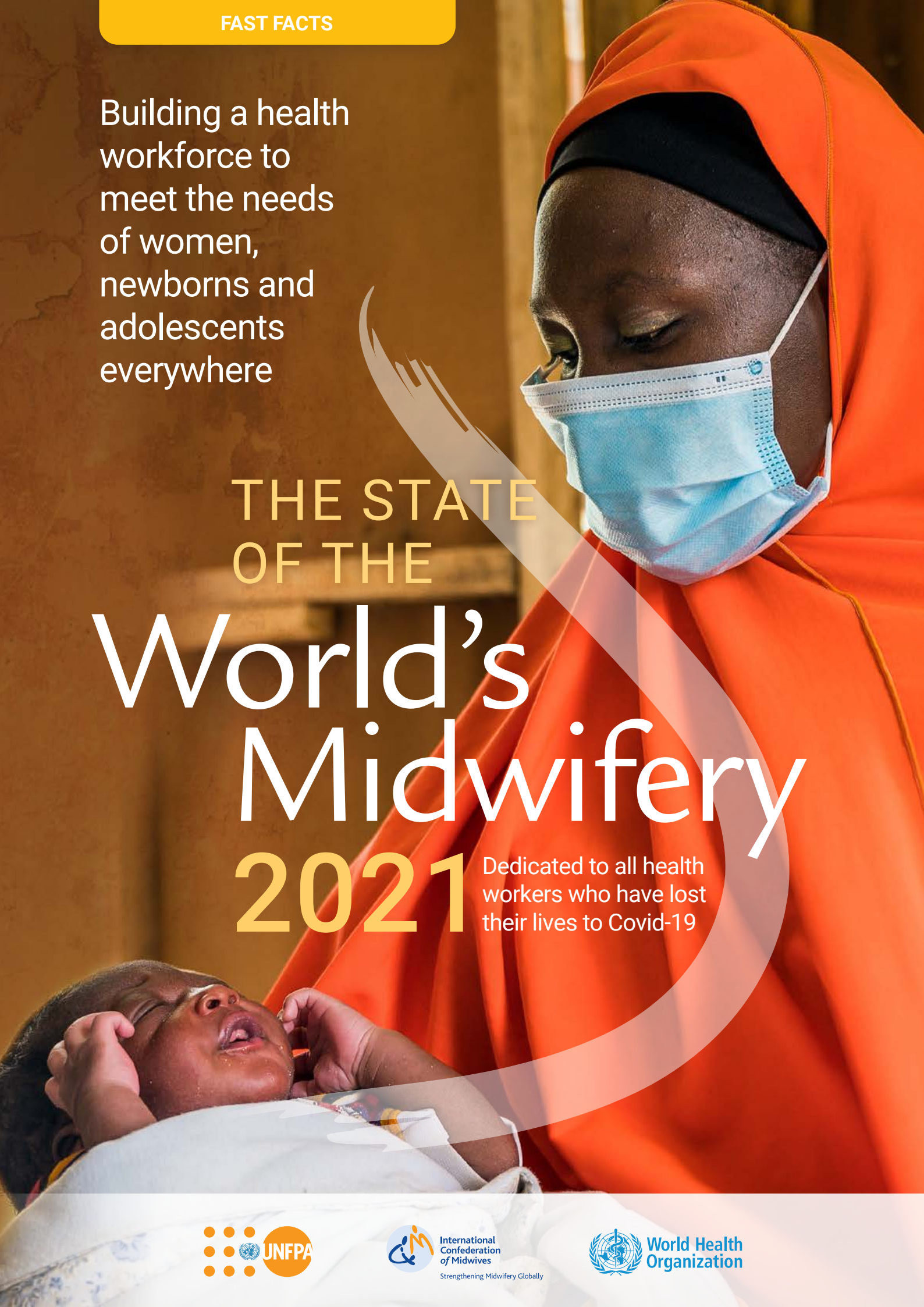
FAST FACTS

Building a health workforce to meet the needs of women, newborns and adolescents everywhere



THE STATE OF THE World's Midwifery 2021

Dedicated to all health workers who have lost their lives to Covid-19

UNFPA

International Confederation of Midwives
Strengthening Midwifery Globally

World Health Organization

THE STATE OF THE World's Midwifery 2021

www.unfpa.org/sowmy

Midwives can provide about 90% of the sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) care needed, yet they **account for less than 10% of the global SRMNAH workforce**

The world needs 900,000 more midwives, mostly in low-income countries and in Africa

At current rates, there will still be a **shortage of 750,000 midwives** in 2030

Without additional investment the gap between rich and poor countries is projected to **widen by 2030**

INVESTMENT

Investment is urgently needed in four areas:

1 Health workforce planning, management and working environment

Optimize midwives' autonomy and scope of practise

Provide an enabling work environment, free from gender-related stigma, violence and discrimination

2 High-quality education and training

Competent educators and trainers, equitably distributed

Well-resourced education and training institutions

3 Midwife-led improvements to service delivery

Midwife-led models of care

Optimized roles for midwives

4 Midwifery leadership and governance

Senior midwife positions in government, research and education

Midwives drive SRMNAH policy

IMPACT

Investing in professionally educated and regulated midwives:

© Gates Archive/Nelson Owoicho.

- ☑ **promotes the health and well-being of women, adolescents and newborns**
- ☑ **puts safe and effective SRMNAH care within the reach of more people**
- ☑ **could save millions of lives each year (estimated 4.3 million annually by 2035)**
- ☑ **contributes to national and local economies**
- ☑ **contributes to women's empowerment and gender equality**

About the report

Sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) is an essential component of the Sustainable Development Goals (SDGs). Improving SRMNAH requires increased commitment to, and investment in, the health workforce.

Following the universality principle of the SDGs, *State of the World's Midwifery 2021* (SoWMy 2021) represents an unprecedented effort to document the whole world's SRMNAH workforce. This approach acknowledges that not only low-income countries struggle to meet needs and expectations, and that there are many paths to better SRMNAH: examples of good practice can be found in all countries, and all countries should be held to account. This report focuses primarily on midwives because they play a pivotal role within the wider SRMNAH workforce.

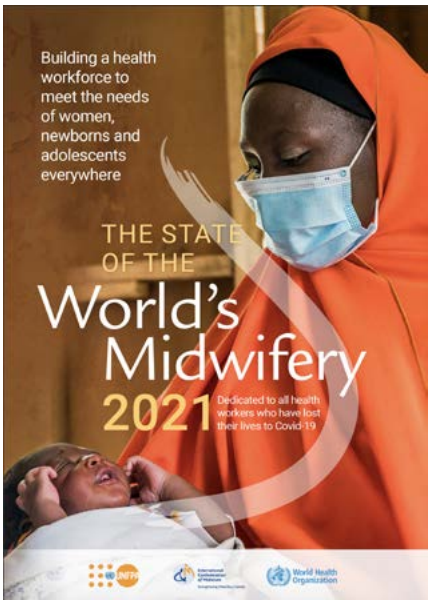
The global SRMNAH worker shortage

SoWMy 2021 estimates that, at present, the world's SRMNAH workforce can meet a maximum of 75% of the world's need for essential SRMNAH care. In low-income countries it can meet a maximum of 41% of the need. Potential to meet the need is lowest in Africa.

SoWMy 2021 estimates a current global needs-based shortage of 1.1 million "dedicated SRMNAH equivalent" (DSE) workers, of which 900,000 are midwives. Investment is urgently needed to address this shortage.

To close the gap by 2030, 1.3 million new DSE worker posts (mostly midwives and mostly in Africa) need to be created in the next 10 years. At current rates, only 0.3 million of these are expected to be created, leaving a projected shortage of 1 million DSE workers by 2030, of which 750,000 will be midwives.

In addition to these shortages, the evidence points to the need to invest in improving quality of care and reducing the incidence of disrespect and abuse towards SRMNAH service users.



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Why invest in midwives?

SoWMy analysis indicates that fully educated and regulated midwives integrated within and supported by interdisciplinary teams and an enabling environment can deliver about 90% of essential SRMNAH interventions across the life course, yet they account for less than 10% of the global SRMNAH workforce.

There is now a large body of evidence which shows that investing in midwives facilitates positive birth experiences and safe and effective comprehensive abortion services, improves health outcomes, increases workforce supply, favours inclusive and equitable growth, facilitates economic stabilization, and can have a positive macroeconomic impact.

The Covid-19 pandemic has highlighted the importance of investing in primary health care. Midwives are essential providers of primary health care and play a major role in this area as well as other levels of the health system: in addition to maternity care, they provide a wide range of sexual and reproductive health interventions across the life course. They also contribute to broader health goals, such as addressing sexual and reproductive rights, promoting self-care interventions and empowering women and adolescent girls.

BOLD INVESTMENTS ARE NEEDED

For midwives to achieve their potential, SoWMy 2021 calls for greater investment in four **KEY AREAS:**

HEALTH WORKFORCE PLANNING, MANAGEMENT AND REGULATION AND THE WORK ENVIRONMENT;

EDUCATION AND TRAINING;

SERVICE DELIVERY; AND

LEADERSHIP AND GOVERNANCE.

These investments should be considered at country, regional and global levels by governments, policy-makers, regulatory authorities, education institutions, professional associations, international organizations, global partnerships, donor agencies, civil society organizations and researchers.

The need to invest in the production and deployment of SRMNAH workers is not confined to countries with a needs-based shortage. Many countries, including some high-income countries, are forecast to have insufficient SRMNAH workers to meet demand by 2030.

INVEST IN
Health workforce planning, management and regulation and in the work environment

- Health workforce data systems
- Health workforce planning approaches that reflect the autonomy and professional scope of midwives
- Primary health care, especially in underserved areas
- Enabling and gender-transformative work environments
- Effective regulatory systems

INVEST IN
High-quality education and training of midwives

- Educators and trainers
- Education and training institutions

INVEST IN
Midwife-led improvements to SRMNAH service delivery

- Communications and partnerships
- Midwife-led models of care
- Optimized roles for midwives
- Applying the lessons from Covid-19

INVEST IN
Midwifery leadership and governance

- Creating senior midwife positions
- Strengthening institutional capacity for midwives to drive health policy advancements

The need for midwives and the wider SRMNAH workforce

Globally, 6.5 billion SRMNAH worker hours would have been required to meet all the need for essential SRMNAH care in 2019. This is projected to increase to 6.8 billion hours by 2030.

There is a tendency to think midwives are needed just for maternal and newborn heath care. However, only about half (55%) of the need is for antenatal, childbirth and postnatal care, 37% is for other sexual and reproductive health interventions such as counselling, contraceptive services, comprehensive abortion care, and detection and management of sexually transmitted infections, and 8% is for adolescent sexual and reproductive health interventions. It is therefore important to educate, deploy and regulate midwives such that they can perform this broader role.

Factors preventing the SRMNAH workforce from meeting all of the need include: insufficient numbers of health workers, inefficient skill mix, inequitable distribution, varying levels and quality of education and training programmes, limited qualified educators (including for supervision and mentoring) and limited effective regulation.

Covid-19 has reduced workforce availability. Access to SRMNAH services needs to be prioritized, and provided in a safe environment, despite the pandemic. SRMNAH workers need protection from infection, support to cope with stress and trauma, and creative/innovative solutions to the challenges of providing high-quality education and services.

Equity of access to the SRMNAH workforce

Even where workforce data are available, they are rarely fully disaggregated by important characteristics such as gender, occupation group and geographical location, making it difficult to identify and address gaps in service provision.

Some population groups risk their access to SRMNAH workers being restricted due to characteristics including age, poverty, geographical location, disability, ethnicity, conflict, sexual orientation, gender identity and religion. The voices of service users are essential for understanding the factors that influence their care-seeking behaviour.

"Left behind" groups require special attention to ensure that they can access care from qualified practitioners. The SRMNAH workforce requires a supportive policy and working environment, and education and training, to understand and meet the specific needs of these groups and thus provide quality care that is accessible and acceptable to all.

Early initiation of breastfeeding, Croatia. © Natasha Objava.

Enabling and empowering midwives

More than 90% of the world's midwives are women. They experience considerable gendered disparities in pay rates, career pathways and decision-making power.

Only half of reporting countries have midwife leaders within their national Ministry of Health. Limited opportunities for midwives to hold leadership positions and the scarcity of women who are role models in leadership positions hinder midwives' career advancement and their ability to work to their full potential.

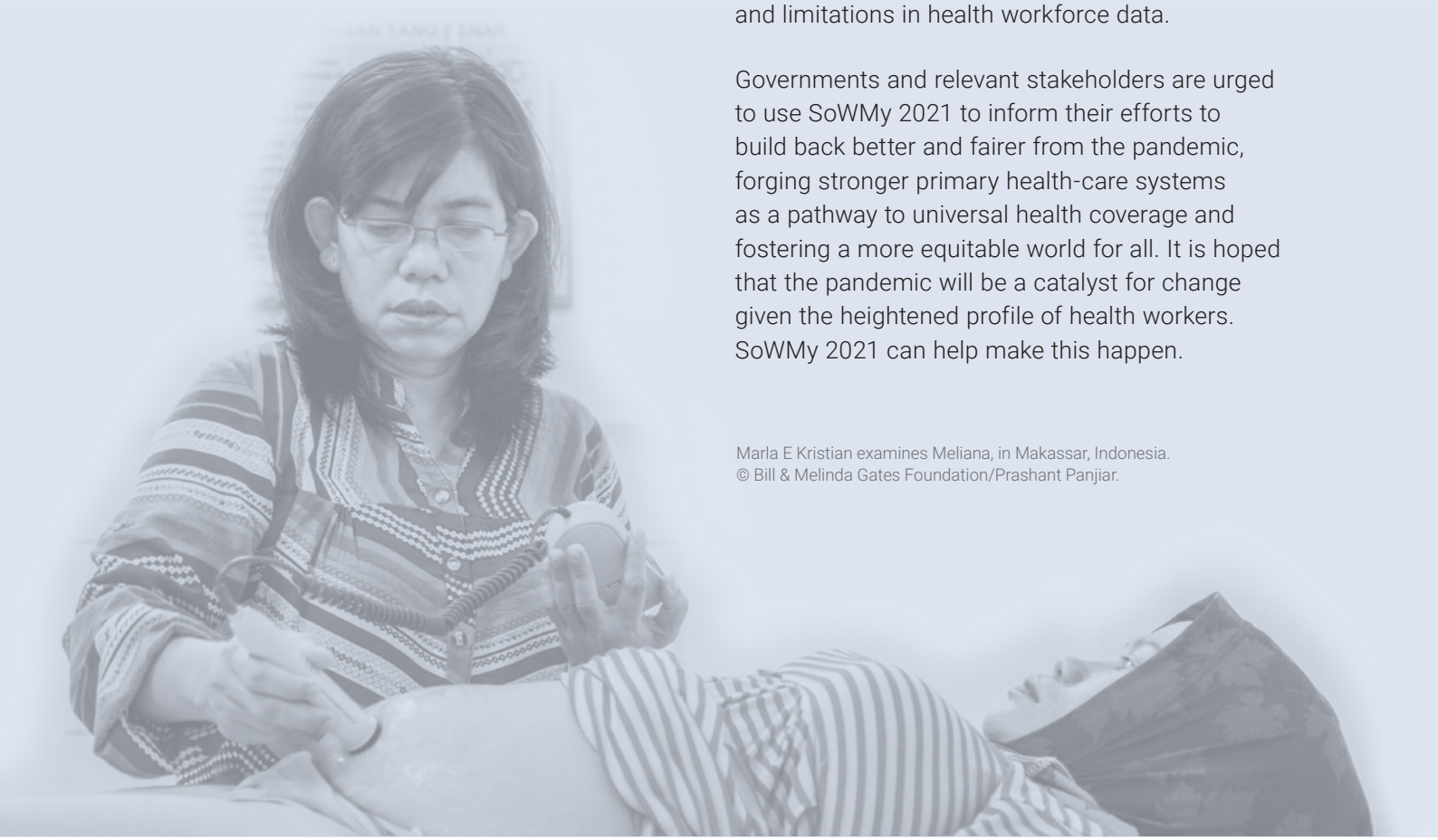
Access to decent work that is free from stigma, violence and discrimination is essential to address gender-related barriers and challenges. A gender transformative policy environment will challenge the underlying causes of gender inequities, guarantee the human rights, agency and well-being of caregivers, both paid and unpaid, recognize the value of health work and of women's work, and reward adequately.

Mother and newborn in Kathmandu, Nepal.
© Felicity Copeland.

Progress and ongoing challenges

SoWMy 2021 is the third report in the SoWMy series. Since the first report in 2011, there has been much progress in midwifery, including greater recognition of the importance of quality of care, widespread accreditation systems for health worker education institutions, and greater recognition of midwifery as a distinct profession. On the other hand, many of the issues highlighted in the two previous SoWMy reports remain of concern, such as workforce shortages, the lack of an enabling work environment, low-quality education and training, and limitations in health workforce data.

Governments and relevant stakeholders are urged to use SoWMy 2021 to inform their efforts to build back better and fairer from the pandemic, forging stronger primary health-care systems as a pathway to universal health coverage and fostering a more equitable world for all. It is hoped that the pandemic will be a catalyst for change given the heightened profile of health workers. SoWMy 2021 can help make this happen.



Marla E Kristian examines Meliana, in Makassar, Indonesia.

Supporting partners

The development and launch of SoWMy 2021 was led by the United Nations Population Fund (UNFPA) in partnership with the World Health Organization (WHO) and the International Confederation of Midwives (ICM), with the support of 33 organizations: Averting Maternal Death and Disability, AFD, Bill & Melinda Gates Foundation, Burnet Institute, DFID, Direct Relief, Every Woman Every Child, FCI@MSH, International Federation of Gynecology and Obstetrics, FIOCRUZ, Global Financing Facility, GIZ, Human Rights in Childbirth, International Council of Nurses, International Labour Organization, International Paediatric Association, Jamia Hamdard, Jhpiego, Johnson & Johnson Foundation, Norad, Novametrics, PMNCH, Rwanda Association of Midwives, Save the Children, SIDA, University of Dundee, University of Southampton, UNAIDS, USAID, White Ribbon Alliance, Wish Foundation, Women Deliver, Yale University.

Cover photo: Portrait of Rabiyat Tusuf with her son, Umar Husseni (1 week), at the Dikumari Health Center in Damaturu, Yobe State, Nigeria. © Gates Archive/Nelson Owoicho.

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Scan this code for a link to the full SoWMy 2021 report at www.unfpa.org/sowmy.