



COMMONWEALTH NURSES AND MIDWIVES FEDERATION

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HIGH COMMISSIONERS' ROUNDTABLE Post 2015 health agenda

Members of the Commonwealth Health Professions Alliance (CHPA) met in London with Commonwealth High Commissioners in July in a roundtable to discuss health in the post-2015 development agenda. The Commonwealth Foundation partnered with the CHPA and hosted the meeting. Fourteen High Commissioners attending the roundtable and were actively engaged in the discussion. The roundtable was titled: *Investing in health - an economic imperative for sustainable development*.



Since the World Bank's *World Health Report* published in 1993, there is greater awareness of the economic and social benefits that countries gain from investing in health. The evidence-base is now very much stronger and there is a clear understanding about which interventions are most cost-effective and what the costs and benefits of these interventions are. Prompted by the 20th anniversary of the 1993 report, the Lancet commissioned a report titled *Global health 2035: a world converging within a generation*. Four conclusions were reached:

1. There is a very large payoff from investing in health.
2. Convergence is achievable within our lifetime.
3. Scale-up of low-cost packages of interventions can enable major progress in NCDs and injuries within a generation.
4. Progressive universalism is an efficient way to achieve health and financial protection.

Convergence is the concept that, with the right investments, the stark differences in infections and maternal and child death rates between countries of differing income levels could be brought to an end within our lifetime. The Lancet article notes "*efficiency and equity considerations have led high-income countries, and many middle-income countries, to offer health services, including preventive health interventions, to all households with minimum or no payment at the time of use.*" The article goes on to state that "*the first type of progressive universalism involves initial rapid movement toward publicly financed coverage of the entire population for a defined set of interventions.*"

Taking this principle, the Lancet Commission looked specifically at a defined set of interventions, what they termed 'convergence interventions', and using a case studies approach, presented the public expenditure that is allocated to health in general and those interventions. Presenting data in that way provided a starting point to monitor funding and progress made by Commonwealth countries toward this 'convergence 2035' and the broader post-2015 development agenda.

Jamieson, Global health 2035: a world converging within a generation The Lancet, Volume 382, Issue 9908, Pages 1898-1955, 7 December 2013 [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62105-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62105-4/fulltext)

NEW FILMS FROM GLOBAL HEALTH MEDIA

Global Health Media Project has released three new films in their Childbirth Series: *Initial assessment of a woman in labour*; *Preventing infection at birth*; and *Immediate care after birth* (integrating care for mother and baby). The primary audience for these teaching videos are birth attendants in developing countries. They can be accessed, along with other videos on childbirth, at:

<http://globalhealthmedia.org/childbirth/childbirth-videos/>



The Childbirth Series is intended to improve the quality of care during childbirth and help protect the lives of birthing women. All of the videos can be downloaded free-of-charge for use in low-resource settings.

The Global Health Media project was founded to put practical, life-saving knowledge into the hands of health workers at the point of care. Health workers in poor countries often lack access to basic information that is essential to providing effective health care. Short, engaging videos provide a simple and effective solution to help health workers gain the knowledge and basic skills known to save lives.

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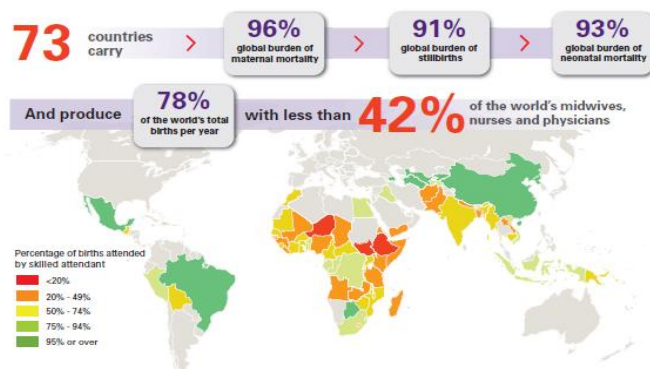
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STATE OF THE WORLD'S MIDWIFERY 2014 *A universal pathway to a woman's right to health*

The State of the World's Midwifery 2014, a follow-up to the 2011 publication, was launched in June 2014. The publication is the result of collaboration between the United Nations Population Fund (UNFPA), the International Confederation of Midwives (ICM), and the World Health Organisation (WHO). The report presents findings on maternal and child health and midwifery care and service provision from 73 low and middle income countries. (<http://unfpa.org/public/home/pid/16021>).

Despite the fact that these 73 countries account for 96% of worldwide maternal mortality, 91% of stillbirths, and 93% of infant mortality, they still only have 42% of the world's physicians, midwives and nurses. According to the report, midwives could reduce maternal and newborn deaths by two thirds and investments in midwifery training at an international level could result in a 16 fold return on investment. The report also stated that only four of the 73 countries have a midwifery workforce that is able to meet the universal need for essential midwifery interventions for sexual, reproductive, maternal, and newborn health.

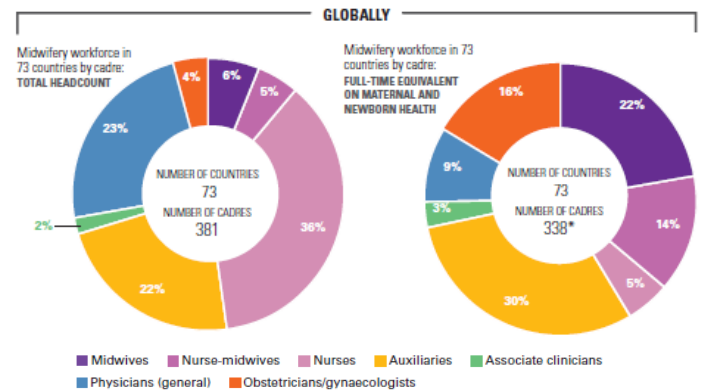


The report identifies 46 essential interventions for safe care in pre-pregnancy; pregnancy; childbirth; and postnatal care and notes that midwives who are educated and regulated to international standards can provide 87% of those 46 essential interventions for women and newborns (Annex 4 of the report pages 2012-2015).

A comprehensive breakdown is provided for each of the 73 countries. Commonwealth countries included in the report are: Bangladesh, Botswana, Cameroon, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Pakistan, Papua New Guinea, Rwanda, Sierra Leone, Solomon Islands, South Africa, Swaziland, Tanzania, Uganda and Zambia.

The following diagram shows the distribution of the midwifery workforce in the 73 countries. Generalist physicians and generalist nurses make up the large proportion of the midwifery workforce in terms of headcount.

The contribution of generalist physicians and generalist nurses as full time equivalents is greatly reduced when multiplied by the percentage of time spent in providing the 46 essential interventions for safe care in pre-pregnancy; pregnancy; childbirth; and postnatal care.



Outlining a vision for midwifery in 2030, the report suggests ten key steps:

1. All women of reproductive age, including adolescents, have universal access to midwifery care when needed.
2. Governments provide and are held accountable for a supportive policy environment.
3. Governments and health systems provide and are held accountable for a fully enabled environment.
4. Data collection and analysis are fully embedded in service delivery and development.
5. Midwifery care is prioritised in national health budgets; all women are given universal financial protection.
6. Midwifery care is delivered in collaborative practice with health care professionals, associates and lay health workers.
7. First level midwifery care is close to the woman and her family with seamless transfer to next level care.
8. The midwifery workforce is supported through quality education, regulation and effective human and other resource management.
9. All health care professionals provide and are enabled for delivering respectful quality care.
10. Professional associations provide leadership to their members to facilitate quality care provision.

The report identified 381 different cadres across the 73 countries which were grouped into eight broad categories: midwives, nurse-midwives, nurses, auxiliaries (midwives and nurses), associate clinicians, physician generalists and obstetricians/gynaecologists. 51% of the 73 countries reported that midwifery practice is regulated by the Ministry of Health with 47% being regulated by a government approved regulatory authority. The report discusses in detail the four dimensions of effective coverage for both midwifery services and the midwifery workforce: availability; accessibility; acceptability; and quality.