The African Regulatory Collaborative (ARC): Strengthening Nursing and Midwifery Regulation and Practice in Africa
February 28-March 2, 2011

Midwifery Standard Setting and Regulation: Successes and Challenges

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ACKNOWLEDGEMENTS

• Compliments from the President on a cohesive meeting of triad
• ICM Appreciation to organisers of the meeting for participation
• Expectation of building on existing foundation for strengthening midwifery standards and regulation in ECSA and subsequently rest of Africa
Objectives of Presentation

To:

○ Give a brief overview of the ICM/UNFPA Investing in Midwives Programme in Africa

○ Outline key actions and gaps in education (standard setting) and regulation identified in Programmes

○ Outline critical issues for strengthening midwifery standard setting and regulation for focus

○ Share valuable literature available for reference
Our Goal

- MDGs 3-6 but 4 and 5 especially

  - Healthy mothers, healthy children, healthy families through good quality maternal and newborn care
Critical role of the Midwife in achieving MDGs 3-6

Midwives identified internationally as key health workforce

- Family Planning and Adolescent RSH Services including infections, chronic diseases etc.
- Counsels individuals (youth), couples and partners to make informed choices
- Emergency care for mothers and infants
- Comprehensive maternal and newborn care
  - Including pregnancy, safe delivery and postpartum
Critical Role of Midwives cont’d

- Comprehensive abortion services including PAC
- HIV and PMTCT services
- Advocate at national and sub-national level
- Serve in rural areas and communities where most needed, often providing primary health care
  - Are deemed trustworthy
  - Remain culturally sensitive
ICM/UNFPA Investing in Midwives Programme

- A collaboration between UNFPA and ICM

- Sponsorship from Swedish and Dutch Governments and other funds from a maternal thematic fund

- Started in 2008; formally launched March 2009

- Target: 20 African countries
  - Currently 12 countries; expansion in 2011 to at least 4 more
  - Anglophone, Francophone and Arab
  - Lusophone not focus now

- Plans to include Latin America in the pipeline
The Focus of ICM in international and regional midwifery strengthening

- **EDUCATION**
  (strong pre-service and continual professional education)

- **REGULATION**
  (supportive policies and guidelines for optimal performance on the job)

- **BUILDING & MAINTAINING STRONG ASSOCIATIONS**
  (for professional representation and leadership)

- **PARTNERSHIP BUILDING AND ADVOCACY**
  (networks that share a common vision for the promotion of the health of women and their families)
Overview of gaps in midwifery and services in Africa and successes so far

Midwifery Strengths in Africa region

- Several structures of midwifery education systems in place:
  - Pre-basic, basic or post basic training
  - A few bachelors and masters programmes
- Nursing and or Midwifery Councils available in 7 out of 12 programme countries to provide regulatory frameworks for professional education and conduct
- Regional academic bodies of nursing and midwifery are voices for the 2 distinct professions- e.g WACN and ECSACON
<table>
<thead>
<tr>
<th>Countries</th>
<th>Types of Midwifery Education Programmes (Largely Unstandardised)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>South Sudan</strong></td>
<td>Curriculum reviewed to 3y diploma. Opened May 2010 18 months community MW still exist (certificate)</td>
</tr>
<tr>
<td><strong>North Sudan</strong></td>
<td>4y Midwifery Bachelor curricula started in 2010. VMW Upgraded to technician course and running. Still training VMWs</td>
</tr>
<tr>
<td><strong>Zambia</strong></td>
<td>Registered MW - 1 year duration after nursing; Enrolled MW - 1 year duration after nursing. Pilot Diploma in Midwifery-Direct entry into Midwifery School from high school. Takes 2 years.</td>
</tr>
<tr>
<td><strong>Uganda</strong></td>
<td>3 y direct entries MW 2, 5 y direct entry MW 4 y bachelor MW in pipeline</td>
</tr>
<tr>
<td>BENIN</td>
<td>3 years Direct Entry MW (licensure) the school just reopen in February 2011</td>
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<tr>
<td>Burkina Faso</td>
<td>3 years direct entry MW</td>
</tr>
</tbody>
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## Education Profile continued

<table>
<thead>
<tr>
<th>Country</th>
<th>Midwifery Education</th>
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<tbody>
<tr>
<td>BURUNDI</td>
<td>4 years Direct entry (but 80% Seniors Nurses) just to obtain the title of Midwives for promotion</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>3 years direct entry MW licensure (registered)</td>
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<tr>
<td>Djibouti</td>
<td>3 years direct entry training. Licensure (registered)</td>
</tr>
<tr>
<td>Madagascar</td>
<td>3 years direct entry MW for licensure (registered).</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>3 year direct entry diploma MW, bachelor 4 year direct entry MW Masters’ programme and post nursing training being introduced.</td>
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<tr>
<td>Ghana</td>
<td>Moved from Registered MW - 1 year duration after nursing to direct diploma for 3 years. Cert MW reintroduced. Bachelors for Oct 2011. No Masters programme</td>
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</tbody>
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**Overview of gaps in midwifery cont’d (word document in pack)**
Some successes so far

Systems Improvement

• 11 Needs assessments to identify need areas and targeted support
• Strategic plans in countries to improve midwifery systems
• Policy reviews to include EmONC concept in training and practice

Education and regulation

• Integration of ICM core competencies in selected curricula to direct standards in training
• Continuing professional education of midwives and tutors e.g. EmONC, FP etc.
• Higher education (Diploma, BSc, Masters)
• Skills Laboratory resourcing with models, equipment and books, computers, Identification of preceptor sites and upgrading
Some successes so far

Advocacy

• Deployment plans and Association leadership strengthening
• Regional advocacy and networking e.g. open schools such as North and South Sudan and Benin
• Development of legislature on midwifery in selected French countries
Critical challenges in midwifery standard setting and regulation in Africa

Broad based evidence through needs assessments, country visits and interactions with educators, regulators, young midwives, policy makers and Associations & global documentations

Issue of Synergy: Regulation, Education standards and New policies

• Call for increases in HR for MNCH and country policies
  – Various levels of training with variable core competencies
  – Different levels of ‘professionals’ and identity challenges
  – Career pathways limited or unclear for reliable life insurance (Implications for Young MWs – retraining in other areas)
  – Registration and Licensure of midwives. Unreliable database to inform training policies
  – Limited or no continual professional education and pin renewals to sustain competencies E.g. Ghana experience
  – Deployment to support PHC systems /mal-distributions (bonding –Uganda)
Critical challenges in midwifery cont’d

Midwifery curricula, teaching and higher education:

• Developing competent midwives
  – 6 now 7 ICM competencies as global guidelines not commonly consulted
  – Content of curricula for midwifery KAS e.g. how much nursing content? (Issue of multi-skilled and overload)
  – Concept of competency (KAS) based training variable (attitude teaching weak)
  – Practical skills training (synergy between theory and practice)
  – Tutor population: Emerging young staff with potentials, largely unskilled because limited time to build experience
  – Qualification of tutors largely do not meet accreditation
  – Policies for developing quality tutors uncoordinated or non-existent
Critical challenges in midwifery cont’d

- Higher education opportunities in midwifery limited to develop experts (weak foundations).
  - Good E.g. Malawi, Ethiopia –MScs.
  - Uganda to start MSc 2011/2012
  - Ghana BSc to start in Oct 2011

- Councils
  - Non existence of Councils to regulate profession in some countries e.g Ethiopia, South Sudan, North Sudan relatively new
  - Limited representation of midwives on boards/Council staff to inform regulatory policies
  - Triad and role of councils
  - Proliferation of private schools, their regulation and when to say no
  - Visibility of midwifery. Young in 2⁰ schools and choice of profession E.g. Ethiopia
ICM recommendations for Focus in ARC Projects

Meeting MDGs expectations in Africa:

Quality midwife for quality work

- Standardization of midwifery education through regulation. Basic training and basic core competencies to address KAS gaps

“A midwife is a midwife, is a midwife wherever on the globe” (What Chiefs and regulators should be telling Gov’ts)

- Translating Regulatory policies to feed into education (e.g EmONC training and practice)

- Professional ethics and attitude to care (Quality services)

- More Midwives tutors and Quality
  - Higher education opportunities (Bachelors/Masters/PhDs - (leaders and experts for research, policy making, leadership- Young MWs)
Recommendations cont’d

Clear visibility of midwifery through:

- Focused midwifery register/licensure process
- Regular PIN renewal backed by CPE
- Promotion and career development policies that can attract young into the profession e.g. Role of Councils and Associations
- Mentoring of young midwives as a synergistic process
- Prompt engagement and redeployment of graduates from schools e.g. Uganda and staffing norms
ICM resources for reference

1. ICM Global Standards for Midwifery Regulation 2011
2. ICM Global Standards for Midwifery Education 2011
3. ICM Essential Competencies 2010
   • Key midwifery concepts
   • Scope of Practice that clearly defines who is a midwife
   • 7 instead of 6 Essential competencies
     – Basic and additional knowledge
     – Skills set or abilities
     – Basic Professional behaviours
4. Glossary of Terms 2011
   ❖ All to be provided in pack for reference
   ❖ Standards for strengthening local professional association (MACAT)
HIGHLIGHTS OF THE 2011 REGULATORY STANDARDS

“Midwifery regulation is the set of criteria and processes arising from the legislation that identifies who is a midwife and who is not, and describes the scope of midwifery practice”. ICM 2002

- Developed in 2010 by an international group of midwifery experts based on evidence
- Is a professional framework
  - Informed by 2002 position statement on “Framework for midwifery legislation and regulation"
  - 2005 position statement on “Legislation to govern midwifery practice"
- Goal: To promote regulatory mechanisms that protect the public (women and families)
ICM Global Standards for Midwifery Regulation 2011

- Expected result: Competent autonomous midwives provide high standards of midwifery care to every woman and baby
- Use by midwifery regulators, midwifery educators, midwifery associations, and governments for strengthening
- Organised under 4 categories
  - Model of regulation
  - Protection of title (who may use title midwife)
  - Governance (midwifery regulatory authority and functions)
  - Functions
    - Setting the scope of practice; Pre-registration education;
    - Registration; Relicensing and continuing competence;
    - Complaints and discipline; and Codes of conduct and ethics
    - Includes Glossary of terminology and Outlines Global Standards
Other relevant references

• Other position statements of value

(http://www.internationalmidwives.org/Documentation/PositionStatements/English)

  o Qualifications and competencies of midwifery teachers
  o Basic and ongoing education for midwives
  o Professional accountability of the midwife
  o Midwifery: an autonomous profession
  o The midwife is the first choice health professional for childbearing women
  o Ethical recruitment of midwives
  o Legislation to govern midwifery practice
  o Role of the midwife in research
  o Collaboration and partnerships for healthy women and infants
  o Planning and resources for midwifery and reproductive health services
KEY MESSAGE:

• Quotes
  – Chinese Proverb "You're never given a wish without also being given the power to make it come true"
  – Etienne de Girellet “I shall not pass this way but once.......Let me not defer nor neglect it, for I shall not pass this way again”.

• Message: MAKING THE DIFFERENCE
  ▪ Now leadership is required for landmark initiatives to regulate midwifery for optimal MNCH for MDGs 4 and 5.
  ▪ The clock is ticking. Mothers and children continue to die
  ▪ This is an opportunity for that change
  ▪ The triad of Chief Nursing and Midwifery Officer, Registrar and Midwifery and Nursing Association is key
  ▪ The Chief Officer as the LEAD policy maker holds the key
ACT NOW !!!

- Think Big
- ACT NOW
- Start small
- Get the building blocks together strategically
- Collaborate and network
- Learn lessons
- Give recognition
- But make that CHANGE NEEDED in midwifery regulation

Collaborate with all stakeholders. They contribute to the answer
Midwives Tackling the Big 5 Globally

www.midwives 2011.org

ICM 29th Triennial Congress
FIRST TIME IN AFRICA AND OF SIGNIFICANCE TO AFRICANS
See you in Durban in June 2011!
Flavia Weedn “If one dream should fall and break into a thousand pieces, never be afraid to pick up one of these pieces and begin again”

This is an opportunity for ECSA to improve midwifery

THANK YOU
ASANTE SANA
ZIKOMO
KWANBIERI
TATENDA