

**Symposium on Strengthening Midwifery**  
**Saving Lives, Promoting Health of Women and Newborns**  
**REPORT**



**Washington Convention Center**

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## Background and Summary

Leading up to the Women Deliver Conference 2010, a one and a half day Symposium on Strengthening Midwifery was organized by the United Nations Population Fund (UNFPA) and the International Confederation of Midwives (ICM) in collaboration with the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), Global Health Workforce Alliance (GHWA), John Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), International Federation of Gynecology and Obstetrics (FIGO), and the World Bank (WB). The Symposium was held at the Washington Convention Center in Washington D.C. on 5-6 June 2010.

There is increasing global agreement that Health System Strengthening and addressing critical human resource shortage would ultimately lead to declines in maternal deaths and achieve universal access to reproductive health. It is also being recognized that within human resources for maternal health, there is a strong need for strengthening midwifery services and essential midwifery competencies as one of the “key factors” in achieving progress towards MDGs 4, 5 and 6.

The returns on investing in midwives are enormous. Midwives, when empowered and

“I am here because I believe midwives and others with midwifery skills make a difference in the survival of mothers and newborns and in the quality of their lives. I believe that if their voices are heard, if their numbers are multiplied, if their work is supported, and if we can build a global movement for midwives, we can back up our conviction that No Woman should die giving life.”

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*Dr. Thoraya A. Obaid, Executive  
Director United Nations Population  
Fund speaking at the Opening  
Ceremony*

authorized with all essential basic lifesaving competencies, can help avert more than 90% of all maternal deaths (**MDG 5**). Midwives, in addition, have a critical role to play in newborn care and averting early newborn deaths (**MDG 4**) and are the first to detect HIV incidence in pregnant and non-pregnant women (**MDG 6**). Unfortunately, the profession of midwifery is still not adequately recognized and supported in many developing countries. Midwives often have low status and receive little recognition. Education of midwives has been ignored and regulatory mechanisms are weak. Besides, midwives lack a voice due to absence of associations to voice their concerns. The result has been insufficient investment in midwifery training, deployment, support and supervision.

Historical evidence from developed nations like Sweden and many others bear testimony to the effective use of professional midwifery at primary health care level in reducing maternal mortality and morbidity. Some developing countries like Sri Lanka, Malaysia, Thailand, Tunisia, Chile, some states in India

like Kerala and Jordan followed the example and achieved remarkable reductions in maternal

mortality and morbidity. An urgent need for forging a global consensus amongst major development partners and stakeholders on the role of midwifery services in saving lives and promoting health of women and newborns was felt. With this in mind, the Midwifery Strengthening Symposium was organized and timed to coincide with the biggest maternal health advocacy event of 2010, namely Women Deliver II.

The Symposium brought together some 215 midwives, policy makers, programme managers and senior representatives from UN agencies, major international NGOs, and donors at a time when there is increasing momentum and awareness concerning the need to improve maternal and newborn health in developing countries.

### **The primary objectives of the Symposium were:**

- **Raising awareness** on the critical role of midwifery services in achieving Millennium Development Goals 4, 5 and 6;
- **Creating a global movement** for the strengthening of midwifery services, including education, regulation and professional association of the midwifery workforce, as a way to reach MDGs 4, 5 and 6;
- **Sharing experiences** around particular challenges facing midwifery in low resource countries;
- **Launching a global Call to Action** to gain firm commitments from key partners in support of global strengthening of midwifery to achieve MDG 5 in particular.

The idea was to generate a global movement for strengthening midwifery workforce as the key element in national health human resource planning if maternal and infant mortality and morbidities and also family planning and prevention of mother to child transmission of HIV (PMTCT) are to be adequately addressed.

The Symposium was organized in 6 sessions ranging from Role of Midwifery in strengthening MDGs 4, 5 and 6 (SRH, FP and PAC, PMTCT and HIV and Basic EmOC) to progress, challenges and issues surrounding midwifery education and training, midwifery regulation and association strengthening followed by a session on scaling up midwifery within national health human resource planning. At the end of each session, there were intense discussions with audiences and panelists.

A Joint **Global Call to Action** endorsed by eight agencies (UNFPA, ICM, WHO, UNICEF, World Bank, JHPIEGO, GHWA and FIGO) was launched at the Symposium. 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 closing, tributes to 2 senior midwives (Ruth Lubic from USA and Imtiaz Kamal from Pakistan) were made and a JHPIEGO Midwife of the Year award was presented to Mary Issaka from Ghana for her

dedicated and outstanding service to the community. Most importantly, all the co-convening development agencies and partners, including donors and potential partners, made a commitment of their support and stated in concrete terms what they would do to take the Call to Action forward.

As the world increasingly recognizes the returns that investments in strengthening midwifery bring, the organization of the Symposium in synchronization with Women Deliver has brought the midwifery movement (till now in a nascent stage) the much needed added visibility it deserves and helped in fostering increasing commitments from all practitioners and stakeholders. This GLOBAL RECOGNITION to midwifery and its role in addressing MDGs 4, 5 and 6 has been the first of its kind.



Mrs. Intiaz Kamal and Mrs. Ruth Lubic share a hug after receiving glowing tributes for a lifetime of achievement and contributions towards midwifery strengthening within their communities

## Report

Beginning with an Opening and Inaugural ceremony, the Symposium was organized in 6 main sessions over the course of two days (5-6 June 2010). These sessions ranged from Role of Midwifery in strengthening MDGs 4, 5 and 6 (safe deliveries and newborn care, family planning and post abortion care, HIV prevention and PMTCT and Basic EmOC) to in-depth discussions on midwifery global education standards and challenges; importance of building professional midwifery associations for influencing policies and improving practice; discussion on issues related with midwifery regulations and regulatory bodies for addressing certification and licensure and ensuring standards of practice and ethics of the profession; to experience sharing in scale up of midwifery services within national human resource planning. At the end of each session, there were intense moderated discussions with audiences and panelists. During the final session, **A Global Call to Action** for laying the foundations of a sustainable midwifery workforce signed off by the eight co-convening agencies: UNFPA, ICM, WHO, UNICEF, WB, GHWA, JHPIEGO and FIGO was issued; life time achievements of two senior midwives (one from Pakistan and one from the United States) were recognized and a Midwife of the Year award was given to a highly deserving community midwife from Ghana. At the closing we also heard commitments from partners on moving the Global Call to Action forward.

Below is a brief report on each of the sessions.

### Day 1: Saturday 5 June 2010 OPENING SESSION

The Opening Session of the Midwifery Symposium was marked by the screening of a beautiful **video film** produced by Engel Entertainment for UNFPA that shows the powerful transformation in Ghana's maternal healthcare system where investments being made towards strengthening the midwifery workforce promises to dramatically reduce maternal mortality. It profiles a midwife who overcomes cultural and distance barriers to encourage facility deliveries.

This was followed by a symbolic white ribbon tying ceremony (led by the White Ribbon Alliance) by all participants displaying their solidarity towards the cause of midwifery and a poignant **candle lighting ceremony** performed by midwives from various regions of the world titled "Midwives Bringers of Light" in memory of mothers who lost their lives and in celebration of midwives the world over who prevent deaths and disabilities. Opening and welcome remarks were given by UNFPA and the International Confederation of Midwives (ICM); and statement of objectives and meeting expectations were given by all the co-sponsoring agencies and key donors – WHO, UNICEF, WB, JHPIEGO, FIGO, GHWA and SIDA.

In her opening remarks, **Dr. Thoraya Obaid, Executive Director of UNFPA** recognized the central role that midwives play in saving lives and the need for a global movement for strengthening midwifery to make pregnancy and childbirth safer. She reaffirmed UNFPA's commitment towards ensuring "...that midwives, in every country, are invited to sit at the table of policy making, strategic design and programme implementation, a position that they deserve—to take care of the women and ensure universal access to reproductive health."

**Mrs. Bridget Lynch, President of the International Confederation of Midwives (ICM)** in her welcome message mentioned that focus on skilled birth attendants had somewhat marginalized the role of midwives and created a new cadre. There was need for a cohesive and coordinated action plan for the midwifery workforce based on a comprehensive set of competencies with standardized educational standards, regulatory frameworks and creation of strong midwifery associations. Midwives needed to be acknowledged and supported and teamwork amongst leading multilateral and bilateral organizations and donors was essential.

**Dr. Daisy Mafubelu, Assistant Director General, Department of Family and Community Health, WHO**, reiterated the WHO's commitment towards arriving at a consensus at having not just more midwives but "well supported midwives". She emphasized the importance of midwives becoming a key part of the health workforce and national health strategies and stated the importance of having a longer term vision of supporting the midwives

**Dr. Juliana Yartey, senior maternal health advisor**, speaking on behalf of Mickey Chopra, Chief of Health of the **United Nations Children Fund (UNICEF)**, stated that given the fact that 41% children die in the neo-natal period (most in the first 3 days), the role of midwives could not be underscored enough. UNICEF looked forward to the experience sharing with the Symposium participants and panelists and learning about the innovative approaches in supporting midwives; hearing about the potential of shifting some tasks to others so midwives can focus on what they do best and better understanding of how midwives could be imparted with adequate competencies to address the needs of pregnant adolescents, in particular.

**Mr. Samuel Mills** speaking on behalf of the **World Bank** mentioned that nurses and midwives perform over three fourths of all deliveries, thus forming the backbone of all SBAs and there is a need for greater integration of their role in reproductive health (RH), anti-natal care, HIV prevention, prevention of mother to child transmission of HIV (PMTCT), family planning (FP) etc. In the recently endorsed RH Action Plan, WB will focus on priority countries with high MMR and fertility, health system strengthening and youth and has pledged its support for midwifery training and services.

**Ms. Leslie Mancuso**, President and Chief Executive Officer of JHPIEGO reiterated her organizations commitment and continued engagement in building competencies and strengthening training of midwives and upgrading their skills. JHPIEGO believed that pre-service education of midwives must be part of the solution and that strengthening and building midwifery associations, standardization

and harmonization of curriculum, adequate regulation and legislation for ensuring standards of practice were essential.

**Prof. Gamal Serour, President of FIGO** looked forward to the Symposium coming up with recommendations for increasing the number of midwives, improving their training and full range of competencies and looking at policies for their retention, equity and distribution, particularly in rural communities.

**Mrs. Anneka Knutson, Director, Department for Human Development, Swedish International Development Cooperation Agency (Sida)** reiterated the conviction of Sweden that strengthening midwifery helped in reducing maternal mortality and alleviating poverty and its strong commitment in strengthening midwifery skills and midwifery workforce. Sweden firmly believes that investments in midwifery are cost effective interventions but attitudinal changes were needed (gender perspective) and that more work needed to be done in communities.

### SESSION 1: Role of Midwives in Addressing MDGs 4, 5 and 6

In Session 1, coordinated by the International Confederation of Midwives (ICM), the competencies of midwives and the critical role that quality midwifery services play in providing SRH services, addressing MDGs 4, 5 and 6 such as safe deliveries and newborn care, family planning counseling and services, protection from HIV, prevention of mother to child transmission of HIV, prevention of unwanted pregnancies, prevention of unsafe abortions and post-abortion care – all with country examples and regional experiences – were discussed. **Agneta Bridges, Secretary-General of ICM** chaired this session.

**Judith Fullerton, Professor (Ret), University of California San Diego**, delivered a presentation on the “Essential Competencies for Basic Midwifery Practice.” She highlighted that the first edition of competencies published in 2003 was a result of a rigorous 6 year developmental process which was supported by WHO and FIGO. Basic competencies pertain to the core competencies for education and practice which is a requirement for all midwives to meet the international definition of midwife. Additional competencies further include an expanded scope of practice to increase access to women’s reproductive health care services. She indicated that the document is currently being updated to provide better guidance in the education and regulation of global midwifery workforce. She underlined that ICM continues to engage with countries to ensure the relevance of competencies to specific country contexts. The final version of this document is envisaged to be published and disseminated in June 2011 at the forthcoming ICM 29th Triennial Congress.

The presentation was followed by a brief panel discussion focusing on the aspects of basic competencies practiced in countries such as Chile, Malawi, South Africa and Liberia. **Sandra Oyarzo**, Assistant Professor from the School of Midwifery at the University of Chile, underlined the role of Chilean midwives in the management of sexual and reproductive health, encompassing the entire life cycle of a woman. She highlighted that the work of midwives has improved the sexual and reproductive health indicators of Chile, as a result of the presence of midwives in the thirteen regions and in some of the remote areas of the country. She also discussed some of the critical areas and challenges that midwives continue to face in Chile which include among others the need to: strengthen work at the local communities to ensure greater access to sexual and reproductive health services particularly for the adolescent populations; undertake more evidence-based research on midwifery; and more significantly to empower midwives as active agents of reproductive health.

**Juliana Lunguzi, National Programme Officer from UNFPA Malawi**, elaborated on the family planning and post abortion care in Malawi. She highlighted that midwives currently provide family planning services. She articulated that family planning is included in the curricula but the content of training differs based on the level of basic midwifery training. Investment in training and provision of services are further hampered by the constant transfer of trained midwives to other posts and limited rural access to family planning services. In Malawi, there are registered nurse midwives and nurse technician midwives and every midwife has to be a nurse. Some of the biggest challenges in Malawi are: deployment not always being in accordance with competencies; rural areas being underserved; staff turnover and retention issues; family planning methods depending on provider preferences; inadequate equipment and supplies for post-abortion care (PAC); legal restrictions for PAC and abortion not being legal hence prevention getting compromised.

**Precious Robinson, Deputy Director of the National Department of Health, South Africa**, underscored the key role that midwives can play in preventing mother-to-child transmission (PMTCT) and addressing HIV and AIDS particularly in a country where a third of the population is HIV positive. She noted that the midwives role in South Africa particularly in the treatment of HIV was only recognized in later years. In order to better contribute to the reduction of maternal mortality, midwives need to be more sharing, daring and caring. Furthermore, she pointed out the importance of investing in capacity building of midwives.

**Nancy Moses, Coordinator, Liberian Prevention of Maternal Mortality Office, Monrovia, Liberia**, focused on the diverse roles that midwives play in Basic Emergency Obstetric Care (BEmonc). Access to BEmonc remains a challenge in Liberia due to constraints in physical access, cultural and traditional beliefs. She highlighted that midwives training needs to be strengthened to ensure the delivery of quality services in the communities.

One of the key issues that were raised during the ensuing discussion pertains to the lack of infrastructure, equipment and logistical resources (drugs and supplies, access roads, good transport etc.) which are critical in advancing MDGs 4, 5 and 6. Participants proposed that

donors and development participants can play a vital role in influencing relevant stakeholders in countries to make the resources available for optimal service delivery.

The importance of a good overall policy framework and legal framework within which the midwifery competencies could be framed and practiced was highlighted. There was also a general consensus among the participants that maternal, newborn and child health services must be delivered in an integrated and coherent process vis-à-vis vertical programmes, to ensure better implementation of programmes.

A participant conveyed the issue of bridging the gap between the core competencies and the broad functions of midwives, and to bolster the image and profiles of midwives. In this regard, the panelists underscored that it is high time to advocate for further investments in the continuing medical education and training of midwives, particularly in strengthening skills in policy dialogue. In addition, greater incentives must be provided to encourage midwives to work and stay in rural areas.

A midwife from the Democratic Republic of Congo (DRC) inquired how they can establish an organization of midwives in their country. The panelist responded that ICM will be pleased to work with them to establish a midwife association in DRC. The panelist also encouraged midwives associations to work with ICM in producing the legal framework and competencies that will be adapted to suit their respective national and cultural needs.

## SESSION 2: Midwifery Education – Building Global Consensus

Session 2 focusing on Midwifery Education: Building Global Consensus was coordinated by the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO). **Marion Subah, Country Representative of JHPIEGO, Liberia** served as the Chair and Moderator for this session. She stressed that standards for midwifery education are critical to producing competent midwives. The need to link education standards to competencies, particularly pertaining to the midwives knowledge, skills and attitudes was reiterated in this Session.

**Joyce Thompson, Professor of Community Health Nursing, Western Michigan University**, and Co-chair of Global ICM/WHO Task Force on Midwifery Education delivered a background presentation on *“The ICM Global Standards for Midwifery Education”* with special attention to the critical role that education plays in preparing midwives to meet the MDGs. She further drew an analogy of the impact of midwives to healthy women, healthy babies, healthy families, and healthy nations, and conveyed some preliminary survey responses of a study currently being undertaken by ICM in its efforts to establish the Global Standards of Midwifery Education. She underscored the need for further evidence on effective curriculum models, teaching methods,

and clinical learning and articulated that effective midwifery regulation is essential in allowing fully qualified midwives to practice their full scope of competencies.

**Peter Johnson, Director of Global Learning from JHPIEGO**, said that focus should be on maintaining essential competencies, strengthening teacher competencies, improving infrastructure, and replacing outdated educational resources. Proper attitudes and imparting of clinical skills was also essential. Moreover, he highlighted the importance of conducting meaningful assessment of competencies, and enhancing the administrative processes entailed in this process. He asserted the value of creating greater opportunities in linking midwifery education to the local community.

A **panel discussion** on midwifery educators followed these presentations, bringing out regional experiences from South America, Sub-Saharan Africa, Asia and the Arab States. **Hilda Bonilla, Dean School of Midwifery from the University of Chile**, shared that their Center supports midwifery schools and education centers in advancing midwifery education, training and research in Latin America and Caribbean countries. She pointed out the progress pertaining to their current programmes in Bolivia, Paraguay and Ecuador. Additionally, she underscored that strong engagement of the Ministries of Health in countries has been critical in ensuring that professional midwives are embedded within the health team care models.

The intervention of **Lastina Lwatula, Senior Midwifery Technical Advisor, JHPIEGO Zambia**, centered on Zambia's country experience on midwifery education. She mentioned how the government had revised the curriculum and made it competency based and indicated that provision of adequate supplies must be complemented by enhanced teachers' capacities. The importance of adapting the curricula to the respective country contexts was reiterated. There was a need for encouraging more inter-professional collaboration (e.g some courses could be taken together with doctors) and the regulatory bodies must have the flexibility to adapt to the country specific context. Having the same curriculum in all countries in the region was not necessarily the best option. There must be flexibility to adapt. Some issues pertaining to training of midwives in Sub-Saharan Africa, which largely come with nursing backgrounds, were discussed.

**Pashtoon Azfar, ICM Regional Midwife Adviser from Asia**, articulated the significance of a strong and committed Ministry of Health (MoH) in advancing midwifery work in **Afghanistan**. She presented the process entailed in the establishment of the midwifery education system and described the learning resource package and competency based curriculum that was developed in the country. Furthermore, she described the new cadre of community midwives which has been introduced in the country. Some 17 midwifery programmes in rapid succession in the country resulting in declining quality. The accreditation process that started in 2006, evaluated the quality of these and subsequently some 14 of these were accredited, some abolished and one revised. She mentioned that standards must be developed through consensus building and implemented at the national level. For a successful programme, standards in management, necessary infrastructure, quality clinical instruction, training, practice and deployment are essential.

**Aft Gherissi, Professor Education Science, University of Tunis Al Manar**, addressed the three strategic aspects of midwifery education in the Arab States and expressed the importance of enhancing the quality and quantity of midwifery education programs in the region. She stressed the necessity of balancing education and training, drawing particular attention to the benefits of inspirational educational programmes. Using examples from Egypt and Morocco, she discussed the issue of indirect entry education systems wherein in many of the Arab countries, nursing takes the lion share and stifles midwifery's identity. The review and updating of the midwifery education programme, pertaining to its content and format, and the achievement of a minimum level of consensus in defining basic concepts were highly recommended.

Among the common themes that emerged during the discussion pertained to issues surrounding infrastructure, standardization, funding, education and training. Midwives called for increased investments in infrastructure in order to increase the quantity and attain higher quality for midwifery services. They further highlighted the value of investing in the relationship component of a midwife, and maintaining the dignified and respectful care provided by midwives. Midwives from Somalia, Eastern Europe and Nepal further requested increased midwifery education support from the donor and international community.

Midwives further conveyed that standardization enhances comparability and facilitates peer learning and exchange of experiences. ICM was requested to take forward the proposal relating to the strengthening of external examining function as a standard. Another key issue that was raised was the need to achieve consensus on the common standards, especially the number of supervised deliveries before graduation. To respond to this issue, the panelists indicated that a Task Force is currently working on the guidelines on the implementation and adaptation of the standards.

On the issue of education and training, midwives reiterated the need for continuing education and training, and to include the component of ethics in the midwives program. South to South cooperation was also highly encouraged among countries. The need to improve the relationship aspect of midwives, particularly their attitude and caring behaviours were underlined. Midwives recommended expansion and harmonization of ICM's education program across countries.

### **SESSION 3: Midwifery Regulation – Establishing and Maintaining Standards of Care**

The Third Session discussed issues related to Midwifery Regulation, including current practices and challenges faced by different regions and countries in establishing a regulatory authority for midwifery services. The focus was on elements of a midwifery regulatory system, including

existing regulatory bodies, education, entry into practice, certification and license, assessment of continued competency, standards of practice and ethical aspects for countries in taking evidence based decisions. This session was coordinated and chaired by the World Health Organization (WHO). **Viviana Mangiaterra, Team Coordinator Partnerships, Making Pregnancy Safer unit of WHO**, moderated this session. In this session, the participants stressed that professional regulation of midwives should represent a partnership among the individuals who practice it, the public who expect it and the boards and committees who administer the system. When well developed and implemented, professional regulation has the potential to elevate midwifery status.

**Blerta Maliqi, Technical Officer Health Systems, Making Pregnancy Safer, WHO** provided a global overview of midwifery regulation. She noted that regulatory bodies perform a vital task as the gatekeeper of the midwifery profession since it is responsible for defining what a midwife is in a country and in developing the guidelines for midwifery education and entry into education and practice. She asserted that midwives will be able to function more adequately if sufficient support is provided by the government through legislation and regulation. Though there are different models for implementation of regulation, it is essential that all relevant stakeholders are involved and engaged in this process.

**Sally Pairman, Co-Chair of ICM/WHO Global Task Force on Midwifery Regulation and Head School of Midwifery, Otago, New Zealand** presented a snapshot of ICM and WHO's initiative in establishing global standards for midwifery regulation, which are envisaged to be finalized in 2011. She pointed out that regulation is a mechanism that raises the status of midwives and ensures that they have authority to act on their own. In addition, she drew particular emphasis that together, the ICM definition and scope of practice of a midwife, the ICM competencies for practice, the ICM global standards for midwifery education, and the ICM global standards for midwifery regulation, provide a framework through which midwives can fulfill their role and contribute fully to the delivery of maternal and newborn care in their country.

These two presentations were followed by a brief panel discussion featuring regional insights from East Asia, Americas, Arab States, Sub-Saharan Africa and Europe on midwifery regulation. The intervention of **Alejandro San Pedro, Director, Board of Midwifery, Philippines**, centered on midwifery practice in the Philippines which is currently regulated by the government and guided by the Philippines Midwifery Act. The graduate midwife must pass the Midwifery Licensure Examination given by the Professional Regulation Commission to be licensed to practice and is regulated by a defined code of ethics. A Continuing Professional Education/Development (CPE) Council composed of representatives from the Board of Midwifery, the Association of Midwives and the Association of Midwifery Schools accredits providers and CPE programs for midwives. There are currently close to 18,000 midwives

working in the public sector. A smaller number work in private practice in birthing clinics or assist women in home births.

The entry to midwifery can be availed with a two year direct entry programme. A 2 year Bachelor of Science in Midwifery is being offered. Majority of the 215 schools in the Philippines are privately owned. Moreover, he stressed that midwives are the backbone of government health services in maternal and child health programmes. The engagement of other significant professions is indispensable to elevating midwives' skills capacities. He characterized midwives with 4 Cs namely: Competent, Confident, Committed, and Compassionate midwives. Some of the *CHALLENGES* he highlighted were: need for additional clinical experience in pre-service training; with increasing number of private midwife run birthing clinics, there is a greater need for supervision and monitoring of standards of care by Local Government Units where these facilities are located; in areas of conflict midwives are being expected to perform procedures beyond their scope of functions. On the way forward, he recommended for: strengthening of pre-service education and clinical experience (including admission and retention criteria of midwifery schools); enhanced role of midwifery associations in promoting and maintaining high standards of midwifery care among their members; partnering with other health care associations to help disseminate best practices; creation of policies at local government units/levels that would guide, and monitor private midwifery practice following national midwifery standards and legislative crafting/revision of the Midwifery Act that will integrate best practices to improve women and newborn health including reproductive health care services.

**Sandra Land, consultant, formerly PAHO**, remarked that legislation and regulation have to be part of a comprehensive approach to the development and advancement of midwifery. She cited that the law often follows practice; and that authorizations of practice can be done through other means when the lawmakers are slow. Legislation and regulation must also be complemented with greater empowerment of midwives, who should be empowered to perform their full scope of practice. The development of regulation must also build upon the existing regulation of the country.

**Maaly Guimei, Professor, University of Alexandria, Egypt**, stressed that professional regulation must ensure that the skilled birth attendants provide quality care to their clients and the establishment of midwifery as an autonomous profession. She expressed that the term midwife remains unclear and causes confusion about midwives' scope of practice and status. Therefore there is a need for professional regulations to be understood and accepted by the society.

In the case of Sub-Saharan Africa, **Margaret Loma Phiri, Nursing and Midwifery Advisor, WHO Regional Office for Africa (AFRO)** communicated that member states have some form of midwifery regulation, and specifically Anglophone African countries maintain regulatory bodies

through government and other bodies. On the other hand, Francophone and Portuguese speaking countries generally lack a regulatory body, though some are guided with ministerial directives. Among the challenges she cited include the lack of clear direction and accountability and also lack of resources which affects the regulation process. She voiced that governments' commitment is extremely invaluable to improve the status of midwifery regulation in the region.

**Gillian Barber, Royal College of Nursing, London, United Kingdom (UK)**, reported that maternal mortality in the UK dropped due to the use of regulation over the past millennium. Direct entry to midwifery can be attained through a midwifery programme which will entail 3 to 4 years after nursing, with an 18 month programme. She underscored that every school writes its own curriculum and assessment, but a quality assurance system is in place. In addition, registration has to be renewed every three years. She noted that regulation is very different throughout Europe. The region and in particular, Eastern Europe is confronted with numerous challenges which include: struggle for autonomy of midwifery, rivalry with obstetricians, and low salaries. She expressed that in developing midwifery regulation and legislation, it is important to involve and educate society and engage the government to ensure that the professional associations are involved. But it is equally important to avoid over regulation.

Detailed below are some of the issues that emanated from the discussion with the audience. The importance of translating midwifery regulation and legislature into what is happening on the ground was pointed out. In response, ICM indicated the need to strengthen the capacity of member associations to enable them to advocate for the inclusion of such decisions in national policies. Furthermore, the Investing in Midwives Programme initiated by UNFPA and ICM will ensure that it is placed high on the agenda of national policies and programmes. Concerted efforts of member professional associations were further reiterated.

Another participant inquired about how regulation will deal with midwives who do not qualify with the WHO standards but are working as midwives. In response, the panelist highlighted that WHO has provided a definition for midwives and others with midwifery skills. Countries that use lower cadres of health professionals must develop culturally accepted policies that are in line with WHO standards of ensuring quality of care.

Another major point that was raised pertains to the role of the umbrella regulatory body for all cadres of health professional, including the midwifery profession. The panelists stressed that the umbrella regulatory bodies need to give recognition to all professional bodies when developing policies and plans. In addition, the assertiveness of the individual professional bodies will ensure that they are not left out of important decision making issues.

**Day 2: Sunday, 6 June 2010**

**SESSION 4: Professional Association: Policy Development and Multi-disciplinary Care**

Session 4 focused on the critical role that professional associations play in the development of policy and institutionalization of multi-disciplinary care at the national level, and in promoting sustained progress in maternal and newborn health, particularly in low-resource settings. This Session was coordinated and chaired by the International Federation of Gynecology and Obstetrics (FIGO). Moderation of this session was led by **Gamal Serour, President, FIGO**.

The first presentation was delivered by **Hamid Rushwan, Chief Executive, FIGO**. He focused on the role of professional associations which is to: influence policy; set standards; promote self assessments and audits; increase awareness and enhance team building; look at continued medical education; and collaborate with relevant partners. He emphasized that the overall purpose of the professional associations should be to ensure the provision of quality in continuum of care starting with adolescence and pre-pregnancy to postnatal care, to maternal health, to health of the infant and to child care. The urgent priorities relating to capacity building of associations include the need to: enhance competencies of professional associations; to hold awareness campaigns; to improve the societal knowledge on maternal health and the need for early referral; political lobbying and training and advocacy. He spoke about the FIGO and Gates Maternal and Neonatal Health initiative which endeavors to strengthen the organizational capacity of FIGO member associations (MAs) in 8 African or Asian low- or middle-income countries with high maternal and newborn mortality and morbidity to ensure that member associations play an active role in the implementation, monitoring and evaluation of national maternal health plans.

**Nester Moyo, Senior Midwifery Advisor, ICM and Chair of ICM Global Task Force for Midwifery Association Development** rendered the second presentation for this session. She described the process and development of the Member Association Capacity Assessment Tool (MACAT). Reviews were undertaken in 2003 and in 2005 to assess the appropriateness of the tools and in 2010, a fifteen member committee was established to review the MACAT. This tool aims to estimate the strengths and weakness of midwives associations and to determine the impact of capacity development activities. She stressed that capacity development efforts entail more than training. Political engagement and environmental awareness are essential to influence policy and direct change. She further detailed the 5 core components of an organization which include the following: operational capacity and organizational performance encompassing governance, management practices, financial resources; professional

responsibility; external relations; profile including visibility and media relations; and sustainability.

The two presentations were followed by brief panel presentations featuring country insights from Ethiopia, India and Trinidad and Tobago. Perspectives from the Arab States and the Latin America, and African regions were further highlighted.

**Dorothy Lazaro, International Midwifery Advisor, UNFPA Ethiopia**, shared the experience of the work of midwives association in Ethiopia, which was established in 1992 with a membership of 2000 midwives. Till 2009, the association remained weak with no strategic plan, no clear policies, no financial accountability system and no up to date information. Since the launch of the UNFPA/ICM programme in 2009, the MACAT tool for assessing the association and in establishing a strategic plan. Two additional regional branches of the association have also been developed. This assessment has resulted in drawing up a 5 year plan for capacity building, resource mobilization, research and monitoring and evaluation (M&E) activities. The activities conducted include: training in leadership, advocacy and resource mobilization; training of board members in proposal writing; training in management and finance; and development of policy guidelines for effective policy dialoguing.

The intervention of **Debra Lewis, ICM Board Member and Founder, Trinidad and Tobago Midwives Association** was devoted to the status of the midwives association in Trinidad and Tobago. She mentioned that midwifery was earlier invisible as it was subsumed under nursing and midwives were members of the Nursing Association. Moreover, non-nurse midwives had no voting rights. She argued for the establishment of a separate association for midwives to enhance its visibility and role, sensitize the public, support members, conduct continuous medical education, and undertake regulation of the profession and influence policy at the national level.

**Ana Labandera, President, Arbitral Tribunal of the Obstetric Association of Uruguay, and President, Federation of Latin America Midwives**, stressed the importance of promoting the profession of midwives along with other health care professionals. She underscored the need for respect for the value of midwives work. The current alliance with FIGO in addressing unsafe abortion and pre-abortion counseling for meeting the goal of MDG 5 was also detailed.

**Mallavarapu Prakasamma, President, Society of Midwives**, narrated the work of the Society of Midwives of India (SOMI), which seeks to bring about political and social changes resulting in increased awareness of midwives in reducing maternal mortality and improved neonatal health. She indicated that much could be done in India to highlight the importance of midwifery practices. She elaborated on the alliances that SOMI has established with the Government, the Federation of Obstetric and Gynaecological Societies of India (FOGSI) and the White Ribbon

Alliance. She also acknowledged the lack of progress in improving the rapport with the nursing association. In addition, she complemented the work of UNFPA in addressing issues of midwives.

**Jemima Araba Dennis-Antwi, ICM Regional Midwife Advisor for Anglophone Africa**, drew particular attention to the critical role of professional associations in dealing with issues relating to policy and the practice of midwifery in her country Ghana. She cited the work being undertaken in Ghana and Uganda in bringing out position statements to influence policy. She also highlighted the work that had been done through the ICM/UNFPA programme in Benin and the Ivory Coast in strengthening professional associations. She urged for higher momentum in the work being undertaken by professional associations in Anglophone and Francophone countries. Associations need to expand membership, forge unification at country level and overcome fragmentation and develop

**Atf Gherissi, Professor Education Science, University of Tunis Al**, discussed two models from Central and West Africa, and the Arab regions, which exemplified fruitful collaboration between midwifery associations and the healthcare professionals. She highlighted that technical assistance and coaching are vital in fostering the culture of local ownership and empowering midwives and health professionals. She also addressed a major challenge is to develop the philosophy of a balanced and healthy collaboration between midwives and other health professionals including the obstetrics and gynecologists (OB/GYN). The joint collaboration of FIGO and ICM in this area was highlighted as an exemplary model that can bring tremendous impact at regional and national levels. The design and implementation of a regional strategy for strengthening and professionalizing midwifery is a priority in the Arab region. The development of an Arab Federation of Midwifery Associations and the creation of more synergies and partnerships with the societies of OBGYN at the regional and national levels will further contribute in advancing the work in this area.

Among the major issues that emerged during the discussion relate to pre-service training, collaborations and partnerships, south-south collaboration and capacity building for professional associations. Participants highlighted the need for improving standards in pre-service training and urged for higher investments by governments and donors. In addition, midwives pointed out the need for stronger engagement of relevant stakeholders, particularly with other professional groups, the private sector, donors and governments. The panelists and the participants further agreed on the importance of having midwives in key positions in policy making which will be beneficial in elevating the status of the midwives. In addition, networking of professional associations, between and among countries, was critical especially for countries that do not have fully functional and empowered professional associations. The use of MACAT tool for strengthening capacities of professional associations was also widely discussed.

## SESSION 5: Scaling up Midwifery Services within National Health Human Resource Planning

This Session was coordinated and chaired by the Global Health Work Force Alliance (GHWA). Moderation of this session was led by **Mubashar Sheikh, Executive Director, GHWA**. The session provided an overview of the global trends, recurrent issues and challenges surrounding the scaling up of personnel with midwifery skills. He conveyed that the challenges and solutions may be context specific however, some elements remained common and critical: strong political commitment; competency and evidence based education; enabling system environment; investments in training and education and enhanced visibility and profile for midwives.

The main presentation in this session was delivered by **Della Sherratt, Senior International Midwifery Advisor and Trainer and UNFPA International Coordinator for Skilled Birth Attendants, Lao PDR**. She highlighted that midwives play a crucial role in reducing maternal mortality though much work is needed to attain an accurate global picture of midwives in each country. She further underlined that training is not sufficient in enhancing the competency of a midwife. The following factors are equally critical in building the competencies of midwives: political will; monitoring and evaluation; supportive supervision; competency based education and training; supportive human resource development (HRD) systems; equipment and supplies; advocacy; and enhancing collaboration with partners.

The presentation was followed by a panel discussion which articulated some of the best practices and lessons learned pertaining to scaling up midwifery services from the Africa region, Malaysia, Sudan and South Africa. **Margaret Loma Phiri, Nursing and Midwifery Advisor, Regional Office for Africa, WHO** noted that among the main challenges faced by Africa include the following: few skilled health personnel attending delivery; weak and fragile health systems; and the lack of clear linkages between national health and education policies of the Ministry of Health and Ministry of Education. She emphasized that the foundation of education programmes should be based on the national and community health needs. Moreover, she stressed the importance of government commitment as being critical and recommended the following essential elements in scaling up midwifery services: developing clear retention strategies in underserved areas, understanding the organizational structure of health systems and service delivery and economies of scale of each country and introduction of scale up initiatives that are compatible with various national policies and procedures.

**Ramziah Ahmad, President of the Nurses Association in Malaysia** shared the efforts undertaken by the Malaysian Government in strengthening midwifery in the country. The

following key factors were instrumental to Malaysia's success in bringing down maternal mortality: committed Government; political will and stability; provision of free education for women; socio-economic development; improved maternity services through effective and high quality outreach services and improved cultural acceptance; and the adoption of family planning services since 1971. She reiterated that building the capacities of midwives through training and empowering of key personnel are vital in scaling up midwifery services. Additionally, she pointed out the role of Malaysian Nurses Association in furthering midwifery services.

**Dr. Lamia Eltigani Elfadil Mahmoud, National Reproductive Health Director, Federal Ministry of Health, Sudan** presented the new vision for midwifery in Sudan, highlighting the government's commitment for midwifery. Some of the new initiatives that have developed in the country in support of this cause include the formulation of the National Midwifery Association and the launching of Sudan Midwifery Strategy on the International Day of the Midwife. Two new pathways for midwifery training have also been adopted which are: 4 yrs BSc curriculum which started in 2009 and the 2 years midwifery technician curriculum which has been piloted in five schools for states with the highest maternal mortality. Furthermore, higher entry educational level for midwives has been imposed and the curriculum has been revised to align it with WHO standards for skilled birth attendants. Inclusion of midwives into the formal health system was significantly stressed along with the development of a regulatory framework for midwifery. Furthermore, advocacy, supportive supervision to village midwives, and availing core teams of competent trainers in the states were stressed as valuable factors in scaling up midwifery.

The intervention of **Sheila Clow, Associate Professor, University of Cape Town & Mowbray Maternity Hospital, South Africa** focused on the model of free-standing midwife-led units in community settings for "low risk" maternity care which has been successfully implemented in Cape Peninsula. The important attributes of this model pertain to its proximity to the people who require it; integration in a defined referral system; and the use of evidence based clinical guidelines. This model has improved the health indicators for the region and which are the best in the country and has proven to be cost-effective. More importantly, it has created a space for midwives to practice to their fullest potential. She also cited some of the challenges being confronted by midwives: absence of a distinction being made on the register for those in current practice; absence of requirement for relicensing; few posts designated for midwives; outreach programmes to midwives still occur on an ad hoc basis; all midwives are trained as nurses and limited access to further training.

Among the major issues that emerged during the discussion relate to midwives' visibility and profile; engagement in policy dialogue and formulation; and training and recruitment. The

issue of maintaining separate identities between nurses and midwives resurfaced. A question was raised on the effectiveness of the separation of educational degrees between these two programmes, when in fact in most countries this is not being implemented. Dedicated government commitment and willingness are instrumental in scaling up midwifery services in countries. In particular, the strong engagement of midwives in policy formulation and the incorporation of midwifery discourse in national human resources health planning process were recommended. An environment which provides a legislative and regulatory framework in enabling midwives to do what they have been trained for was also underscored. Participants proposed the establishment of regional institutions to enhance faculty training and further investments in education capacity. Incentives for rural deployment and retention were also suggested to curtail the departure of midwives, particularly in the African region.

### Session 6: Joint Statement from the Symposium

#### followed by Official Closing

**Laura Laski Chief, Sexual and Reproductive Health Branch, Technical Division, UNFPA** chaired Session 6 which aimed at addressing the way forward in strengthening midwifery. She stressed that the time is now to deliver, and the importance of creating a global movement to implement the Global Call to Action (GCA) to strengthen midwifery worldwide. She urged all involved partners to state three concrete actions their respective agencies will take in supporting the GCA.

The panelists comprising of UNICEF, ICM, WHO, USAID, JHPIEGO, FIGO, White Ribbon Alliance, GHWA and PMNCH (most of whom were co-organizers of the Symposium) expressed their organizations' unwavering commitment to advance all the four vital areas of the GCA which are detailed below: Education/Training; Association Strengthening; Legislation; and Retention and Deployment policies.

#### **UNICEF**

Pledged to:

- Scale up midwifery, improve deployment of midwives and access to midwifery services (citing their current work in Pakistan and Afghanistan); also to work with 26 countries that are now drafting new health plans to include midwifery by applying an equity-based approach

- Continue their commitment to a holistic view of reproductive health in promoting the status of girls and women, their access to education, and elimination of child marriage and gender based violence; and
- Facilitate in increasing the capacity of health systems, and to address critical bottlenecks, including human resources in health, and financial needs.

## **ICM**

Pledged to:

- Ensure universal education and regulation standards in midwifery are developed and utilized in countries;
- Continue to work with partners in regions and countries in capacity building;
- Work with midwifery associations in countries to strengthen the status of midwifery; and
- Continue with advocacy work and collaborate with Ministries of Health and other partners.

## **WHO**

Pledged to:

- Continue to develop evidence-based guidelines and tools to help countries strengthen midwifery through their national health plans;
- Continue to work in close collaboration with other H4 partners and respective countries in improving management, monitoring and evaluation of midwifery training, deployment, regulation, and strengthening of midwifery associations;
- Assist countries to improve their legislation and regulation of midwifery practice, in order for midwives to be able to utilize their full scope of competencies; and
- Reaffirm the commitment of WHO's 183 member countries to the "international recruitment code" with respect to migration of midwives from low-resource countries.

## **USAID**

Pledged to:

- Continue their commitment to support all four vital areas of the GCA; and
- Facilitate in improving the status, compensation, and working conditions of midwives, including addressing security issues in hostile environments, as part of President Obama's Global Health Initiative.

## **JHPIEGO**

Pledged to:

- Continue their commitment to all four vital areas of the GCA;
- Continue their commitment to all aspects of midwifery education and training, from building midwifery schools to quality training of midwives in all elements of reproductive health including, MNH, HIV and cervical cancer prevention and care; and
- Continue their support to health system strengthening in countries.

## **FIGO**

Pledged to:

- Encourage all 124 member societies from 30 countries to take on the GAC;
- Continue to strengthen their collaboration with respective midwifery associations in their on-going projects in Asia, Africa, and Latin America. FIGO will ensure that midwives are represented in their current projects in 8 countries (will likely increase to 15 countries); and
- Encourage partners, donors, countries, and other stakeholders to ensure that the proposals in the GAC are implemented in all countries with high maternal mortality rates, not just the 25 high-priority countries.

## **White Ribbon Alliance**

Pledged to:

- Continue their commitment to the GCA;
- Continue their global advocacy efforts, for example during the G8 summit in Canada, and the African Union Summit in 2010; and
- Support the work to solve the health workforce crises in countries (e.g. in Rwanda and Uganda) by focusing on the need for more midwives.

## **GHWA**

Pledged to:

- Mainstream midwifery (services and workforce) in all their actions at both global and country levels, in accordance with the framework of the Kampala Declaration and Agenda for Global Action;
- At the global level, include midwifery in the agenda of the 2nd Global Forum on Human Resources for Health (HRH), which will take place in Bangkok, Thailand, in January 2011;

- As part of its support to countries, help with the establishment of necessary governance structures and coordination mechanisms in the process of Country Coordination and Facilitation; and
- Strive to ensure that midwives are adequately recognized, supported, and included as an integral part of the health system. They also pledge to facilitate the involvement of midwives in all respective planning and coordination processes.

## **PMNCH**

Pledged to:

- Create a solid platform to bring all their 350 partners in maternal, neonatal and child health together to join forces in achieving MDG 4, 5, and 6;
- Continue their commitment to all four vital areas of the GCA;
- Actively involve midwives in the planning of national health programmes and policies, mainly those concerning human resources; and
- Continue advocacy work among policy makers and MoHs in countries, for example before and after the UN General Assembly in September 2010.

## **UNFPA**

Pledged to:

- Work in all political settings, from global to country and regional levels, to increase support for the implementation of the GCA to strengthen midwifery.
- Ensure that midwives are integrated in the U.N. Secretary General's Joint Action Plan and in the Millennium Summit.
- Advocate the need for contribution of midwives to ALL aspects of RH including, HIV prevention and care.

In her closing remarks for this Session, Laura Laski, UNFPA reiterated that the challenge is to collaborate effectively on all the mentioned action plans and to coordinate our efforts. The Symposium has highlighted that midwives represent the essential link between communities and health systems. Midwives play an essential role in approaching local communities, respecting their cultural values while informing them of the benefits of skilled care, before, during and after delivery.

### ***Pledges by donor representatives***

**SIDA, Sweden** committed to:

- Give continued support to the UNFPA-ICM Midwifery Program, and support all the GCA partners and countries in strengthening midwifery and sexual reproductive health and rights for women and girls.

**Norad, Norway**, committed to:

- Support all the GCA partners in creating evidence-based knowledge, including cost-effective interventions, to strengthen midwifery, globally. The evidence-based knowledge will also be used to convince policy makers to commit to the GCA.

In the Closing Session, tributes to two senior midwives for their life-long work to strengthen midwifery and maternal health were provided to **Imtiaz Kamal from Pakistan and Ruth Lubic from the United States**. Imtiaz Kamal expressed her appreciation to the Symposium organizers for this great recognition and stated that the profession of midwifery is not yet recognized in Pakistan. Her message to young midwives is to continue the struggle for better recognition, globally. Ruth Lubic stating that **working in maternal and newborn health (MNH) among marginalized African-American women in the Bronx and Washington DC had been very rewarding**. She is currently working to expand her MNH model to other districts in the country with relatively poor maternal and infant health outcomes.

### ***JHPIEGO's first annual Midwifery Award***

JHPIEGO's recipient of the first annual Midwifery Award was awarded to **Mary Issaka, a midwife from Ghana**, for her outstanding achievements in increasing the number of facility attended births at the local health clinic, and for decreasing the number of adolescent pregnancies. She thanked JHPIEGO and said: "I was giving quality MNH and RH services in rural areas. I didn't expect it would get global recognition". She also expressed her appreciation to UNFPA and stated, "If you didn't come to the remotest village where I work, nobody would know that someone is doing something somewhere". Mary described herself as a bridge between the health system and her community.



Mary Isaaka, Midwife from Ghana, beams after receiving the JHPIEGO Midwife of the Year award.

In her closing remarks, **Bridget Lynch, President of ICM** stated the importance of making midwifery visible and recognized globally. She underlined the importance of all partners keeping their pledges in strengthening midwifery, so that midwives can provide highest quality of care for mothers and newborn. Finally, **Thoraya Obaid, Executive Director of UNFPA** requested all participants to stand up as a symbol of solidarity and collective commitment to the Global Call to Action to strengthen midwifery services.

## Conclusion

The Symposium served to raise awareness on the critical role that midwifery services play in achieving Millennium Development Goals 4, 5 and 6 and has helped in generating a global movement for the strengthening of midwifery services worldwide. Throughout the Symposium there was visible consensus amongst participants and partners that enhanced investments in strengthening quality midwifery services and addressing issues of midwifery education and training, legislation, association and retention and deployment would bring enormous returns in the form of:

- Reduction in maternal and infant deaths and morbidities

- Increased uptake of family planning services
- Prevention of mother to child transmission of HIV
- Better post abortion care
- Improved quality of life

The challenges facing the midwifery profession are immense but these can be surmounted through political commitment, appropriate human resource planning within national health systems, global advocacy and partnerships. Midwifery needs to be recognized as an autonomous profession. A competency based curriculum being finalized by the ICM and WHO is essential for training midwives. But acquiring competencies was not enough. The midwives should be authorized to practice these and also supported through supervision. There was a need for strengthening midwifery associations for influencing policies, ensuring a career path for midwives and improving practice. Also the midwifery profession needs to be regulated through appropriate regulatory standards that define scope of practice and ensure ethics of the profession.

The Joint Call to Action signed by eight co-convening partners: UNFPA, ICM, WHO, UNICEF, WB, GHWA, JHPIEGO and FIGO combined with the pledges made at the end of the Symposium by all the agencies, including the White Ribbon Alliance, the Partnership for Maternal and Newborn Health and important bilateral agencies like Sweden, NORAD and USAID were all reflective of the strong commitment that has been generated to strengthen midwifery globally and the seriousness in addressing MDGs 4 and 5 in particular.

These commitments need to be followed through by the partners and the Call to Action translated into practice at the national level.

## Annex 1



# 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, post-graduate 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* and 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.

*Website:*

*[http://www.unfpa.org/webdav/site/global/shared/documents/events/2010/midwifery/Joint\\_Statement\\_Symposium\\_on\\_Strengthening\\_Midwifery\\_Final\\_04JUN2010.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/events/2010/midwifery/Joint_Statement_Symposium_on_Strengthening_Midwifery_Final_04JUN2010.pdf)*

**Annex 2**

**Symposium on Strengthening Midwifery**  
*Saving Lives, Promoting Health of Women and Newborns*  
 5-6 June 2010  
 Washington Convention Center, Washington DC

**AGENDA**

**DAY 1: 5 JUNE, Saturday**

**OPENING SESSION: 9:00- 10:30 a.m.**

Host: Dr. Manju Chugani

Rapporteur: Maha Eladawy, UNFPA and Juliana Yartey, UNICEF

<b>Short Film on Midwifery</b>	
<b>Opening Ceremony</b> “Midwives Bringers of Light”- in memory of mothers who lost their lives and celebration of midwives the world over who prevent deaths and disabilities.	<b>Della Sheratt and others</b>
<b>Living Testimony of a Sudanese fistula survivor now a midwife</b>	<b>Awatif AlTayib</b>
<b>Opening Remarks</b> United Nations Population Fund (UNFPA)	<b>Thoraya A. Obaid</b> , Executive Director
International Confederation of Midwives (ICM)	<b>Bridget Lynch</b> , President
<b>Meeting Expectations and Objectives</b> World Health Organization (WHO)	<b>Daisy Mafubelu</b> , Assistant Director General, Family and Community Health
United Nations Children Fund (UNICEF)	<b>Juliana Yartey</b> , Senior Health Advisor
World Bank	<b>Sadia Chowdhury</b> , Coordinator, Reproductive and Child Health
Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO)	<b>Leslie Mancuso</b> , President and Chief Executive Officer
International Federation of Gynecology and Obstetrics (FIGO)	<b>Gamal Serour</b> , President
Global Health Work Force Alliance (GHWA)	<b>Mubashar Sheikh</b> , Executive Director
Swedish International Development Cooperation Agency (Sida)	<b>Anneka Knutsson</b> , Director, Department for Human Development
<b>Coffee Break</b> <b>10:30 – 11:00 a.m.</b>	

## SESSION 1: Role of Midwives in Addressing MDGs 4, 5, and 6

11:00- 1:00 p.m.

Coordination: International Confederation of Midwives (ICM)

Chair: Agneta Bridges, Secretary-General, ICM Moderator: Bridget Lynch, President ICM

Rapporteurs: Jemima Dennis-Antwi and Catherine Smith, ICM

*needs of women related to maternal, newborn and reproductive health.*

11:00 – 11:15 a.m.	<b>Presentation: Basic Competencies for Essential Midwifery Care</b>	<b>Judith Fullerton</b> , ICM consultant revising competencies
11:15- 11:45 a.m.	<b>Panel Discussion : Aspects of Basic Competencies Practiced in Countries</b>  Sexual and Reproductive Health  Family Planning and Post Abortion Care  PMTCT and HIV  Basic Emergency Obstetric Care (BEmONC)	<b>Sandra Oyarzo</b> , School of Midwifery, University of Chile  <b>Juliana Lunguzi</b> , National Programme Officer, UNFPA Malawi  <b>Precious Robinson</b> , National Department of Health South Africa  <b>Nancy Moses</b> , Coordinator, Liberian Prevention of Maternal Mortality Office, Monrovia, Liberia
11:45- 12:30 p.m.	<b>Brief Summary by Moderator and Discussion with Audience</b>	
<b>Lunch</b> <b>1:00 – 2:00 p.m.</b>		

## SESSION 2: Midwifery Education- Building Global Consensus

**2:00- 3:30 p.m.**

Coordination: JHPIEGO Chair and Moderator: Marion Subah, Country Representative, JHPIEGO, Liberia  
 Rapporteurs: Sheena Currie and Mary Kay Carver, JHPIEGO

*Overview: This session presents standards for education of midwives currently being drafted by ICM. Regional barriers to meeting these strategies will be discussed along with an evidence-based framework for overcoming them. Panel participants provide regional perspectives on challenges and opportunities and respond to queries from conference participants.*

<b>2:00 – 2:20 p.m.</b>	<b>Presentation:</b> <b>The ICM Global Standards for Midwifery Education</b>  <b>Meeting the Standards of Global Opportunities</b>	<p><b>Joyce Thompson</b>, Professor of Community Health Nursing, Western Michigan University, and Co-chair of Global ICM/WHO Task Force on Midwifery Education</p> <p><b>Peter Johnson</b>, Director of Global Learning, JHPIEGO, Panel of Midwifery Educators</p>
<b>2:20 - 3:00 p.m.</b>	<b>Panel Discussion : Midwifery Educators</b>  South America  Sub-Saharan Africa  Asia  Arab States	<p><b>Hilda Bonilla</b>, Dean School of Midwifery, University of Chile</p> <p><b>Lastina Lwatula</b>, Senior Midwifery Technical Advisor, JHPIEGO Zambia</p> <p><b>Hannah Gibson</b>, Former Country Director, JHPIEGO Afghanistan (presently Country Director Ethiopia)</p> <p><b>Atf Gherissi</b>, Professor Education Science, University of Tunis Al Manar.</p>
<b>3:00 – 3:30 p.m.</b>	<b>Brief Summary by Moderator and Discussion with Audience</b>	
<b>Coffee Break</b> <b>3:30- 4:00 P.M</b>		

## SESSION 3: Midwifery Regulation – Establishing and Maintaining Standards of Care

4:00- 5:30 p.m.

Coordination and Chair: WHO

Moderator: Viviana Mangiaterra, Making Pregnancy Safer Team Coordinator Partnerships, WHO

Rapporteurs: Fredrica Hanson, UNFPA and Patricia van Ham, ICM

*Overview: This session discusses the issues related to Midwifery Regulation, including current practices and challenges faced by different regions and countries in establishing a regulatory authority for midwifery services. It focuses on elements of a midwifery regulatory system, including existing regulatory bodies, education, entry into practice, certification and license, assessment of continued competency, standards of practice and ethical aspects for countries in taking evidence based decisions. The session will be an open facilitated discussion and informed by country examples.*

4:00 – 4:20 p.m.	<p><b>Presentation:</b>  <b>Overview of Global Midwifery Regulation and Challenges</b></p> <p><b>ICM/WHO Global Standards for Midwifery Regulation</b></p>	<p><b>Blerta Maliqi</b>, Technical Officer Health Systems, Making Pregnancy Safer, WHO</p> <p><b>Sally Pairman</b>, Co-Chair of ICM/WHO Global Task Force on Midwifery Regulation and Head School of Midwifery, Otago, New Zealand</p>
4:20 - 5:00 p.m.	<p><b>Panel Discussion : Regional Midwifery Regulators</b></p> <p>East Asia</p> <p>Americas</p> <p>Arab States</p> <p>Sub-Saharan Africa</p> <p>Europe</p>	<p><b>Alejandro San Pedro</b>, Director Board of Midwifery, the Philippines</p> <p><b>Sandra Land</b>, consultant, formerly PAHO</p> <p><b>Maaly Guimei</b>, Professor, University of Alexandria, Egypt</p> <p><b>Margaret Loma Phiri</b>, Nursing and Midwifery Advisor, AFRO</p> <p><b>Gillian Barber</b>, Royal College of Nursing, London, UK</p>
5:00 – 5:30 p.m.	<b>Brief Summary by Moderator and Discussion with Audience</b>	
5:45 – 6:30 p.m. (In the plenary room)	<p style="text-align: center;"><b>Midwifery Marketplace and Reception</b>  <b>Coordination: JHPIEGO- Hershah Sanghvi, Vice-President and Medical Director</b></p> <p style="text-align: center;"><i>An interactive event featuring individual midwives or groups of Midwives or NGOs who will display some publications, advocacy materials, books or leaflets, badges, practical demonstrations, and summaries of research findings relating to midwifery.</i></p> <p style="text-align: center;"><b>Reception will be held at the same place, starting at 6:00</b>  <b>Hosted by the World Bank and UNFPA</b>  <b>All registered participants are cordially invited.</b></p>	

**DAY 2: 6 JUNE, Sunday**

**SESSION 4: Professional Association – Policy Development and Multi-disciplinary Care**

**9:00- 10:30 a.m.**

Coordination and Chair: FIGO; Moderator: Gamal Serour, President

Rapporteurs: Venkatesh Srinivasan and Malin Bogren, UNFPA

*Overview: This session emphasizes the important role professional associations play in the development of policy and institutionalization of multi-disciplinary care at the national level. FIGO member associations and member societies of ICM have, in certain situations, proven their capability in influencing policies and promoting maternal and newborn health, as well as improving practice. Strengthening the capacities of professional associations in low-resource countries could be an essential intervention in promoting sustained progress in maternal and newborn health.*

<p><b>9:00 – 9:20 a.m.</b></p>	<p><b>Presentation:</b>  <b>The Role of Professional Associations in Multi-disciplinary Care</b></p> <p><b>The Member Association Capacity Assessment Tool (MACAT)</b></p>	<p><b>Hamid Rushwan</b>, FIGO Chief Executive</p> <p><b>Nester Moyo</b>, Senior Midwifery Advisor, ICM and Chair, ICM Global Task Force for Midwifery Association Development- Professional associations development tool (MACAT)</p>
<p><b>9:20- 10:00 a.m.</b></p>	<p><b>Panel Discussion : Professional Associations in Multi-disciplinary Care</b></p>	<p><b>Dorothy Lazaro</b>, International Midwife Advisor, UNFPA in Ethiopia</p> <p><b>Debra Lewis</b>, ICM Board Member and Founder of Trinidad and Tobago Midwives Association</p> <p><b>Ana Labandera</b>, President of the Arbitral Tribunal of the Obstetric Association of Uruguay, and President of the Federation of Latin American Midwives</p> <p><b>Mallavarapu Prakasamma</b>, President of the Society of Midwives of India</p> <p><b>Jemima Araba Dennis-Antwi</b>, ICM Regional Midwife Advisor for Anglophone Africa</p> <p><b>Atf Gherissi</b>, Consultant and Midwife Advisor for Arab States and Middle East, ICM</p>
<p><b>10:00-10:30 a.m.</b></p>	<p><b>Brief Summary by Moderator and Discussion with Audience</b></p>	
<p style="text-align: center;"><b>Coffee Break</b>  <b>10:30 – 11:00 a.m.</b></p>		

## SESSION 5: Scaling up Midwifery Services within National Health Human Resource Planning

11:00- 12:30 p.m.

Coordination and Chair: Global Health Work Force Alliance (GHWA)  
 Moderator: Mubashar Sheikh, Executive Director, GHWA  
 Rapporteurs: Giorgio Cometto, GHWA and Kristina Lod Castel, UNFPA

*Overview: This session analyses issues and challenges, shares experiences and provides recommendations on necessary elements and processes for the development and implementation of an evidence-informed and needs-based plan for scaling up personnel with midwifery skills. An initial overview will set the scene for the discussion with global trends, and recurrent issues and challenges; this will be followed by 3-4 country experiences, highlighting country-specific challenges, promising approaches and lessons learnt, and, finally, an interactive dialogue between the panellists and the audience.*

11:00 – 11:10 a.m.	<b>Presentation: Midwifery and Midwives: Global Situation</b>	<b>Della Sherratt</b> , Senior Internationally Midwifery Advisor and Trainer and UNFPA International Coordinator for Skilled Birth Attendant, Lao PDR
11:10- 11:45 a.m.	<b>Panel Discussion : Scaling up Midwifery Services</b>  <b>Africa</b>  <b>Asia</b>  <b>South Africa</b>  <b>Arab States</b>	<b>Margaret Loma Phiri</b> , Nursing and Midwifery Advisor, Regional Office in Africa, WHO  <b>Ramziah Ahmad</b> , President of the Malaysian Nurses Association and CNF Board Member, Asia Pacific Region  <b>Sheila Clow</b> , Associate Professor, Faculty of Health Sciences, University of Cape Town  <b>Lamia Eltigani Elfadil Mahmoud</b> , Director of National Reproductive Health, Federal Ministry of Health, Sudan
11:45 a.m. – 12:30 p.m.	<b>Brief Summary by Moderator and Discussion with Audience</b>	

## Session 6: Joint Statement from the Symposium followed by Official Closing

**12:30 – 1: 30 p.m.**

Coordination and Chair: UNFPA and UNICEF

Host: Dr. Manju Chugani

Moderator: Laura Laski, Chief, Sexual and Reproductive Health Branch, UNFPA

Rapporteurs: Asa Hildestrand and Kianoush Deghani, UNFPA

### Presentation of the Joint Statement – “Laying the Foundations for Sustainable Midwifery Services” 12:30 – 1: 15 p.m.

**Panel** -Panelists to give a short feedback on the final statement and express what their organizations commit to in moving the Call to Action forward to make the strongest possible impact.

UNICEF  
WHO  
PMNCH  
USAID

WRA  
JHPIEGO  
FIGO  
GHWA  
UNFPA  
ICM

**Juliana Yartey**, Senior Health Advisor  
**Ian Pett**, Chief Health Assistant and Strategic Planning  
**Andres de Francisco**, Team Coordinator  
**Mary Ellen Stanton**, Senior Maternal Health Advisor & Team Leader  
**Frances Ganges**, Senior Technical Advisor  
**Patricia Gomez**, Director, Maternal and Newborn Health  
**Gamal Serour**, President  
**Mubashar Sheikh**, Executive Director  
**Thoraya Obaid**, Executive Director  
**Agneta Bridges**, Secretary-General

### CLOSING

**1:15- 2:00 p.m.**

**Chairs: Swedish and Dutch Government**

**Closing Messages**

**Anneka Knutsson**, Director of Human Development, Swedish Government

**Helga Fogstad**, Coordinator RMNCH Global Health and AIDS Department, Norwegian Agency for Development Cooperation (NORAD)

**Tribute to Senior Midwives**

**Coordinated by UNFPA**

**JHPIEGO Award**

**Coordinated by JHPIEGO**

**Vote of Thanks**

**Thoraya Obaid**, UNFPA Executive Director

**Bridget Lynch**, President

**End of Symposium and Registration for Women Deliver**

**Lunch 2:00 p.m.**

*General Rapporteurs: Geeta Lal and Christine Ong, UNFPA*

**Annex III**  
**Symposium on Strengthening Midwifery**  
*Saving Lives, Promoting Health of Women and Newborns*  
 5-6 June 2010  
 Washington Convention Center, Washington DC

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**(AS OF 3 JUNE 2010)**

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