WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY AND HEALTH DEVELOPMENT
Collaborative Approaches Towards Building Midwifery Capacity in Low Income Countries: A Review of Experiences

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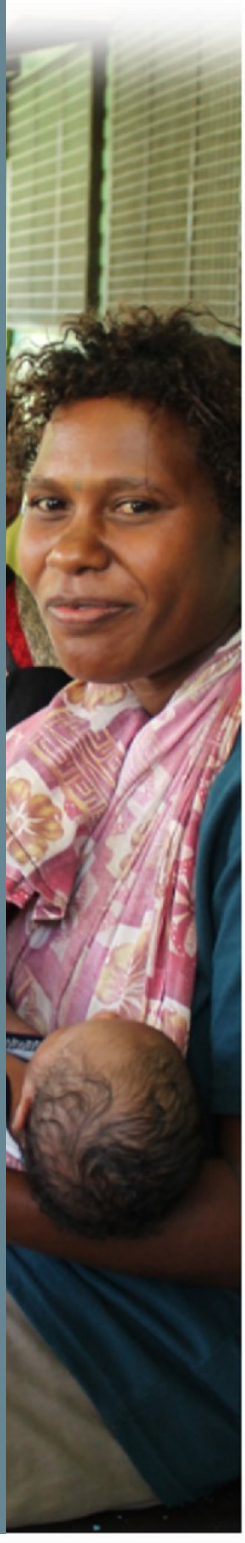

GLOBAL NETWORK NURSING AND MIDWIFERY WHO COLLABORATING CENTRES

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COLLABORATIVE APPROACHES TOWARDS BUILDING MIDWIFERY CAPACITY IN LOW INCOME COUNTRIES: A REVIEW OF EXPERIENCES

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ABSTRACT

Objective

To explore collaborative approaches undertaken to build midwifery education, regulation and professional association in low income countries and identify evidence of strategies that may be useful to scale-up midwifery to achieve MDG 5.

Design

An integrative review involving a mapping exercise and a narrative synthesis of the literature was undertaken. The search included peer reviewed research and discursive literature published between 2002 and 2012.

Findings

Fifteen papers were found that related to this topic: 10 discursive papers and 5 research studies. Collaborative approaches to build midwifery capacity come mainly from Africa and involve partnerships between low income countries and between low and high income countries. Most collaborations focus on building capacity across more than one area and arose through opportunistic and strategic means. A number of factors were found to be integral to maintaining collaborations including the establishment of clear processes for communication, leadership and appropriate membership, effective management, mutual respect, learning and an understanding of the context. Collaborative action can result in effective clinical and research skill building, the development of tailored education programs and the establishment of structures and systems to enhance the midwifery workforce and ultimately, improve maternal and child health.

Key conclusions

Between country collaborations are one component to building midwifery workforce capacity in order to improve maternal health outcomes.

Implications for practice

The findings provide insights into how collaboration can be established and maintained and how the contribution collaboration makes to capacity building can be evaluated.

This paper presents the first critical review of collaborative and partnership approaches towards midwifery capacity building in developing countries. The aim of this review is to:

- map approaches and activities taken to building midwifery workforce capacity that involve international partnerships or collaborations with midwifery organizations across high income countries and low middle income countries
- identify best practice in international midwifery capacity building collaborations

METHOD

An integrative literature review was undertaken involving a structured search and analysis of the literature.

Search Protocol

A systematic search of the literature was undertaken of six bibliographic databases

(MEDLINE, CINAHL, Web of Science, PubMed, Scopus, ProQuest (Health & Medical) published between 2002 and 2012. In addition, the HRH Global Resource Center (CapacityPlus, 2012), a global library of human resources for health (HRH) focused on developing countries was searched. Google scholar was used to locate literature alongside hand searching of the reference lists of useful research papers.

As only 6 research papers were located, we undertook an additional mapping exercise to document the diversity of experiences of international midwifery partnerships. This involved retrieving discursive reports in peer reviewed journals to provide a rich context for the investigation. The inclusion criterion was adjusted accordingly and the search re-run to identify non-research papers that were pertinent to the review aims and focus. The 6 research papers were assessed to ascertain their alignment with the research aim and methodology and to evaluate the recruitment, settings, data analysis, ethics, findings and contribution to knowledge. The literature search process is outlined in Figure 1.

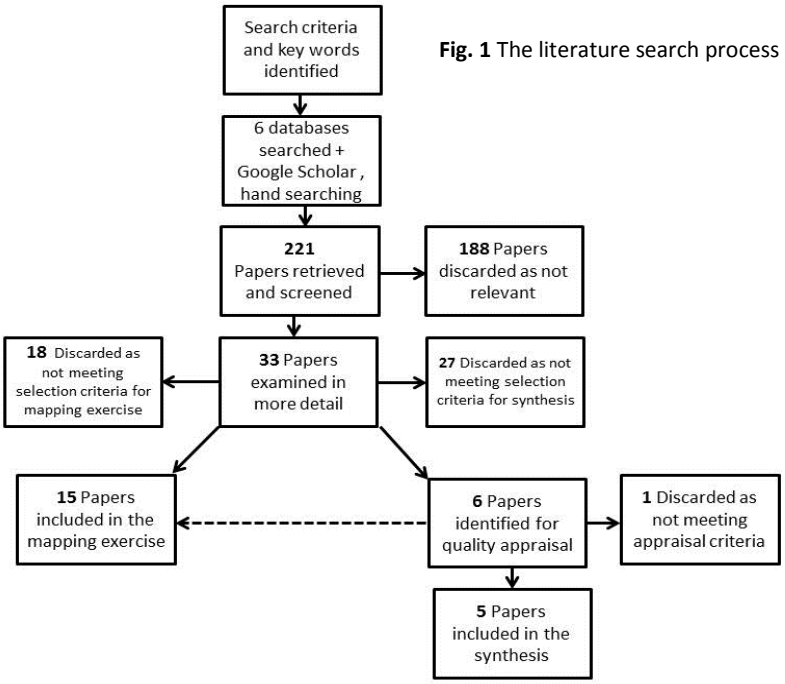


Fig. 1 The literature search process

FINDINGS

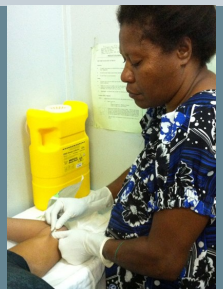
A total of 15 papers were included in the review, 5 research papers and 10 discursive. Details of the methods, sample and aim of the retrieved research papers is provided at Table 1.

Midwifery partners and countries involved in collaborative endeavours

The papers retrieved in this review revealed a predominance of collaborations with African nations followed by Western Asia. High income county partners were America, United Kingdom, Ireland and Sweden. There is little in the literature describing midwifery collaborations in the Pacific, or partnerships with China and other countries in South America aside from Brazil. Australian, New Zealand and Canadian Midwifery partnerships with other LMICs were not found. Countries and regions involved in midwifery collaborations are outlined in Figure 2.

Collaborations involving partnerships with universities and training organizations were described in 5 papers, with partnerships involving professional associations reported in 5 other papers. Collaborations across professional networks featured in 3 papers. The remaining papers involved collaborations with hospitals, universities, hospitals and NGOs and finally universities, hospitals and a Ministry of Health.

Partnership has been noted as an important concept in collaborative practice. At an international level, progress towards a global partnership for development is central to achieving MDG 5 as well as MDG 8. Our focus was on partnerships between midwifery organizations and midwives in LMIC (South-South partnerships) or in LMIC and HIC (North-South partnerships) for the purpose of capacity building. In this review collaboration is defined as the engagement of midwifery professional organizations, and/or health facilities providing midwifery care and/or accredited midwifery training institutions in a formal program designed to build the skills,



Reference	Methodology	Sample/ participants	Study objective
(Carlson, et al., 2011)	Mixed methods. Retrospective descriptive study, quantitative review of facility data and qualitative review of program outputs	All women who delivered at Omdurman Maternity Hospital, and their newborn infants, from July 1957 to October 2007, comprising 339 448 births, program outputs 2002-2009	To present 50 years of hospital-based maternal and perinatal outcomes in Sudan, and the role of an international collaboration with an Irish maternity hospital, over the period 2002–2009, in recent health-indicator improvements.
(Lori, et al., 2010)	Mixed methods. Review of electronic discussion documentation, web based survey of participants	59 on-line discussion participants from LMIC and HIC	To describe the experiences from two simultaneous discussions held in Spanish and English within the MPS-CoPs, results of a brief survey taken by members following the bilingual discussions and strategies for building capacity and lessons learned over the past four years
(Lavender, et al., 2009)	Mixed methods. Descriptive qualitative and quantitative: stakeholder consultation, notes from workshops, interviews, survey	East Central and South African Stakeholder, heads of higher education institutes, midwives from 11 ECSA countries	Report the results of an evaluation of the process of developing a user-led distance learning curriculum for a Masters in Midwifery and Women's Health
(Maclean & Forss, 2010)	Mixed methods. Descriptive qualitative study, interviews, non-participant observation, an internet survey and review of records and documentation	Interview with AMRN chairperson and secretariat in Zambia. Interviews with stakeholders in Zambia, Tanzania and Uganda. Observation of midwifery practice and discussions with women, relatives, doctors, and midwives in clinical settings in 3 countries. Internet survey of 80 individuals in 29 countries in the network. Review of ARN reports. Interviews were also carried out at Sida and at KI in Stockholm.	To evaluate the strengths and limitations of the Africa Midwives Research Network (AMRN) and provide feedback and direction to the network and the funding body.
(Uys & Middleton, 2011)	Descriptive qualitative study involving group interviews	Academics from the consortium of universities in Southern and Central Africa	To explore whether an international partnership, involving a community of practice partnership model can contribute to the understanding of internationalization as a symmetrical process of engagement in learning/teaching in nursing/ midwifery education.

Table 1. Summary of research papers in the review

education and regulation of midwives or nurse-midwives in LMICs.

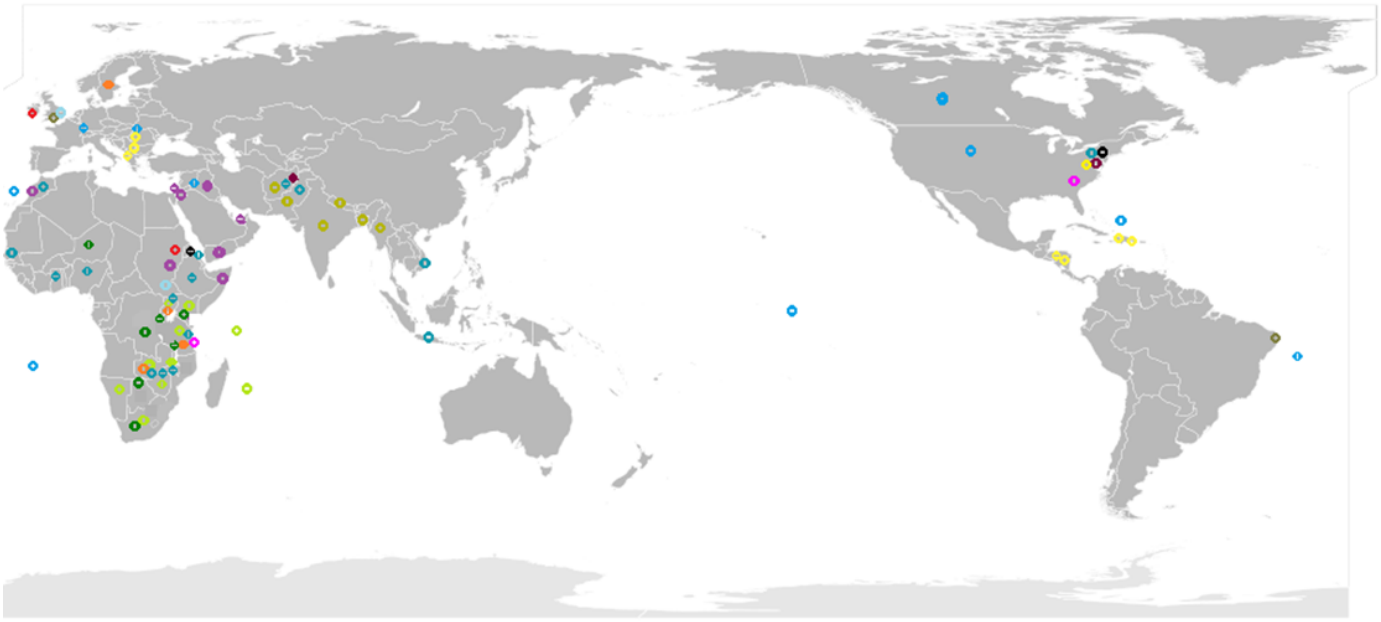
The establishment and maintenance of collaborations

The 15 papers provide insight into how collaborations are built and nurtured. Capacity building in some projects emerged from collaborations with physicians, while others were the result of contacts, or part of large development projects. In other examples, organizations were invited to attend meetings, or a general call sent out to interested participants. Strategic partnership development between midwifery organizations is evident in a number of collaborative endeavours while others were more broad in terms of their focus on midwifery as well as nursing.

Two papers describe aspects of the Collaboration in Higher Education for Nursing and Midwifery in Africa (CHENMA) project. These authors provide insight into the work of a community of practice to build the research and clinical skills of midwifery educators and the capacity of training institutions through professional exchange and leadership development. Commitment, respect, trust, mutual learning and ownership were key aspects of collaborations. In the CHENMA Project money was disbursed to each consortium university to complete the assigned academic activities. All relevant stakeholders were involved in situation analyses and curriculum development in CHENMA as well as the development of the user-led distance program. Peer to peer learning was regarded not only as an output of collaboration, but an activity that helped to foster and maintain the African Health Regulatory Collaborative.

Knowledge of context is also considered essential so that the work of the collaboration can be maintained through an appropriate focus on the alignment of national, regional and global goals for midwifery and maternal health improvement.

Fig. 2 Countries and regions involved in midwifery collaborations



Map from Wikipedia commons http://en.wikipedia.org/wiki/File:BlankMap-World-162E-flat.svg

Sharing experiences and mutual learning was said to help sustain health workforce improvements and empower participants to contribute to strategic planning in their countries. Collaboration was therefore vital to promote evidence-based practice and share lessons that could be transferred to other developing country contexts, as well as advocate for women's rights to safe motherhood.

Implications for practice: Towards a framework for the design and evaluation of midwifery collaborations

Our review found a lack of clarity regarding the assessment of the process of collaboration and its related contributions to midwifery and maternal health improvements in international capacity building projects.

Such insight would assist with identifying the inputs required to ensure that appropriate outcomes are achieved. There are some indications in the literature of ways forward in terms of the evaluation of collaborations, however this does not appear to have been discussed in terms of capacity building in the context of international midwifery practice.

Conclusion

This review highlights a lack of evidence regarding the outcomes and impact of midwifery collaborations to build workforce capacity in LMIC. A mapping exercise and synthesis of primary research provides insight into some of the lessons learned particularly in Africa. However there is a great need to rigorously assess the contribution collaboration makes to the development of midwifery capacity in order to design effective interventions that can progress MDG 5. Research through thte MCHI in PNG is addressing this gap in the evidence.

Further Information

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