICM), major strides have been made in raising the visibility of midwifery globally and drawing the attention of policy makers, planners and donors to the critical role that midwives play in ensuring safe births and averting maternal and newborn deaths and disabilities. Midwives also play a central role in providing family planning and counseling, and preventing HIV transmission from mother to child. There is now growing conviction that investments in strengthening the midwifery workforce and their skills can help prevent some 80 per cent of maternal deaths when midwives are authorized to practice their life-saving competencies, and when there are adequate policies surrounding their retention, deployment and distribution.

The year 2010 has seen an advancement of the Midwives Programme to South Asia, with the hiring of the new ICM Regional Midwife Advisor, Ms. Pashtoon Azfar, who is presently based in Delhi. Afghanistan, Bangladesh, Nepal, Pakistan will receive technical support through the programme. Cambodia and Laos also have ongoing midwifery programmes, which will develop further synergies with the joint UNFPA/ICM programme.

We extend a warm welcome to four new Country Midwife Advisors (CMAs): Ms. Entisar Ahmed has joined the UNFPA Ethiopia country office and Ms. Marie Rachele Pierre is providing support to the Haiti Midwifery Programme along with their international midwife advisors. In Chad, Madame Suzanne Manga has joined the team as the CMA and in Djibouti, Mrs Rekaya Djebenaini joins us as the CMA. We also welcome our three new International Midwifery Technical Advisors: In Bangladesh, Ms. Anna Teresa Af Ugglas joins the team; in Nepal, Ms. Kristina Castell has been with us since March and in Southern Sudan the much awaited International Midwife Advisor (ICMA) position has been very recently filled by Ms. Ulrika Rehnstrom. There are now 17 country midwife advisors in place.

Global and Regional Advocacy
International Day of the Midwife (IDM) celebrated widely on 5 May 2010

"No woman should die trying to give life. Increased investment is needed to provide midwifery skills and life-saving services and to make midwives a priority within health programmes, policies and budgets."

Dr. Thoraya Obaid, UNFPA Executive Director, in her message on the International Day of the Midwife

This year, the International Day of the Midwife (IDM) was once again celebrated worldwide with the slogan “The world needs midwives now more than ever.” The events marking the occasion ranged from colourful processions and marches to debates around midwifery, from articles in leading newspapers to television documentaries on midwifery and advocacy with political leaders.

In Guyana, students from several secondary schools and vocational institutions participated in a public exhibition and discussion session with midwives as part of the activities hosted by the Guyana Nurses Association in celebration of the IDM. Students learned about the role of midwives in providing quality care during pregnancy and childbirth and had a session on adolescent RH issues. They were
also informed about the requirements necessary for becoming trained as a midwife in **Guyana**. In **Ghana**, a health walk, accompanied by a brass band supported by the Queen Mother’s Association and religious groups, was organized through the town’s main streets by midwifery practitioners and students. Later, a 500-person-strong durbar of the Chiefs, chaired by the Paramount Chief of the Area and the People of Hohoe, was held to inform people about the issues and benefits of strengthening midwifery. **Djibouti** celebrated the International Day of the Midwife with a week of activities from 24 to 30 May 2010. Medical caravans offering services were organized in 20 areas with health centres in the five health regions. In addition, sensitization sessions on promoting the midwifery profession and reproductive health care were held in community development centres and schools.

In **Uganda**, the Campaign for the Accelerated Reduction of Maternal Mortality and Morbidity (CARMMA) was launched during the IDM at the country’s main sports stadium with 5000 delegates comprising African Union members, members of the Ugandan Parliament, Ministry of Health officials and the First Lady of **Uganda**, Mrs. Janet Museveni, as the Guest of Honour.

**Advocacy Film on Midwifery:** A very poignant documentary entitled “Midwives Deliver”, filmed in the Upper East Region, Northern Region and the Greater Accra Region of **Ghana**, was produced by award-winning filmmakers Engel Entertainment. The documentary depicts the challenges and rewards of investing in midwifery in **Ghana** and was premiered at the Midwifery Symposium and also shown during a side event in the 2010 Women Deliver Conference.

The **2nd ICM African Midwives Conference** was held in Kampala, **Uganda** on 4-7 May 2010 with the theme “African Midwives United towards Contribution to the Achievement of MDGs”. The ICM International and Anglophone Regional Midwifery Advisors along with three UNFPA Country Midwife Advisors participated in this scientific conference. A communique was issued at this conference advocating for an enhanced role for midwives in MNCH and greater harmonization of midwifery training and services.

**Advocacy at Africa Union Pre-Summit in Uganda**
The Africa Union/civil society organizations (AU/CSO) meetings took place from July 14 to 16. The pre-summit meeting was held as a precursor to the 15th African Union Ordinary Summit of the Assembly of Heads of States. Among the key recommendations of the meeting was that governments should strengthen their health systems to provide comprehensive, integrated maternal newborn and child health services, in particular through revitalizing of primary health care, repositioning of family planning including reproductive health commodity security, infrastructure development, skilled human resources, and the prevention of mother-to-child transmission (PMTCT), HIV/AIDS, malaria,  

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tuberculosis and other infectious diseases.

Symposium on Strengthening Midwifery

Leading up to the Women Deliver Conference 2010, a two-day Symposium on Strengthening Midwifery was organized in Washington, D.C. on 5-6 June 2010 by UNFPA and ICM, in collaboration with WHO, UNICEF, the World Bank, the Global Health Workforce Alliance (GHWA), the Johns Hopkins Program for International Education in Gynecology and Obstetrics (Jhpiego and the International Federation of Gynecology and Obstetrics (FIGO), with the participation of the White Ribbon Alliance and the Partnership for Maternal, Newborn and Child Health (PMNCH). It was attended by over 200 midwives, programme managers and policy makers.

The Symposium served to raise awareness on the critical role of midwifery services in achieving Millennium Development Goals 4, 5 and 6 and has helped in generating a global movement for the strengthening of midwifery services.

A Global Call to Action endorsed by eight agencies (UNFPA, ICM, WHO, UNICEF, the World Bank, Jhpiego, GHWA and FIGO) was launched at the Symposium (see page 6; also on UNFPA’s website). It calls upon governments to address and strengthen the following vital areas of midwifery: education and training in all essential competencies; strengthening professional midwifery associations; developing regulatory frameworks to ensure standards of practice; and developing adequate retention and deployment policies surrounding midwifery.

At the Symposium, tributes to two senior midwives (Ruth Lubic from the United States and Imtiaz Kamal from Pakistan) were made and a Jhpiego Midwife of the Year award was presented to Mary Isaaca, a community midwife from Ghana, for her dedicated and outstanding service to the community.

The VIII Conference of the Global Network of the WHO Collaborating Centres of Nursing and Midwifery was held on 29-30 July 2010 in Sao Paulo, Brazil. Dr. Jemima Dennis-Antwi showcased the work of the joint UNFPA/ICM Midwives Programme on the “Standardization of Midwifery Education and Practice for Optimal Maternal and Newborn Health”. A key recommendation that emerged was that midwives and nurses need to continually reflect on the basics of the PHC concept and its relevance to MDG achievement, and that ICM should take the lead, along with WHO, to expand visibility of midwifery.

Some Country Highlights:

Midwifery Education

In Burkina Faso, teachers from all midwifery schools were trained on HIV-SRH linkages, particularly the prevention of mother-to-child transmission. The latest WHO recommendations and good practices are being integrated in courses for midwifery students. This training was followed up with on-site supervision visits.

In Benin, 27 trainers (doctors and midwives), as well as 152 service providers (of which 27 were from the private sector), have been trained in contraceptive technology based on long-term methods (intrauterine devices and implants). Burundi organized the training of 133 nurses and midwives on professional ethics. Burkina Faso has organized a
series of six advocacy meetings with the heads of leading midwifery training schools on quality of teaching. Likewise, they have also trained 25 permanent teachers of training schools on the prevention of mother-to-child transmission of HIV.

Cambodia now has a bachelor’s degree training curriculum that has been finalized. Negotiations are under way to establish a bachelor’s degree in Ghana and a Master of Science in Nursing and Midwifery in Uganda.

In Ethiopia, in June 2010, a six-day Effective Teaching Skills Workshop was organized in Hawasaa for 20 midwifery tutors from four teaching institutions. Specific topics included: developing learning objectives; creating effective teaching plans; holding practical sessions; the use of audio-visual aids; delivering interactive presentations; facilitating group learning activities; and using problem-based learning teaching methods among others.

UNFPA Ethiopia has recently signed an agreement with the Swedish International Development Cooperation Agency (SIDA) for USD 3.2 million for strengthening skilled attendance at birth. The programme will help support:

- Increased capacity of training institutions to produce highly trained and competent midwives;
- Strengthen midwifery associations;
- Strengthen in-country regulatory standards and monitoring systems for ensuring quality of midwifery services;
- Improve access to quality fistula care services (both curative and rehabilitation)
- Increase availability of high-quality reproductive health services for women, men and young people.

Intensive discussions have been under way with the Ministry of Health in Haiti on new policies in midwifery training, particularly the launch of a four-year direct entry bachelor’s degree training programme on midwifery. There are also plans to create a Health Sciences University Centre in Haiti which would combine medical, nursing and midwifery schools.

In Bangladesh, a month-long training course for trainers of qualified nurse-midwives was organized by the Bangladesh Nursing Council (BNC) with the support of WHO and UNFPA in August 2010. The trained trainers will soon be using this curriculum to help current nurse midwives achieve international standards in midwifery care. They would provide six months of advanced, in-service training to existing nurse midwives. The facility assessment of this pilot training has been completed at six institutes. In addition, the ICM Regional Midwife Advisor, Ms. Pashtoon Azfar, in her recent visit to Bangladesh, has assisted the Government in drawing up a clear road map for the Midwifery Programme in Bangladesh based on ICM standards on midwifery education, regulation and association, along with timelines. The Action Plan provides guidelines to policy makers and programme managers on necessary steps in developing and implementing the four-year Direct Entry Midwifery Programme and a two-year community midwifery education programme in Bangladesh.

In Zambia, a one-day practical training workshop was held for 16 midwives from one province on “The Active Management of the Third Stage of Labour” to prevent post-partum haemorrhage.

In Southern Sudan, the first ever professional training of midwives started in May 2010. Students will undergo a three-year diploma training. This programme is still in its infancy.

Midwifery Associations

Work is ongoing in Madagascar towards strengthening regional midwifery associations which were ineffective earlier. In Guyana, a capacity assessment of the Midwives Association has been undertaken based on the ICM MACAT tool. An Action Plan for strengthening the Association’s effective functioning has been developed. Likewise,
Ethiopia has finalized a five-year Strategic Plan for its Midwifery Association.

In Zambia, planning meetings have been held with senior midwives from JHPIEGO on strengthening the Midwifery Interest Group with a view to forming a midwifery association.

In Burkina Faso, midwifery students’ associations sought the support of senior midwives to strengthen their skills on best practices in maternal and newborn health. Some 180 students benefitted from upgrading skills such as pelvic examinations, active management of third-stage labour, implants for family planning, and counseling on breastfeeding and HIV prevention.

**Midwifery Regulation**

In Madagascar, there is an ongoing initiative with the National Midwifery Council, which is revising and updating all midwifery regulations. Similarly, the National Midwifery Federation is also being promoted.

Midwifery regulations are also being reviewed in Haiti, together with the Family Health Director, to include all seven essential, basic emergency obstetric and neonatal care functions in pre-service training.

In Burkina Faso, five regional committees of the midwifery board have been established and the ethics code for midwives is being finalized.

**Programme Monitoring**

Field visits to seven countries for monitoring and technical assistance were undertaken by the ICM international and regional midwife advisors. Their visits offered technical assistance in the areas of guidance on starting a Bachelor’s Degree in Midwifery Programme in Uganda; participation in the celebration of IDMs; advice on curricula review, evaluation of the Comprehensive Nursing and Midwifery Programme in Uganda; and documenting the history of midwifery and mentoring guidelines for young midwives.

The CMAs also undertake regular programme monitoring visits to midwifery schools and associations and have discussions with the Ministry of Health. In Ghana, for example, the CMA visited six out of fourteen midwifery training schools in three regions (Eastern, Ashanti and Brong-Ahafo regions) of the country. The purpose of the visit was to monitor the proper use of anatomic models with regard to simulations, to assess the durability and appropriateness for teaching and learning as well as the maintenance and durability of materials used in manufacturing. Indications were that the anatomic models have been very beneficial in enhancing teaching and learning, as indicated by the percentage increase in the number of students who recently passed their final exams in the schools visited so far.

**Key Challenges**

- Further stakeholder ownership
- Supportive policy environment
- Standards in midwifery education
- Strengthening of midwifery associations
- Strengthening of regulatory bodies (midwifery councils, etc.)
- Scarcity of resources and competing priorities

**Forthcoming events**

At the September 20-22 Special Session of the UN GA, the Global Midwifery Working Group established during the Symposium in Washington DC will be making firm commitments towards support of the UNSG Global Strategy for Women’s and Children’s Health.

The 2nd Forum of the Global Health Workforce Alliance will be held in Bangkok, 25-29 January 2011 for which preparations are underway.

For further information, visit www.unfpa.org or www.internationalmidwives.org, or contact Geeta Lal at lal@unfpa.org or Abigail Kyel at a.kyel@internationalmidwives.org
A GLOBAL CALL TO ACTION: STRENGTHEN MIDWIFERY TO SAVE LIVES AND PROMOTE HEALTH OF WOMEN AND NEWBORNS (6 June 2010)

Maternal Mortality: Still the greatest health and gender inequity in the world
We, midwives and other health professionals of the world and development partners, gathered here on the occasion of the Women Deliver Conference in Washington DC, June 2010, share the view that bold and unprecedented action is required to achieve Millennium Development Goal (MDG) 5: Improve Maternal Health and the newborn component of MDG4: Reduce child mortality. Today 99 per cent of maternal and newborn deaths occur in developing countries. Each year more than two million women and newborns die needlessly due to preventable causes related to pregnancy, childbirth and post-partum conditions. Millions more suffer disabilities. When a woman dies, her children are less likely to receive nutritious food and education. Saving women’s lives and improving their health are key to achieving all of the MDGs.

We know what to do – it is a cost-effective investment
There is international consensus on the set of evidence-based and cost-effective solutions required to ensure that every pregnancy is wanted, every birth is safe and every newborn is healthy. Central to these interventions is a high quality workforce supported by a functioning health system. Midwives, as part of this workforce, provide the continuum of care needed by pregnant women and their newborns from the community to the hospital level.

Midwives and midwifery services save lives and promote health
Up to 90 per cent of maternal deaths can be prevented when midwives and personnel with midwifery skills are authorized and supported by the health system to practice their full set of competencies, including basic emergency obstetric and newborn care. In addition midwives improve the sexual and reproductive health of individuals and couples, including adolescents, by providing family planning services and counseling, and HIV prevention, including the prevention of mother-to-child transmission of HIV. According to the World Health Organization (WHO), some 334,000 midwives are needed to fill the gaps in high-mortality countries by 2015.

A Call to Action to strengthen midwifery services
We pledge to join forces with governments, civil society, and other partners to continue supporting implementation of World Health Assembly Resolution 59.27 on Strengthening nursing and midwifery and initiating a global movement to strengthen midwifery services. This will ensure rapid progress in achieving MDG 5 and contribute to the achievement of MDGs 4 and 6 (to reduce child mortality; and combat HIV/AIDS, malaria, and other diseases). In response to the UN Secretary General’s Joint Action Plan for Women’s and Children’s Health, we call on all governments to increase investments in midwifery services now and to make this a high priority at the UN Summit on the Millennium Development Goals in September 2010 and beyond.

We call on governments to address the following vital areas:

1. Education and training—Provide education and training in the essential competencies for basic midwifery practice. Build institutional capacity, including strengthened clinical training, postgraduate programs and research. Increase South-South collaboration to expand the production of midwives with evidence-based quality training.

2. Legislation and Regulation—Strengthen legislative and regulatory frameworks to ensure midwives have appropriate standards of practice and are regulated to practice their full set of competencies as defined by the WHO and the International Confederation of Midwives (ICM). Also, ensure immediate notification of maternal deaths.

3. Recruitment, retention and deployment—Implement national, costed health workforce plans and strengthen management capacities of Ministries of Health regarding training, recruitment, retention and deployment of the midwifery workforce, as per The 2008 Kampala Declaration and Agenda for Global Action on Health Workers which is vital to increasing access to midwifery services for poor and marginalized women.

4. Association—Strengthen national professional midwifery associations to promote the profession, improve standards of care, participate in policy making at regional and national levels, and establish closer collaboration with other professional organizations, especially obstetric and pediatric societies.

Finally, we call on development partners – particularly the G8 and G20 – to provide long-term support to countries seeking to strengthen midwifery services by investing in a midwifery workforce as a fundamental step towards a functioning primary health care system that can deliver for women and newborns, fostering a healthier future for all.


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