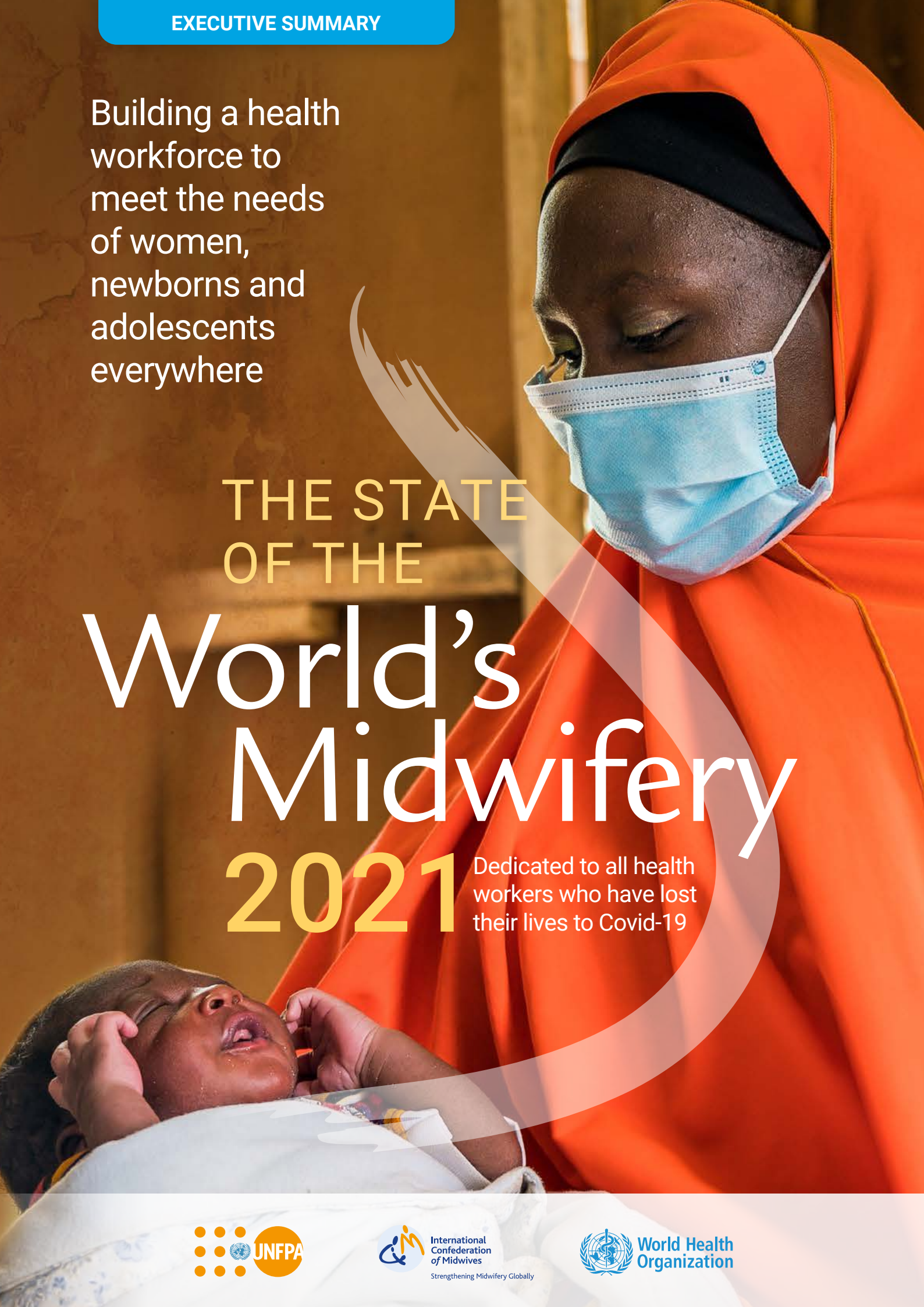
EXECUTIVE SUMMARY

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

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. This report focuses primarily on midwives because they play a pivotal role within the wider SRMNAH 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, especially in these difficult times, 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.

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. It builds on previous reports in the SoWMy series in 2011 and 2014, and includes many countries not previously tracked.

## The global SRMNAH worker shortage

In many countries, workforce planning and assessment of the workforce's ability to meet the need for health-care services is hampered by poor health workforce data systems. Based on the available data, SoWMy 2021 estimates that, with its current composition and distribution, the world's SRMNAH workforce could meet 75% of the world's need for essential SRMNAH care. However, in low-income countries, the workforce could meet only 41% of the need. Potential to meet the need is lowest in the African and Eastern Mediterranean WHO regions.

The SoWMy 2021 analysis indicates a current global needs-based shortage of 1.1 million "dedicated SRMNAH equivalent" (DSE) workers. There are shortages of all types of SRMNAH workers, but the largest shortage (900,000) is of midwives and the wider midwifery workforce. Investment is urgently needed to address this shortage.

At current rates, the SRMNAH workforce is projected to be capable of meeting 82% of the need by 2030: only a small improvement on the current 75%. The gap between low-income countries and high- and middle-income countries is projected to widen by 2030, increasing inequality.

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, of which 750,000 will be midwives.

At current rates, only 0.3 million of these are expected to be created, leaving a projected shortage of 1 million DSE posts by 2030.

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.

Lucia Sumani, a student midwife stationed at Balaka District Hospital, Malawi, conducts an antenatal check.

## Why invest in midwives?

Since the first SoWMy report in 2011, the body of evidence demonstrating the return on investment in midwives has grown. It indicates that investing in midwives facilitates positive birth experiences and safe and effective comprehensive abortion services, improves health outcomes, augments labour supply, favours inclusive and equitable growth, facilitates economic stabilization, and can have a positive macroeconomic impact.

The Covid-19 pandemic has shone a light on the importance of investing in primary health care for meeting population health needs. Midwives are essential providers of primary health care and can 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 clinical interventions and contribute to broader health goals, such as addressing sexual and reproductive rights, promoting self-care interventions and empowering women and adolescent girls.

The analysis in this report indicates that fully educated, licensed and integrated midwives 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.

## Bold investments are needed

For midwives to achieve their potential, greater investment is needed in four key areas: education and training; health workforce planning, management and regulation and the work environment; leadership and governance; and service delivery. Figure 1 provides a summary of the investments needed in each of these areas.

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.

## 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. Just over half (55%) of the need is for maternal and newborn health interventions (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.

Figure 1 **Summary of investments needed to enable midwives to achieve their potential**

Factors preventing the SRMNAH workforce from meeting all of the need include: insufficient numbers, 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.

## Enabling and empowering the SRMNAH workforce

The health workforce is on average 70% women, with gender differences by occupation. Midwives are more likely to be 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. All countries need policies to prevent attacks on health workers.

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.

**SoWMy 2021 was prepared during the world's struggle with Covid-19. We gratefully acknowledge the significant efforts made by stakeholders in many countries to provide data in the face of competing priorities, but it is clear that health workforce data systems were a major limitation even before the pandemic. Nevertheless, this report provides valuable new evidence to inform workforce policy and planning.**

**Since the first SoWMy 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, an inadequate working 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 UHC 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.**

**United Nations Population Fund**
605 Third Avenue, New York, NY 10158
1-212-297-5000 • @UNFPA

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