



The State of the World's Midwifery 2014

Concept Note

May, 2013

1 Summary

1. The *State of the World's Midwifery 2014* will provide an updated evidence base and detailed analysis of the present and future challenges to deliver effective coverage of midwifery services in the 75 countries that collectively represent more than 95% of the global burden of maternal, neonatal and child deaths.
2. The publication and launch will coincide with the 30th Triennial Congress of the International Confederation of Midwives - *Midwives: Improving Women's Health Globally* - in Prague (01-05 June 2014).
3. The main objectives are to:
 - improve the evidence base and enable policy dialogue within countries to strengthen midwifery and Maternal and Newborn Health (MNH) services;
 - support the *Every Woman, Every Child* campaign, promoting country actions and partner support to accelerate progress on the Millennium Development Goals; and
 - inform the inter-governmental process on a post-2015 development agenda for health.
4. The report will be structured to inform policy change. Part one will explore scenarios in future health systems and the challenges facing midwifery and MNH services in the period 2014 – 2030/2035 (e.g. population growth, urbanization, adolescent/youth services, healthcare financing and equity across urban/rural and socio-economic groups). Part two will describe the state of midwifery in the present day, focusing on the dimensions of Availability, Accessibility, Acceptability and Quality of the midwifery workforce and MNH services. The final part will consist of country profiles covering the 75 countries, collating key indicators to inform policy and planning for equitable access and effective coverage of MNH services.
5. The target audience consists of policy-makers and programme managers from the 75 countries (including ministers, advisers, and local champions), midwives, health professionals, midwifery institutions and associations and allied professions, country representatives, regional offices and advisers from international organizations, representatives and advisers from donor institutions, civil society in target countries and in donor countries (non-governmental organizations, media, parliamentarians and other elected bodies). An accompanying advocacy toolkit will guide professional groups and advocacy associations in using the report to drive policy change.
6. The United Nations Population Fund will coordinate the report on behalf of the H4+ and engage global, regional and national partners. The governance arrangements include a Partner Coordination Group, a Steering Group and a Communications Technical Working Group.
7. Data collection will take place between June - December 2013, with data analysis and the preparation of the technical report extending to March 2014. A draft report will be available in time for print-ready design and translation ahead of the launch at the ICM Triennial Congress in June 2014. The calendar is tight, but is several months longer than the preparation of the SOWMY 2011 report.

2 Background

In June 2011, *The State of the World's Midwifery 2011: Delivering Health, Saving Lives* (SOWMY 2011)¹ was launched at the Triennial Congress (Durban, South Africa) of the International Confederation of Midwives (ICM). The report was a response to the 'Global Call to Action' issued at the Symposium on Strengthening Midwifery at Women Deliver in 2010,² and was supportive of and aligned with the UN Secretary-General's Global Strategy for Women's and Children's Health.³ Its development was led by the United Nations Population Fund (UNFPA) and included collaboration with more than 30 international agencies and organisations, including the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the International Confederation of Midwives (ICM), and the International Federation of Gynecology and Obstetrics (FIGO). It provided a comprehensive analysis of midwifery services, education, regulation, deployment and conditions of service in 58 countries where maternal and newborn mortality are among the highest and has proven to be a valuable advocacy and evidence tool.⁴ At the time of publication, partners proposed that the report should be published every two to three years to ensure continuing improvement in the evidence base and to inform reproductive, maternal and neonatal health programming.

The 2nd *Global Midwifery Symposium* is scheduled for 26-27 May 2013, prior to Women Deliver 2013, and will again convene the global partners committed to improving midwifery services in all regions of the world. The Symposium's draft 'Declaration of Commitment' specifically calls upon all partners to "improve the data collection and evidence base for midwifery and identify actions to address the context-specific barriers to midwifery services within countries" and highlights the forthcoming publication of *The State of the World's Midwifery 2014* (SOWMY 2014) and its focus on the availability, accessibility, acceptability and quality of midwifery services.

SOWMY 2014 will provide a detailed analysis of the present and future challenges to deliver effective coverage of midwifery services, aligning with the 75 countries that collectively represent more than 95% of the global burden of maternal, neonatal and child deaths (see Annex 1). A core focus will be on addressing the current inequities in access to midwifery services and the adverse pregnancy-related outcomes resulting. The publication and launch will coincide with the 30th Triennial Congress of ICM - *Midwives: Improving Women's Health Globally* - in Prague (01-05 June 2014).

The research, publication and launch will be led by UNFPA on behalf of the H4+ agencies (UNAIDS, UNFPA, UNICEF, UN Women, The World Bank and WHO) and engage international, regional and national partners supporting the UN Secretary-General's *Every Woman, Every Child* (EWEC) campaign. In this respect it will further develop and enhance the collective collaboration and impact of the H4+ in support of the EWEC campaign.

¹ UNFPA, 2011. *The State of the World's Midwifery 2011: Delivering Health, Saving Lives*, New York: United Nations Population Fund. Available at: <http://www.unfpa.org/sowmy/report/home.html>.

² UNFPA et al., 2010. *A global call to action: Strengthen midwifery to save lives and promote health of women and newborns*. In *Symposium on Strengthening Midwifery: Saving Lives and Promoting Health of Women and Newborns*. Washington D.C: UNFPA.

³ UN Secretary-General, 2010. *Global strategy for women's and children's health*, New York: United Nations.

⁴ ICS Integrare / Results Lab, 2013. *The State of the World's Midwifery 2011: A "results story"*.

3 Objectives

SOWMY 2014 will be researched and published in support of three main objectives:

- 1) Improve the evidence base and enable policy dialogue within countries to strengthen midwifery and Maternal and Newborn Health (MNH) services;
- 2) Support the *Every Woman, Every Child* campaign, promoting country actions and partner support and enabling common goals and cohesion across global initiatives including: the *Child Survival Call to Action – A Promise Renewed* (June 2012); the recommendations of the *Commission on Life Saving Commodities* (September 2012); the *Declaration of the 2nd Global Midwifery Symposium* (May 2013); the *Global Newborn Action Plan* (September 2013); and the accelerated strategy for ending preventable maternal mortality (in progress);
- 3) Inform the intra-governmental process on a post-2015 development agenda for health and in particular the UN General Assembly meetings in September 2014.

Launch and post-launch activities will enable advocacy and policy dialogue within countries to make full use of the midwifery evidence base in promoting the attainment of universal access to sexual and reproductive health and the accelerated implementation of the UN General Assembly and WHO Resolutions on Universal Health Coverage.^{5,6}

4 Scope of the publication

The report will be structured in three parts. Part one will explore the future challenges facing midwifery services (e.g. population growth, urbanization, adolescent/youth services, health care financing, equalities and equity) in the period 2014 – 2030/2035. Part two will describe the state of midwifery in the present day, focusing on the dimensions of Availability, Accessibility, Acceptability and Quality of the midwifery workforce⁷ and midwifery services, and the effective coverage⁸ resulting. The final part will consist of the 75 country profiles, including recognised population and health statistics, disaggregated data on population need, demand and access (geographical, socio-economic) and the supply/demand aspects of the midwifery workforce within countries. Changes and trends in indicators between the 2011 and 2014 reports will be highlighted and discussed. An outline structure of the report is available as Annex 2.

4.1 Part 1: Midwifery and future health systems in the post-2015 agenda

SOWMY 2014 will add value by introducing a forward-looking, future health systems perspective. With the target date of the Millennium Development Goals (MDGs) rapidly approaching, the international health and development communities are looking to 2030/2035, and the crafting of the next generation of global policy priorities in health. The UN consultation on the World We Want has included the Thematic Consultation and the

⁵ United Nations General Assembly, 2012. *Global health and foreign policy. 67th session, Agenda item 123. A/67/L.36*

⁶ World Health Assembly. Sustainable health financing structures and universal coverage [Internet]. May 24, 2011.

⁷ The 'midwifery workforce' follows the UNFPA, ICM, WHO definition (2006) as "all health workers whose primary functions includes assistance to women during pregnancy, labour and birth as well as postpartum care for mothers and newborns". Subject to the country this includes community, primary, secondary and specialist health providers engaging with women across the continuums of care.

⁸ World Health Organization (WHO). Background paper for the Technical Consultation on Effective Coverage of Health Systems. Geneva, Switzerland: WHO; 2001.

High Level Dialogue on Health in the post-2015 development agenda.⁹ With this in mind, SOWMY 2014 will utilise horizon-scanning methods to articulate the national/global challenges in 2030/2035 and assist in charting a policy path that can respond to anticipated risks to the quality and coverage of midwifery services and the maternal and newborn health outcomes resulting.

The narrative will take into account future trends in health markets¹⁰ and healthcare financing¹¹ within the broader aspirations for Universal Health Coverage (UHC). For instance, the dynamics of population growth cuts across the dimensions of social, economic and environmental development, requiring a human rights-based policy response, respectful of the rights and needs of women.¹² New data from The World Bank indicate that 96 per cent of the additional 1.4 billion people in the developing world in 2030 will live in urban areas.¹³ This will have a profound impact on national health labour markets, with competing demands in the provision of urban/rural services and the need to ensure universal access. Potential shifts in health financing and the critical role of governments in managing public financing mechanisms for health services will also have a huge impact on the trajectory of the health system, particularly regarding the needs of the poorest and most vulnerable.¹⁴ Equality and equity implications will be considered through reflection on historic trends of access to and utilisation of maternal and neonatal health services.¹⁵ The role of traditional donors and development partners when exploring viable strategies for the financing of midwifery services will be considered, especially in those low-income countries that remain dependent on official development assistance to support equality, equity and solidarity.¹⁶

UHC has gained significant support within the post-2015 development agenda for health¹⁷ and can be traced from the Fifty-eight World Health Assembly,¹⁸ the World Health Reports of 2008 and 2010,^{19,20} the adoption of the UN General Assembly Resolution (December

⁹ Anonymous. Health in the Post-2015 Development Agenda: Report of the Global Thematic Consultation on Health [Internet]. 2013. Available from: <http://www.worldwewant2015.org/health>

¹⁰ Future Health Systems, 2012. Future Health Markets : A meeting statement from Bellagio.

¹¹ Greenhill, R. & Prizzon, A., 2012. Who foots the bill after 2015? What new trends in development finance mean for the post-MDGs. ODI Working Papers, 360. Available at: <http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7905.pdf>.

¹² Anon, 2013. A Call to Integrate Population Dynamics into the Post-2015 Development Agenda. Recommendations of the Global Thematic Consultation on Population Dynamics and the Post-2015 Development Agenda. *World We Want 2015 [online]*, (March), pp.1–39. Available at: <http://www.worldwewant2015.org/node/313464> [Accessed March 15, 2013].

¹³ World Bank, International Monetary Fund. Global Monitoring Report 2013. Rural-Urban Dynamics and the Millennium Development Goals. Washington DC: World Bank; 2013.

¹⁴ Future Health Systems, 2012. Future Health Markets : A meeting statement from Bellagio.

¹⁵ Channon AA, Neal S, Matthews Z, Falkingham J. Maternal health inequalities over time: is there a common pathway? [Internet]. *World We Want 2015 [online]*. 2012. p. 1–9. Available from: <http://www.worldwewant2015.org/node/283339>

¹⁶ Greenhill, R. & Prizzon, A., 2012. Who foots the bill after 2015? What new trends in development finance mean for the post-MDGs. ODI Working Papers, 360. Available at: <http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7905.pdf>.

¹⁷ Joint United Nations Programme on HIV/AIDS (UNAIDS) et al., 2012. *Health in the post-2015 UN development agenda. Thematic Think Piece*, United Nations (UN).

¹⁸ World Health Assembly, 2005. Sustainable health financing, universal coverage and social health insurance, Available at: http://apps.who.int/iris/bitstream/10665/20383/1/WHA58_33-en.pdf [Accessed February 10, 2013].

¹⁹ WHO, 2008. The World Health Report. Primary Health Care (Now More Than Ever), Geneva: World Health Organization.

2012),²¹ and the Executive Board of the World Health Assembly in January 2013. Its underpinning principle, which is rooted in theories of social justice and equity (including gender equity) and international covenants on the right to life, is to ensure that *all* people should have access to quality health services. However, the goal of UHC cannot be achieved without a strong focus on Human Resources for Health, including the education, management, remuneration and continuing development of a quality health workforce, in sufficient numbers and equitably deployed to meet population needs.²² Just as the health workforce forms the backbone of UHC, so the midwifery workforce forms the backbone of accelerating universal access to reproductive, maternal and neonatal health services.

Part 1 will provide both a technical synthesis of these converging health issues in 2030/2035 and an overview of the 'big picture' challenges that policy-makers and development partners will be faced with. The key objective is to inform national policy discourse on the essential need to incorporate long-term perspectives into the education, employment, deployment and retention of the midwifery workforce as a foundation for improved health, population and socio-economic outcomes.

4.2 Part 2: Midwifery today: Equality, equity and effective coverage

Part 2 of the report will provide a technical analysis of the demographic, health and midwifery data collected from the 75 countries to enable evidence-based policy dialogue and strengthen midwifery service provision. There has been considerable progress in addressing maternal and child mortality, but MDGs 4 and 5 will not be met in most developing countries by 2015²³ where women and infants continue to die from preventable causes.^{24,25}

To step up progress towards meeting MDGs 4 and 5, the international community has responded with great force and commitment. Prominent campaigns include the UN Secretary-General's *Every Woman, Every Child* campaign; *Saving Mothers, Giving Life*;²⁶ the *Campaign for Accelerated Reduction of Maternal Mortality in Africa* (CARMMA) led by African Union Commission (AUC) and UNFPA;²⁷ UNICEF's *A Promise Renewed* to end preventable child deaths;²⁸ and the Family Planning 2020 movement (FP2020) arising from

²⁰ WHO, 2010. The World Health Report. Health systems financing: the path to universal coverage, Geneva: World Health Organization.

²¹ United Nations General Assembly, 2012. *Global health and foreign policy. 67th session, Agenda item 123. A/67/L.36*

²² Global Health Workforce Alliance (GHWA), 2012. *Human resources for health: critical for effective universal health coverage.*

²³ WHO, 2012. *Every Woman, Every Child: from commitments to action. The First Report of the independent Expert Review Group (iERG) on Information and Accountability for Women's and Children's Health.*

²⁴ Lozano, R. et al., 2011. Progress towards Millennium Development Goals 4 and 5 on maternal and child mortality: an updated systematic analysis. *Lancet*, 378(9797), pp.1139–65.

²⁵ UN Inter-agency Group for Child Mortality Estimation, 2012. *Levels and Trends in Child Mortality: Report 2012*, New York: United Nations Children's Fund.

²⁶ *Saving Mothers Giving Life*, 2013. Overview. Available at: <http://savingmothersgivinglife.org/> [Accessed April 1, 2013].

²⁷ African Union Commission, CARMMA: Campaign on Accelerated Reduction of Maternal, New Born and Child Mortality. Available at: <http://pages.au.int/carmma> [Accessed April 1, 2013].

²⁸ UNICEF, 2012. *Committing to Child Survival: A Promise Renewed*, New York: United Nations Children's Fund.

the London Summit on Family Planning.²⁹ Important manifestos have also been adopted, including the *Manifesto for maternal health post-2015* from the Global Maternal Health Conference in Arusha, January 2013.³⁰

SOWMY 2014 will collate and discuss findings from the evidence base to inform the common goals and necessary cohesion between the many global campaigns and support the drive to fulfil the MDG targets.

It will consider the concept of 'effective coverage', with quality of care, equality and equity in reaching the most vulnerable members of society as the priorities. 'Effective coverage' includes the dimensions of Availability, Accessibility, Acceptability and Quality of services, (AAAQ) included in the right to health (General Comment No.14)³¹ and the Tanahashi framework.³² This provides not only an effective analytical approach, endorsed and adopted by UN agencies, but also a framework for results to inform country and global actions.

4.3 Part 3: Country profiles

Part 3 will consolidate the available data to measure and report on the state of midwifery in the Countdown countries and provide the critical indicators needed to inform country policy and planning. It will build from the indicators, benchmarks and barometer utilised in the SOWMY 2011 report that are specific to the midwifery context. The indicators and data sources will be selected to provide, whenever possible, disaggregated data within countries to inform equity-based approaches as well as align with global efforts on country data, accountability and reporting (i.e. Commission on Information and Accountability and Commission on Life Saving Commodities). The final list of indicators will be agreed within the Steering Group.

Part of the country profile will build on the ongoing activities of UNFPA, WHO, the Norwegian Agency for Development Cooperation (Norad) and the United States Agency for International Development (USAID) to explore the geography of MNH within countries. This will include calculations and sub-national disaggregation (states/provinces/regions) on the estimated number of pregnancies per annum, aligning methods with those developed by the Guttmacher Institute. This provides a relevant metric for the purposes of policy and planning,³³ in particular for benchmarking and establishing workforce requirements and deployment, as it concerns *all* pregnant women who require access to high-quality midwifery services. Where data can be confirmed, they will be presented with maps that highlight the distribution of pregnancies in relation to the midwifery workforce and health facilities providing basic and comprehensive obstetric care. This is essential for identifying service gaps and tracking rural-urban inequities, which are not revealed when looking exclusively at data on national averages.

²⁹ Bill & Melinda Gates Foundation, 2012. Family Planning 2020. Available at: <http://www.londonfamilyplanningsummit.co.uk/fp2020.php> [Accessed April 1, 2013].

³⁰ Langer A, Horton R, Chalamilla G. A manifesto for maternal health post-2015. *Lancet* [Internet]; 2013 Feb 23;381(9867):601–2.

³¹ UN Committee on Economic Social and Cultural Rights, 2000. CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12).

³² Tanahashi, T., 1978. Health service coverage and its evaluation. *Bulletin of the World Health Organization*, 56(2), pp.295–303.

³³ CDC, 2013. Pregnancy Mortality Surveillance System. Available at: <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PMSS.html> [Accessed April 1, 2013].

5 Expected audience

It is anticipated that the audience will essentially consist of policy-makers and programme managers from developing countries (including ministers, advisers, and local champions), midwives and other health professionals, midwifery institutions and associations and allied professions, country representatives, regional offices and advisers from international organizations, representatives and advisers from donor institutions, civil society in target countries and in donor countries (NGOs, media, parliamentarians and other elected bodies).

6 Coordination and management

Ms. Kate Gilmore, Assistant Secretary-General and Deputy Executive Director (Programme) of UNFPA with Ms Flavia Bustreo, Assistant Director General, Family, Women's and Children's Health, at WHO, will provide oversight on behalf of the H4+.

A **Partner Coordination Group (PCG)** will be established to enable *all* interested partners to engage in the process. The PCG will receive regular updates and be connected at least once per quarter by teleconference. Kate Gilmore and Flavia Bustreo will co-chair the PCG.

A **Steering Group (SG)** of up to 12 persons will be established with representation from the constituent members of the Partner Coordination Group. It will include representatives from the H4+, professional associations, bilateral agencies, civil society, philanthropic foundations and the private sector. The SG will convene at least once per month by teleconference in the early stages and with increasing frequency towards the finalisation of the report and the launch. Laura Laski (UNFPA), Elizabeth Mason (WHO) and Frances Day-Stirk (ICM) will co-chair the Steering Group. Its activities will include, among others:

- 1) Agree on the coordination of the report: contents, calendar, communications and operational activities;
- 2) Provide technical inputs to the report and the development of the country profiles;
- 3) Provide in-country support (e.g. through UN country offices) and guidance in engaging countries to populate and validate country profiles;
- 4) Review and provide technical support to the data analysis emerging from country profiles;
- 5) Review and provide technical comments to successive iterations of the report;
- 6) Review and provide guidance on the communications messages;
- 7) Mobilize national, regional and international support and resources;
- 8) Liaise with the Partner Coordination Group.

The Steering Group will be regularly informed by a **Core Group**, made up of a limited number of representatives of the Steering Group members at technical level plus selected implementing partners, including ICS Integrare (as the Secretariat for the report) and the University of Southampton. The Core Group will be in charge of:

- 1) Developing the plan of work and activities;
- 2) Developing the questionnaire to be used at country level and the indicators;
- 3) Coordinating and supporting the work at country level: collection and analysis of data;
- 4) Analyzing data collected and developing the report;
- 5) Developing communication messages on the development of the report and for the preparation of the launch of the report;

The Core Group will be chaired by Luc de Bernis (UNFPA).

Technical Working Groups may be constituted for specific, time-defined tasks. This will be at the initiative of the Steering Group to work on specific issues, i.e. data analysis or communications.

7 Calendar of activities

Once the Steering Group is established it will begin to work on the calendar and substantive issues for engagement with countries. The tentative timelines are shown in the table below:

	2013							2014					
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Engagement with national focal points in the 75 countries													
Data collection													
Country data sets completed and returned													
Data analysis and synthesis													
DRAFT 0 of report													
Final report													
Design, publication, translation, printing and shipping													
Launch and press/media activities													

8 Communications, media and social media

Informing policy dialogue is a core objective and will be supported by national and global advocacy. Key lessons from the dissemination and follow-up of SOWMY 2011^{34,35} will inform the communications strategy of SOWMY 2014. The strategy will be developed through a Communications Technical Working Group as per the SOWMY 2011 process, and alongside the press/media kit for the launch will include greater attention to social media and the continuation of advocacy messages to inform country and global actions.

To support the country policy dialogue and to implement the recommendations described, it is proposed that a toolkit be developed alongside the report to guide advocacy groups, professional associations and others in how to use the report to achieve advocacy and policy goals. This concept will be explored and developed alongside the publication of the report engaging, advocacy experts, professional associations and other partners.

³⁴ ICS Integrare / University of York, 2013. *State of the World's Midwifery 2011: searches and review using Nexus UK*.

³⁵ ICS Integrare / Results Lab, 2013. *The State of the World's Midwifery 2011: A "results story"*.

Annex 1: 75 Countdown countries

Afghanistan	Lesotho
Angola	Liberia
Azerbaijan	Madagascar
Bangladesh	Malawi
Benin	Mali
Bolivia (Plurinational State of)	Mauritania
Botswana	Mexico
Brazil	Morocco
Burkina Faso	Mozambique
Burundi	Myanmar
Cambodia	Nepal
Cameroon	Niger (the)
Central African Republic (the)	Nigeria
Chad	Pakistan
China	Papua New Guinea
Comoros (the)	Peru
Congo (the)	Philippines (the)
Congo, Democratic Republic of the	Rwanda
Cote d'Ivoire	Sao Tome and Principe
Djibouti	Senegal
Egypt	Sierra Leone
Equatorial Guinea	Solomon Islands
Eritrea	Somalia
Ethiopia	South Africa
Gabon	South Sudan
Gambia (the)	Sudan (the)
Ghana	Swaziland
Guatemala	Tajikistan
Guinea	Togo
Guinea-Bissau	Turkmenistan
Haiti	Uganda
India	United Republic of Tanzania (the)
Indonesia	Uzbekistan
Iraq	Viet Nam
Kenya	Yemen
Korea, Democratic People's Republic of	Zambia
Kyrgyzstan	Zimbabwe
Lao People's Democratic Republic (the)	

Annex 2: Outline structure of report

The proposed outline for SOWMY 2014 is detailed below:

- **Foreword**
- **Executive summary**
- **Introduction**
- **Part 1. Midwifery – future challenges in post-2015**
This section will describe the key issues and challenges that midwifery services will face in the period to 2030/2035.
- **Part 2. The state of midwifery today.**
This section will describe the barriers and issues that affect midwifery services in the Countdown countries in the present day, with a focus on the four dimensions of AAAQ.
 - **2.1. Availability**
 - Strategic intelligence on the health workforce
 - Policy, regulatory and fiscal environments
 - Education, training and professional support
 - Financing supply
 - Bilateral, multilateral and regional partnerships
 - **2.2. Accessibility**
 - Geographical, temporal and financial barriers to access
 - Stewardship, management and equitable deployment
 - Referral across health services
 - Equitable access for vulnerable groups
 - Retaining health workers
 - **2.3. Acceptability**
 - Increasing population demand for services
 - Workforce skill-mix, competencies, socio-cultural needs
 - Responsiveness to population-specific needs
 - Oversight and accountability
 - **2.4. Quality**
 - Patients' interests
 - Standards, accreditation, regulation
 - Linking professional, community and consumer organizations
 - Managing patient risk
 - Workforce management, performance and monitoring systems
- **Part 3. Country profiles**
Profiles of the 75 countries. These will include: UN data tracking key indicators in population, demographics, health and maternal and neonatal health; “barometers” summarizing the state of midwifery services and workforce in each country; country maps of pregnancies and availability of EmOC facilities and the midwifery workforce; data on effective coverage of midwifery services across the AAAQ domains.
- **References and notes**
- **Contributors and acknowledgements**