

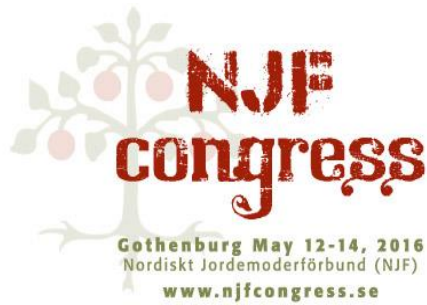
## NJF Congress 2016 – Keynote

### Midwives and Nurses – the backbone of every health system in the world

Based on my international experience I use to say that midwives and nurses are the backbone of every healthcare system in the world. I will give a short overview of maternal and child mortality in Sweden and the Nordic countries during the 19<sup>th</sup> century and connect that to the situation in low-income countries today. I will also talk about the importance of strong midwifery associations and finally I will, based on my work within ICM, WHO and The World bank, mention the tasks at the global agenda today and in the near future.

Midwives and Nurses played a key role in the dramatic rise in global life expectancy that occurred during the 20th century in the Nordic countries, 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.



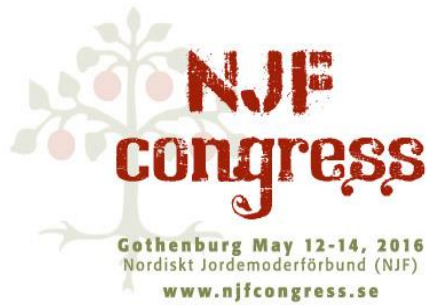
A political will and support from influential people in the society with the strategy to educate a cadre of midwives and also to regulate the midwifery profession was one of the reasons behind the decline in maternal mortality in Sweden. Also a strategy to send educated midwives to rural areas was an important reason behind the reduction in maternal mortality. The same situation can be seen in several low income countries today. Reasons behind maternal mortality globally are the same as it was in the Nordic countries 150 years ago.

WHO estimates that 57 countries worldwide 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.



ICM is using 'Twinning' as a capacity building strategy to facilitate the development of collaborative relationships among Midwives Associations. The overall aim is to create a platform for sharing of ideas and skills and learning from each other through information and technology transfer. Twinning is a two-way mutually beneficial exchange between two member Midwives Associations. It is a formal and substantive collaboration between two organizations (WHO, 2001). According to the WHO twinning guidelines (2001), formal means that there is a verbal or written agreement between the two associations. Substantive means that the interaction is significant and its lasts for a period of time i.e. it is not only a one-time interaction. Collaboration means that the two associations work together on a specific project, or to exchange information or skills. The period of interaction, the areas of exchange and the actual processes are determined by the associations.

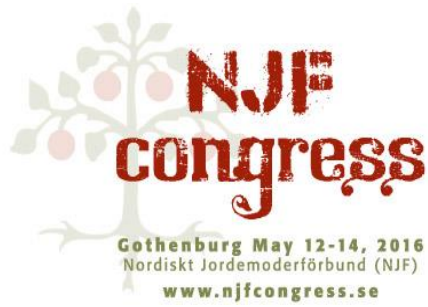
Professional associations and other stakeholders could shape their efforts through collaborative partnerships. These partnerships have the aim of giving a structure for organizing, planning, and implementing the ideas.

The process of building a collaborative partnership is multidimensional and 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?

In an age when data and information are readily available, we are accustomed to basing our decisions on as much evidence as we can find. The more important the decision and its impact, the more thorough our research and the keener we are to have accurate data. No decision is more important than how we deliver on the global commitment to end preventable deaths of women and children by 2030. Nor will any success make a bigger contribution to the prosperity of communities and countries than ending the terrible waste of potential from these lost lives. Despite the progress in halving child mortality since 1990, nearly six million children under age five continue to die unnecessarily each year.

How can women's and children's lives be saved? Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. Maternal health and newborn health are closely linked. Approximately 2.7 million newborn babies die every year<sup>4</sup>, and an additional 2.6 million are stillborn.<sup>5</sup> It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for both the mother and the baby. Severe bleeding after birth can



kill a healthy woman within hours if she is unattended. Injecting oxytocin immediately after childbirth effectively reduces the risk of bleeding. Infection after childbirth can be eliminated if good hygiene is practiced and if early signs of infection are recognized and treated in a timely manner. Pre-eclampsia should be detected and appropriately managed before the onset of convulsions (eclampsia) and other life-threatening complications. Administering drugs such as magnesium sulfate for pre-eclampsia can lower a woman's risk of developing eclampsia.

To avoid maternal deaths, it is also vital to prevent unwanted and too-early pregnancies. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care.

*Why do women not get the care they need?* Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. While levels of antenatal care have increased in many parts of the world during the past decade, only 51% of women in low-income countries benefit from skilled care during childbirth. This means that millions of births are not assisted by a midwife, a doctor or a trained nurse. In high-income countries, virtually all women have at least four antenatal care visits, are attended by a skilled health worker during childbirth and receive postpartum care. In low-income countries, only 40% of all pregnant women have the recommended antenatal care visits. Other factors that prevent women from receiving or seeking care during pregnancy and childbirth are:

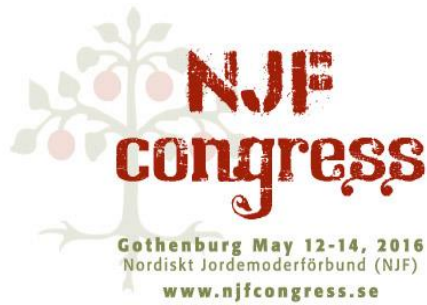
Poverty

Distance

Lack of information

Inadequate services

Cultural practices.



To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system.

Improving maternal health is one of WHO's key priorities. WHO works to contribute to the reduction of maternal mortality by increasing research evidence, providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States. In addition, WHO advocates for more affordable and effective treatments, designs training materials and guidelines for health workers, and supports countries to implement policies and programs and monitor progress.

During the United Nations General Assembly 2015, in New York, UN Secretary-General Ban Ki-moon launched the Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030. The Strategy is a road map for the post-2015 agenda as described by the Sustainable Development Goals and seeks to end all preventable deaths of women, children and adolescents and create an environment in which these groups not only survive, but thrive, and see their environments, health and wellbeing transformed.

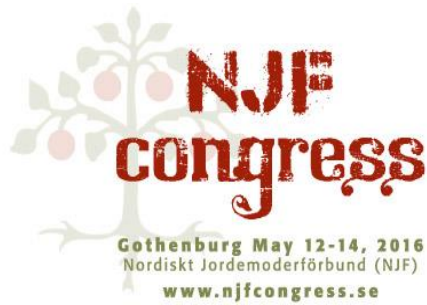
As part of the Global Strategy and goal of Ending Preventable Maternal Mortality, WHO is working with partners towards:

- addressing inequalities in access to and quality of reproductive, maternal, and newborn health care services;

- ensuring universal health coverage for comprehensive reproductive, maternal, and newborn health care;

- addressing all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities;

- strengthening health systems to respond to the needs and priorities of women and girls; and ensuring accountability in order to improve quality of care and equity.

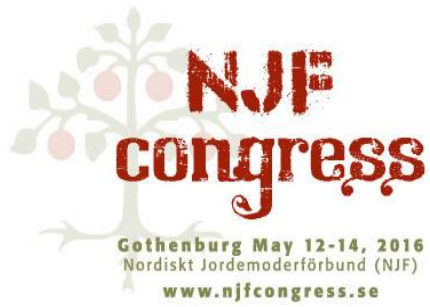


The World Bank is a vital source of financial and technical assistance to developing countries around the world. The bank is not a bank in the ordinary sense but a unique partnership to reduce poverty and support development. The World Bank Group comprises five institutions managed by their member countries. Established in 1944, the World Bank Group is headquartered in Washington, D.C. They have more than 10,000 employees in more than 120 offices worldwide. The bank provide low-interest loans, zero to low-interest credits, and grants to developing countries. These support a wide array of investments in such areas as education, health, public administration, infrastructure, financial and private sector development, agriculture, and environmental and natural resource management. Some of our projects are co-financed with governments, other multilateral institutions, commercial banks, export credit agencies, and private sector investors. The bank also provides or facilitates financing through trust fund partnerships with bilateral and multilateral donors. Many partners have asked the Bank to help manage initiatives that address needs across a wide range of sectors and developing regions.

The bank offer support to developing countries through policy advice, research and analysis, and technical assistance. Our analytical work often underpins World Bank financing and helps inform developing countries' own investments. In addition, we support capacity development in the countries we serve. We also sponsor, host, or participate in many conferences and forums on issues of development, often in collaboration with partners.

To ensure that countries can access the best global expertise and help generate cutting-edge knowledge, the Bank is constantly seeking to improve the way it shares its knowledge and engages with clients and the public at large.

When I was nominated for a mission at the Word Bank group for the Civil Society a year ago it was the first time in the banks history that a midwife was asked to represent the civil society. I was told that I was chosen because I represent a workforce that truly works very close to people in societies in the world. I think that midwives really are the back bone of every health care system. Dear colleagues be proud of your role and mission in



society. Take responsibility for making a change at all levels local, national and global level!

Ingela Wiklund

The board of International Confederation of Midwives (ICM), The World Bank, and president of The Swedish Association of Midwives 2007-2015.