

Midwives provide care that changes families, communities and the world by saving the lives of mothers and babies. See below to learn about *Every Woman Every Child* commitments focused on training and funding for midwives.

## **Business Community**

### **[GE & GE Healthcare](#)**

GE Healthcare's rural health strategy is driven by technology and innovation; designing healthcare equipment that can address health needs in remote and underserved areas, through a diverse portfolio of maternal-infant care products, which ranges from ultrasound, fetal monitoring devices, baby warmers and phototherapy devices, and offers midwives effective tools that support a continuum of care from conception to childbirth and infant care.

## **CSOs & NGOs**

### **[African Medical and Research Foundation](#)**

The African Medical and Research Foundation (AMREF), in partnership with its donors and sponsors, will be investing an additional US \$20 million per year in maternal and child health programmes, in 20 countries in Africa, including the training of 600 new midwives annually, retraining of 5,000 existing midwives to update their skills in saving lives of mothers and newborns, and up to 10,000 community health workers to help families provide care to mothers and children at home, and link effectively with health facilities when needed. This new commitment also includes considerable expansion of service delivery in direct community interventions. All this will enable AMREF to reach an additional 0.5 million women of reproductive age and 1.5 million children with health-enhancing interventions that will contribute to progress towards MDGs 4 and 5.

## Jhpiego

Jhpiego commits to providing new, incremental funds in the amount of US \$200,000 to support innovations in the provision of implant/injectable services at the community-level, using front-line health workers. Jhpiego also commits to advocating for task-shifting to improve access to long-acting family planning methods in underserved settings and training matrons or auxiliary midwives to provide implants in underserved settings.

## **Governments**

### Afghanistan

Afghanistan will increase public spending on health from \$10.92 to at least \$15 per capita by 2020. Afghanistan will increase the proportion of deliveries assisted by a skilled professional from 24% to 75% through strategies such as increasing the number of midwives from 2400 to 4556 and increasing the proportion of women with access to emergency obstetric care to 80%. Afghanistan will also improve access to health services - strengthening outreach, home visits, mobile health teams, and local health facilities. Afghanistan will increase the use of contraception from 15% to 60%, the coverage of childhood immunization programs to 95%, and universalize Integrated Management of Childhood Illness.

### Australia

Australia supports the UN Secretary-General's Global Strategy for Women's and Children's Health as a firm platform for putting the health needs of women and children back into the center of the development agenda. Recognizing the need for increased effort on women's and children's health, Australia will invest around US\$1.5 billion (A\$1.6 billion) over the five years to 2015 on interventions evidence shows will improve maternal and child health outcomes. These will include expanding access to family planning and vaccination services, and funding skilled health workers (including midwives), health facilities and supplies.

## **Bangladesh**

Bangladesh commits to: doubling the percentage of births attended by a skilled health worker by 2015 (from the current level of 24.4%) through training an additional 3000 midwives, staffing all 427 sub-district health centres to provide round-the-clock midwifery services, and upgrading all 59 district hospitals and 70 Mother and Child Welfare Centres as centres of excellence for emergency obstetric care services.

## **Burkina Faso**

Burkina Faso has met the 15% target for health spending, and commits to maintain spending at this level. Burkina Faso will also develop and implement a plan for human resources for health and construct a new public and private school for midwives by 2015. This is in addition to other initiatives being pursued which will also impact on women's and children's health, including free schooling for all primary school girls by 2015, and measures to enforce the laws against early and forced marriage, and female genital mutilation.

## **Burundi**

Burundi commits to increase the allocation to health sector from 8% in 2011 to 15% in 2015, with a focus on women and children's health; increase the number of midwives from 39 in 2010 to 250, and the number of training schools for midwives from 1 in 2011 to 4 in 2015; increase the percentage of births attended by a skilled birth attendant from 60% in 2010 to 85% in 2015. Burundi also commits to increase contraception prevalence from 18.9% in 2010 to 30%; PMTCT service coverage from 15% in 2010 to 85% with a focus on integration with reproductive health; and reduce percentage of underweight children under-five from 29% to 21% by 2015.

## **Cameron**

Cameron commits to implement and expand the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), re-establish midwifery training to train 200 midwives a year, and pilot a performance-based financing and a voucher system in order to promote access to maternal and child care services.

## Chad

Chad commits to increase health sector spending to 15%; provide free emergency care for women and children; provide free HIV testing and ARVs; allocate of US\$10million per year for implementation of the national roadmap for accelerating reduction in MNC mortality; strengthen human resources for health by training 40 midwives a year for the next 4 years, including creating a school of midwifery and constructing a national referral hospital for women and children with 250 beds; and deploying health workers at health centres to ensure delivery of a minimum package of services.

## Djibouti

Djibouti commits to increase the health budget from 14% to 15%. In terms of service delivery, the Government will ensure that all pregnant women will have access to skilled personnel during childbirth. For this purpose, the Government will increase the number of trained midwives and nurses and will increase access to emergency obstetric care services nationally to 80%.

## Ethiopia

Ethiopia will increase the number of midwives from 2050 to 8635; increase the proportion of births attended by a skilled professional from 18% to 60%; and provide emergency obstetric care to all women at all health centres and hospitals. Ethiopia will also increase the proportion of children immunized against measles to 90%, and provide access to prevention, care and support and treatment for HIV/AIDS for all those who need it, by 2015. As a result, the government expects a decrease in the maternal mortality ratio from 590 to 267, and under-five mortality from 101 to 68 (per 100,000) by 2015.

## Lao People's Democratic Republic

The Lao People's Democratic Republic commits to provide free deliveries in order to ensure access to the most vulnerable; produce 1500 new midwives by 2015 by upgrading existing staff and training and recruiting new staff; and increase immunization from 67% to 90% by 2015. Lao PDR will also increase the

proportion of couples with access to modern contraception and the proportion of births attended by a skilled attendant.

### **Liberia**

Liberia will increase health spending from 4% to 10% of the national budget and will ensure that by 2015 there are double the number of midwives trained and deployed than were in the health sector in 2006. Liberia will provide free universal access to health services including family planning and increasing the proportion of health care clinics providing emergency obstetric care services from 33% to 50%. Liberia will increase the proportion of immunized children to 80%, and address social determinants of ill-health through increasing girl's education, and the mainstreaming of gender issues in national development.

### **Papua New Guinea**

Papua New Guinea commits to improve midwifery education and register 500 new midwives by 2015; increase number of obstetricians from 17 in 2011 to 40 in 2020; improve access to drugs and equipment necessary for maternal newborn and child health; introduce maternal health audits in all districts; and develop comprehensive plans to improve existing health services in all four regions of the country by 2015.

### **Rwanda**

Rwanda commits to increasing health sector spending from 10.9% to 15% by 2012; reducing maternal mortality from 750 per 100,000 live births to 268 per 100,000 live births by 2015 and to halve neonatal mortality among women who deliver in a health facility by training five times more midwives (increasing the ratio from 1/100,000 to 1/20,000). Rwanda will reduce the proportion of children with chronic malnutrition (stunting) from 45% to 24.5% through promoting good nutrition practices, and will increase the proportion of health facilities with electricity and water to 100%.

## Senegal

Senegal commits to increasing its national health spending from 10% of the budget currently to 15% by 2015. It also proposes to increase the budget allocated to MNCH by 50% by 2015. The country commits to improving coordination of MNCH initiatives by creating a national Directorate for MNCH, reinstating the national committee in charge of the implementation of the multi-sectoral roadmap for the reduction of maternal and child mortality and to accelerate the dissemination and implementation of national strategies targeting a reduction of maternal mortality. Through these efforts the government hopes to offer a full range of high impact MNCH interventions in 90% of health centers, increase the proportion of assisted deliveries from 51% to 80% by increasing recruitment of state midwives and nurses and increasing contraceptive prevalence rate from 10% to 45%, among others.

## South Africa

South Africa is developing standard operating procedures for community health workers who are part of outreach teams, for nurses in clinics, as well as for midwives in maternity units. It wants community health workers to be able to promote family planning during their visits to homes, and health professionals to use every encounter with a user of its services to also promote family planning. South Africa recognizes the need to target teenagers in particular given its relatively high rates of teenage pregnancies.

## South Sudan

The Republic of South Sudan commits to increase the percentage of government budget allocation to the Ministry of Health from 4.2% to 10% by 2015; to increase the proportion of women delivering with skilled birth attendants from 10% - 45%, through the construction of 160 Basic Emergency Obstetric Care facilities by 2015 and training of 1,000 enrolled/registered midwives by 2015; and to establish 6 accredited midwifery schools or training institutions/colleges; increase the contraceptive prevalence rate from 3.7% to 20%, and increase the percentage of health facilities without stock-out of essential drugs from 40% to 100%.

## Sudan

Sudan also commits to train and employ at least 4,600 midwives focusing on states with the highest maternal mortality ratios and the lowest proportion of births attended by trained personnel. This will increase the percentage of births attended by trained personnel from 72.5% to 90%, increase quality universal access to Comprehensive Emergency Obstetric and Neonatal Care, and advocate for the elimination of harmful traditional practices like early marriage and Female Genital Mutilation/Cutting.

## Sweden

As part of the global movement to reduce MNC mortality Sida will work to increase awareness of the role midwives can play and improve education and working conditions to allow midwives to play a significant role in the prevention of premature birth and competent care for the pre-term baby.

## Tajikistan

Tajikistan commits to ensure that by 2015, 85% of midwives are trained in provision of emergency obstetric care; at least 85% of maternity facilities apply the clinical protocols approved by the ministry of health; youth friendly health services are expanded from pilot to nationwide implementation; and 50% of the needs of women of reproductive age in modern contraceptives are covered from the budget.

## **Healthcare Workers & Professionals**

### Edna Adan University Hospital

Since our referral hospital was opened in Hargeisa in 2002, we have cared for women with unimaginable obstetrical complications. The maternal mortality rate (MMR) among women admitted to our hospital is now 390/100,000, or 25% of the national average, estimated at 1,600/100,000. The Global Strategy has given the Edna Adan University Hospital an additional incentive to work even harder towards further improving the health of our women and children. The initial reduction of 75% of the MMR of women treated in our hospital was brought about

by training more midwives and having a 24-hour readiness to deal with emergencies. We believe a MMR of 150/100,000 is achievable and have set ourselves this goal. Having pioneered the training of nurses and midwives in the region, we are also even more committed to further improving and accelerating our Midwifery Training programmes. We will continue to monitor, supervise and guide our past graduates while training 1,000 Public Health Midwives during the coming six years.

## **Research & Academia**

### **icddr,b**

Icddr,b commits to eliminate maternal mortality at its Matlab field site, by reducing complications in delivery, particularly post-partum hemorrhaging, by creating comprehensive emergency obstetric facilities at Matlab, by training obstetric, nursing, and hospital staff to support complicated deliveries, and by providing training for midwives to improve the quality of home-based births.

UN, Multilateral Organizations, & Partnerships

### **H4+**

WHO, UNFPA, UNICEF, UNAIDS, UN Women and the World Bank commit to mobilize political support for the Global Strategy through advocacy, sustained resources and interagency collaboration.