

WHO Triad Meeting 17th May 2014

Collaborative partnership in the current social and economic realities and beyond

Midwives and Nurses played a key role in the dramatic rise in global life expectancy that occurred during the 20th century, and have continued to contribute enormously to the improvement of the health in most parts of the world. Midwives and nurses are the backbone of every health system, as they facilitate the smooth implementation of health programs and policies for sustainable development, towards increased maternal and child health and in reducing maternal and infant mortality and morbidity.

It has been proven beyond reasonable doubt that the density of the health workforce is directly correlated with positive health outcomes. In other words, health workers such as midwives and nurses save lives and improve health. However, enormous gaps remain between the potential of health systems and their actual performance, and there are far too many inequities in the distribution of health workers between countries and within countries. In most developing countries, the health workforce is concentrated in the major towns and cities, while rural areas only have approximately 25 % of the country's doctors and nurses and midwives respectively. The imbalances exist not only in the total numbers and geographical distribution of health workers, but also in the skill level of available health workers.

WHO estimates that 57 countries world wide have a critical shortage of health workers, equivalent to a global deficit of about 2.4 million doctors, nurses and midwives. Thirty-six of these countries are in sub-Saharan Africa. They would need to increase their health workforce by about 140% to achieve enough coverage for essential health interventions to make a positive difference in the health and life expectancy of their populations. The extent, causes and consequences of the health workforce crisis in the world and the various factors that influence and are related to it are well known and described.

The global health workforce crisis can be tackled if there is global responsibility, political will, financial commitment and public-private partnership for country-led and country-specific interventions that seek solutions. Only when enough health workers can be trained and sustained there is hope for a significant reduction in maternal and child mortality. What needs to be done in relation to maternal and neonatal mortality is to strengthening midwifery education in many countries in the world. It is also necessary to strengthening regulatory mechanisms and promoting the role of midwives associations because they will carry the development of the profession in the future, in their own country



In what way can professional associations participate in collaborative partnerships and how do collaborative efforts get started? The axiom that two heads are better than one really is true when it comes to strengthening professional associations. By thinking, planning, and working together, the associations can accomplish goals that neither could achieve alone. I will give you an example from a collaborative partnership between the Swedish Association for Midwives and Bangladesh Midwifery Society:

When Sweden in 2011 celebrated 300 years of midwifery education and 125 years as a professional association, a jubilee book entitled "300 years in the service of life" was launched by the Swedish Associations of Midwives. The book inspired a Swedish midwife working for UNFPA/SIDA in Dacca since she saw a lot of similarities between Swedish history and Bangladesh today. The aim of her work in Bangladesh was to strengthen the midwifery education in Bangladesh and also to work for a regulation of the midwifery profession. At the same time the Bangladesh Midwifery Society needed support in building their professional association. My colleague in Dacca contacted Swedish SIDA in Bangladesh who got engaged and decided to finance a collaborative project between the two midwifery associations. The aim was to strengthening the midwifery profession in Bangladesh. It was decided that a booklet about Midwifery in Bangladesh should be produced in the local language Bangla and in English. The Swedish book was also translated into English. When the book was launched in September 2013 at a big meeting with politicians, other stakeholders and media, the minister of health announced that another 1500 midwives where to be trained i Bangladesh. He also said that the midwifery profession should be regulated and that midwives were expected to be able to work "in all facilities".

Professional associations and other stakeholders could shape their efforts through collaborative partnerships. These partnerships have the aim of giving a structure for organizing, planning, and implementing the ideas. The process of building a collaborative partnership is multidimensional. It involves:

- recognizing opportunities for change or for sharing of ideas and experiences or for growth and development
- mobilizing people and resources to create changes
- developing a vision of long-term change and sustainability
- choosing an effective group structure
- building trust among collaborators
- developing learning opportunities for both partners.

Although the effort takes time and requires careful attention, it's essential to creating strong, viable partnerships that produce lasting change.



There are many catalysts for comprehensive partnerships. Some form when leaders in health care or local policymakers initiate collaboration. Others begin when a community becomes aware of an urgent need for change, or when funding becomes available to respond to conditions in the community, and my example from collaboration with The Bangladesh Midwives Society can stand as an example of this. Before you can determine how to develop comprehensive strategies in your partnership you will want to know what local conditions will support or inhibit a collaborative effort. Be sure to involve community members and other partners in developing an understanding of the context for collaboration. Consider the following questions:

Who might be willing to join your collaboration? Will the attitudes and culture in the community support the partnership?

Are the association and other potential partners willing to share their resources and capacities?

How do the interests of each potential partner fit into the broader collaboration?

Try to enlist people who truly understand and are committed to the goals of your partnership-not those who are simply assigned by their supervisors to collaborate. You can also increase the investment of potential partners by asking them to help collect information about the local context for collaboration.

It is extremely important to increase the visibility of midwives and nurses in all countries worldwide. When Karolinska Institutet started letting nurses and midwives take the Global Health Course in India together with Swedish medical students it raised the status of nursing students in Kerala and they too were invited to take the course. This increased status of the professional group. Having international partners shows strength and gives us a developed network and knowledge sharing. Some partnerships are based on transfer of knowledge, in both directions though guest lecturing or work study positions. All effort for skill building, increasing job satisfaction, increasing visibility, increasing the status, increasing opportunity can lead to recruitment of more professionals wanting to go into that field and higher retention in the jobs.

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Midwives and nurses, the backbone of all healthcare systems in the world must be built on good education, regulation of the profession and professional associations. The role off the association is to promote and support the profession and protection of the public interests

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www.barnmorskeforbundet.se

www.internationalmidwives.org