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Editorial

Midwives count: Achieving effective use of a scarce resource

Introduction

Shortages and maldistribution of human resources for health (HRH) have been firmly on the global agenda since the middle of the last decade, and in recent months midwives have taken their rightful place at the front and centre of this agenda. This HRH challenge bridges all continents, and was fixed in a global perspective by the World Health Organisation in 2006, which devoted the whole of the World Health Report to human resources for health (HRH) issues (WHO, 2006). WHO calculated that that there were 57 countries with critical shortages equivalent to a global deficit of 2.4 million doctors, midwives and nurses. The proportional staffing shortfalls were greatest in sub-Saharan Africa, although numerical deficits were very large in South-East Asia because of its population size.

WHO concluded that the health worker shortage crisis had the potential to deepen in the coming years. It noted that demand for health workers would escalate markedly in all countries – rich and poor: 'Richer countries face a future of low fertility and large populations of elderly people, which will cause a shift towards chronic and degenerative diseases with high care demands .... Without massively increasing training of workers in this and other wealthy countries, these growing gaps will exert even greater pressure on the outflow of health workers from poorer regions' (WHO, 2006, p. xix).

Midwives on the HRH agenda

A reaffirmation of the scale of the HRH challenge, and an affirmation of the contribution of midwives in meeting it, was made at the Second Global Forum on Human Resources for Health in Bangkok in January this year. The Forum reviewed progress in strengthening the global health workforce, restating that a robust health workforce is a core element of health systems in all countries, and critical to achieving the Millennium Development Goals (MDGs) with the vision that all people, everywhere, shall have access to a skilled, motivated and supported health worker within a robust health system (Global Health Workforce Alliance, 2011).

The forum also identified current major HRH policy and evidence gaps. These included shortages and undersupply of health workers in many countries, particularly in Africa, and a need to improve national capacity to regularly collect, collate, analyse and share HRH data to inform policymaking, planning and management. Midwifery, midwives and maternal care loomed large in the discourse at the Bangkok meeting. There is a real sense that the central contribution of midwives to meeting Millennium Development Goal 5 (improve maternal health) and Millennium Development Goal 4 (reduce child mortality) has now been fully realised by donors and decision makers.

Midwifery was also given a major profile boost in 2010, when the United Nations Secretary-General launched the 'Global Strategy for Women's and Children's Health', acknowledged that while millions of women, newborn and children still die needlessly progress is underway in trying to meet MDGs 4 and 5. The role of skilled birth attendants, in particular midwives and others with midwifery competencies, is now being widely acknowledged as critical to addressing maternal and newborn mortality and morbidity, and to promoting women's and children's health.

Work is now underway to map out the state of the worlds midwives (UNFPA et al., 2011). The *State of the World's Midwifery Report* will be released in mid-2011. The leaders of this project have emphasised that 'In addition to evidence accumulated over time from Sweden, the United Kingdom, Australia, New Zealand, the Netherlands and France, quality midwifery is a well-documented component of success in saving the lives of women and newborns, promoting their health and spurring development in countries such as Sri Lanka, Malaysia, Tunisia and Thailand'. The aim of this new initiative is to stock take the profile and shape of the midwifery workforce, globally and nationally, in order to inform more effective policy and practice. There is a recognition that midwifery personnel and services are currently unequally distributed – between countries and within countries. Counting midwives is an important first step, but the aim of the report will also be to demonstrate that midwives count – that their skills and interventions make a positive difference and will be central to achieving the MDGs.

Improving the evidence base

The papers in this special edition of Midwifery make a major contribution to improving the evidence base on the midwifery workforce. They cover critical aspects of improved human resources policy and practice as applied to the midwifery workforce-determining skill mix, supporting team working, developing attractive career paths, and improving allocation of staff, particularly in rural areas.

It is clear that to meet the midwifery workforce challenges at national level and globally we will need to develop a better understanding of the dynamics of midwifery labour markets, if effective policy solutions are to be identified. One important issue to note is that there is no single 'magic bullet' policy that will solve HRH problems, in midwifery or for any other health profession or service area. The evidence base on the effectiveness of human resource policy interventions highlights that the so-called 'bundles' of linked

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and co-ordinated HR policy interventions will be much more likely to achieve sustained improvements in organisational performance than single, isolated or un-co-ordinated interventions (Buchan, 2004).

Improving supply

What does the evidence based and shared experience tell us will be effective midwifery workforce policies? Firstly, addressing supply side issues: improving recruitment, retention and return-getting, keeping and keeping in touch with these relatively scarce skilled and qualified midwives is critical. Research indicates that midwives and other health professionals are attracted to work and remain in work because of the opportunities to develop professionally, to access in-service training and continuous professional development (CPD), to gain autonomy and to participate in decision making, while being fairly rewarded.

Factors related to work environment can be crucial and there is some evidence that a decentralised style of management, flexible employment opportunities and access to continuing professional development can improve both the retention of staff and can enhance patient care. Some countries also have scope to widen the recruitment base into midwifery by opening out access routes into the profession for a broader range of recruits, including mature entrants, entrants from ethnic minorities and entrants who have vocational qualifications or work-based experience to compensate for fewer conventional academic qualifications. 'Returners' can also be attracted back into the professions.

The specific issue of improving supply in rural and remote areas has recently been addressed by the publication of WHO evidence based recommendations (WHO, 2010) midwives working in rural and remote areas will often be the front line carer available to dispersed populations, and their role is now being recognised as a major component in meeting MDG s in many countries. The WHO recommendations highlight that local recruitment and training, combined with continued access to professional education and networks, are critical elements in retaining health workers in remote locales.

Managing demand

Secondly, for sustainable solutions, other interventions will also be needed which focus also on the demand side. These should be based on the recognition that midwifery care is labour intensive and that available human resources must be deployed effectively, in terms of geography, time, and team. Effective HRH is not just about numbers, it is about how the health system functions to enable midwives, other health professionals and staff to use their skills effectively.

It is evident that many countries need to enhance and align their workforce planning capacity across occupations and disciplines to identify the skills and roles needed to meet identified service needs. This is partly about longer term alignment between education supply and funded demand. It is also about improving day-to-day matching of staffing, skills and workload. Flexibility should be about using working patterns that are efficient, but which also support nurses in maintaining a balance between their work and personal life. Productivity can be enhanced through effective team working, through targeted training, and by effective leadership.

Another critical area for policy intervention is to achieve effective skill mix—through clarity of roles and a better balance of midwives, assistants, physicians, other health professionals, other care workers and support workers. The evidence base on skill mix is developing but more effort is needed to better inform decisions on staff numbers and mix. Achieving effective skill mix is also about re-training and additionally training current health workers so that their skills continue to match changing health-care priorities.

The main challenge for the profession and for policy makers is not to identify isolated or 'one – off' interventions to deal with midwifery workforce HRH challenges, it is to develop a co-ordinated package of policies that provide a long term and sustainable solution.

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