

Policy Brief

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STRENGTHENING MIDWIFERY IN GHANA



BACKGROUND

Midwifery is a key element of sexual, reproductive, maternal and newborn health (SRMNH) care. When educated to international standards and within a fully functional health system, midwives can provide about 90% of the essential care to women and newborns and can potentially reduce maternal and newborn deaths by two-thirds. They represent the first contact for all pregnant women, able to accompany and support normal pregnancies and childbirth, to identify and manage complications and to refer severe complications before they become life-threatening (UNFPA, ICM, WHO 2014).

“Maternal and newborn health has a dramatic impact on economic productivity: in 2001, the U.S. Agency for International Development estimated the global economic impact of maternal and newborn mortality

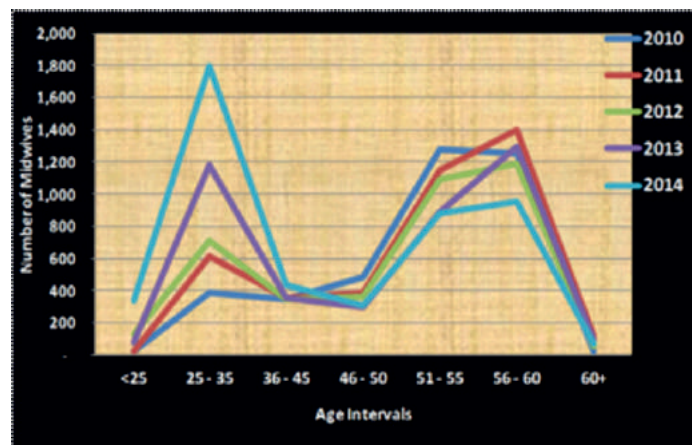
at US\$15 billion in lost productivity every year” (WHO 2001). Investing in midwifery development to reduce maternal mortality is a very cost-effective option in deciding the health sector's priorities. “A study assessing value for money spent on education and future deployment of 500 community-based midwives in Bangladesh, calculated a beneficial impact comparable to that of child immunization, with a 16-fold return on investment and confirms that midwifery is a “best buy” in primary health care” (UNFPA, ICM, WHO 2014).

Ghana's maternal mortality ratio is the 32nd highest among the 184 countries in the world. While due to considerable investment in health care maternal mortality decreased from 634 to 319 deaths per 100,000 live births from 1990 to 2015 (WHO 2015), current maternal mortality ratio is significantly higher than the MDG5 target of 190 for 2015.

According to UN projections, Ghana's population will increase to 35.3 million by the year 2030. To achieve universal access to sexual, reproductive, maternal and newborn care, midwifery workforce will have to respond to 1.1 million pregnancies per year, 59% of these in rural settings (UNFPA, ICM, WHO 2014). This will require advance planning and preparation of the health system.

NUMBER OF MIDWIVES: CURRENT SITUATION AND FUTURE NEEDS

According to Ministry of Health, there was a 24% increase in the number of practicing midwives in Ghana between 2009 and 2014, with 3838 and 4764 midwives practicing in each year respectively.



Age distribution of midwives, Source: GHS

INEQUITABLE GEOGRAPHICAL DISTRIBUTION OF MIDWIVES

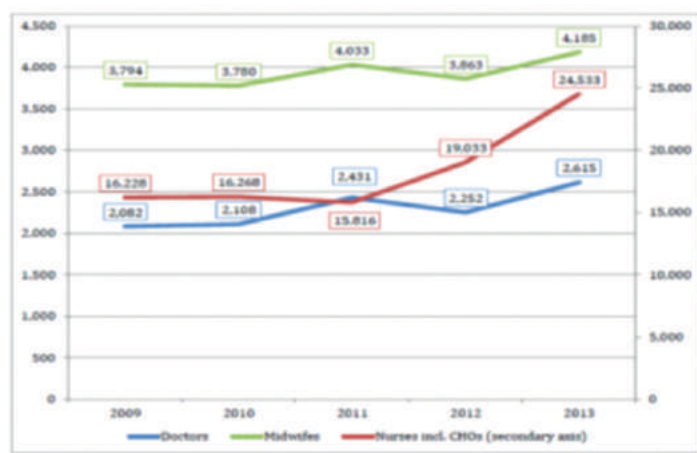
Despite the fact that around 60% of Ghana population live in rural areas, currently the vast majority of professional midwives are concentrated in urban parts of the country, reducing access to these services for the largest proportion of population. Ensuring equitable access requires adoption of more effective deployment strategies, providing incentives for working in rural areas, strengthening referral systems, and working with other sectors in addressing road infrastructure and transportation issues.

EFFICIENT USE OF AVAILABLE RESOURCES IN SERVICE PROVISION

Considering current shortage of midwives and other resources, planning for optimal use of the existing workforce will lead to improved availability, quality and coverage of midwifery services even with the same level of resources that are available. This includes more effective deployment strategies.

While according to WHO one midwife can effectively attend to 175 pregnancies and deliveries per year, workload per midwife varies significantly between the 10 regions in Ghana; in Volta and Ashanti Regions, a midwife attends to an average of 110 deliveries per year while in Northern Regions the figure is 190 deliveries (MOH Holistic Assessment Report 2013). This could be the result of sub-optimal deployment of midwives, lack of geographical or financial access, low utilization due to the perceived quality or acceptability of services, etc. Further data is needed to help determine the cause and appropriate response to improve the use of midwifery resources.

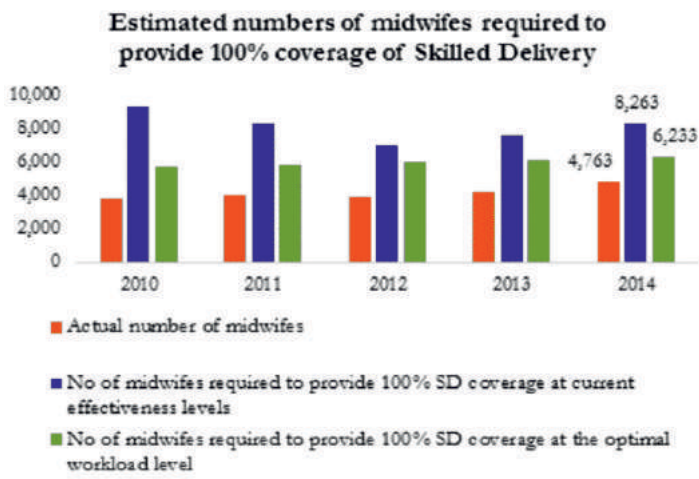
In addition, improved management of the existing health workforce, particularly strengthening monitoring and supervision systems, appropriate



Trends in total numbers of midwives, nurses and doctors (2009-2013) Source: IPPD

In 2012, the available midwifery workforce accounted for only 30% of the population's needs. If, by 2030, the size of the country's midwifery workforce expands to equivalent of 13000 full-time midwifery service providers, Ghana could potentially have an estimated 80% of its population's midwifery needs met (UNFPA, ICM, WHO 2014). This will require further increase in training and employment of midwives.

At the same time, there will be a massive attrition in midwifery workforce in Ghana in the near future, mainly due to retirement. Despite the recent increase in numbers, majority of midwives are within two extreme age cohorts: a significant number of very young midwives with little experience and a large group of older midwives over the age of 50. This implies that a large number of older midwives will be retiring in the next few years, and further emphasizes the need for appropriate planning and intervention to prevent rapid shrinkage of employed midwifery workforce.



Based on MOH Holistic Assessment Report 2014

balance in relative size of different categories of health workers and a primary health care system with a “midwife-led model of care” are proven measure to improve efficiency of maternal and newborn health services (UNFPA, ICM,WHO 2014).

AVAILABILITY OF DATA: A REQUIREMENT FOR PLANNING

Planning for appropriate numbers and mix of health workers, their geographical distribution, and improving availability, accessibility and quality of midwifery services rely heavily on reliable data collection systems to inform decision making. Distribution of midwifery workforce, for instance, should be based on information on population size, need and geographical distribution of population, to ensure equitable access to these services for every woman and child.

According to the recommendations made by SOWMY 2014, the minimum 10 data elements required for health workforce planning are: headcount, percentage time spent on SRMNH, roles, age distribution, retirement age, length of education, enrolments into, attrition and graduation from education, and voluntary attrition from the workforce.

MIDWIFERY SCHOOLS

In recent years, there has been a rapid increase in the number of Midwifery Training Schools (MTSs), with establishment of 30 schools since 2008. Currently, there are 40 midwifery schools spread across Ghana with BSc. in Midwifery, Registered Midwifery (RM) or Post Auxiliary Midwifery (PAM) programs, and the numbers of schools are on the rise. At the same time, enrolment of students into midwifery programs has rapidly increased.

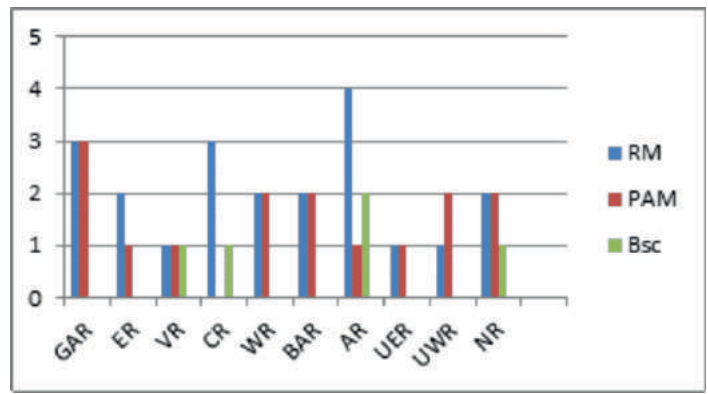
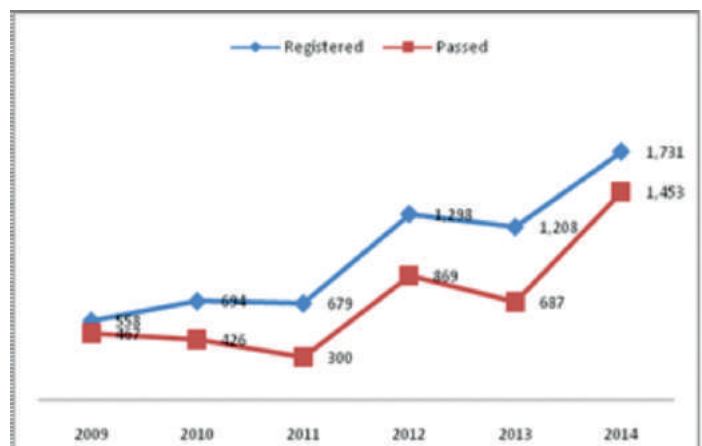


Fig 1: numbers and distribution of midwifery programs in 10 regions. Source: Nursing and Midwifery Council (NMC), Ghana 2014

However, most schools are dealing with challenges that affect quality of midwifery education including inadequate number of tutors and preceptors, inadequate clinical practice opportunities, lack of regular in-service training for teachers and preceptors, and inadequate physical facilities such as student hostels and well-equipped skills labs.

According to Nursing and Midwifery Council, between 17% and 39% of midwifery graduates failed the licensing examinations between 2009 and 2014, perhaps a reflection of existing challenges in providing quality midwifery education.

Therefore, it might be a more effective and efficient strategy to focus primarily on strengthening and building capacities within the existing schools, so that they are capable of providing quality education, rather than focusing on higher numbers of students.



Number of midwifery graduates compared with numbers of graduates who passed the licensing examination. Source: NMC, 2014

THE WAY FORWARD: RECOMMENDATIONS FOR ACTION

- * Considering rapid growth of Ghana's population as well as retirement of a large proportion of the

midwifery workforce in the near future, there is compelling need for training and recruitment of more midwives to meet the health care needs of women and newborns. Resources from both public and private sectors should be mobilized.

- * Midwifery workforce are concentrating in urban areas, while rural areas with 60% of the country's population remain mostly deprived of midwifery services. There is a need for more effective deployment strategies so as to improve access to these services for all. This should be based on data on population need, size and geographical distribution.
- * Strengthening existing data collection system, as a requirement for planning numbers and equitable distribution of midwives, as well as evaluating results of any changes in health care provision is essential.
- * Improving efficiency in providing services will translate into maximizing health gains and making the best use of resources that are currently available. The factors that improve efficiency include strengthening data collection systems for planning, effective deployment strategies for health workforce, improving human resource management particular by ensuring better monitoring and supervision, and strengthening primary health care and referral systems.
- * Development of a national strategy and a costed plan of action to guide the future directions in Midwifery development is a necessity.
- * Stronger coordination and communication mechanisms between stakeholders in midwifery education and services will focus the efforts and greatly enhance effectiveness of all measures.
- * As the number of new schools have rapidly risen to more than 40 in the country, most schools are dealing with enormous challenges that affect the quality of midwifery education. It might therefore be a more effective strategy to shift the focus on strengthening and building capacity of existing schools to provide high quality education than on higher numbers of students.

- * Regular in-service training for midwifery tutors and preceptors to equip them with current and requisite knowledge and skills for effective teaching will help enhance the quality of midwifery education.



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