American College of Nurse-Midwives (ACNM) – 60th Annual Meeting & Exhibition Speech

'The Midwife as a Game Changer ' – Why Midwives Must be At the Heart of the Post-2015 Sustainable Development Goals

Introduction

Thank you to the American College of Nurse-Midwives for inviting me to speak here today. It is an honour and a delight to help you mark the 60th Anniversary of your Annual Meeting and Exhibition.

I would like to take this opportunity to congratulate the entire team of ACNM on your incredible work and achievement over the last 60 years in changing the lives of so many women and children. Let us take a moment to reflect on this, and please give yourselves a well-deserved round of applause for making the future better and brighter for mothers and babies, across the United States of America, and the world.

(PAUSE FOR APPLAUSE)

Being invited to speak at such a special occasion for the ACNM is an exciting opportunity to express how important midwives are to me, and to all women across the world. How can I express what a midwife means to me? Midwives are life-givers, caregivers, protectors and advocates. You dedicate your lives to delivering babies safely, getting newborns through those first crucial moments of life, and, of course, saving the lives of mothers the world over, easing them into the daunting new world of motherhood. So, to be invited to speak here and celebrate this moment with you is truly an honour. **<CLICK – NEW SLIDE>**

How my journey began

I began my formal journey as a maternal, newborn, and child health advocate in 2004 when I established the Wellbeing Foundation Africa in Kwara State, Nigeria. But really, my fight began years earlier when I tragically lost one of my twin babies during childbirth, and had to struggle for the survival of the other. Even though I was an informed woman, I was unable to save the life of my stillborn second twin daughter because of the infrastructural deficiencies in Nigeria's healthcare system at the time, including a fatal delay in finding an anaesthetist for an emergency C-section. Although I was grateful to leave this painful experience with both my first twin and my own life, I realised that this experience is an unavoidable reality for many women in Nigeria, and indeed, across the African continent.

Nigerian women face one of the world's highest risks of maternal mortality, with 53,000 women dying every year from preventable causes related to pregnancy and childbirth. According to UNICEF, in Nigeria, approximately 2,300 under-fives and 145

women of childbearing age die, each day.[1] This means that every hour, 6 Nigerian women die from preventable causes related to pregnancy and childbirth. This means that every hour, 95 Nigerian children die before reaching their fifth birthday.

These unfortunate figures regretfully place Nigeria as the second largest contributor to maternal and child mortality rates worldwide, accounting for 13% of all global deaths of children aged under-five[2] and 14% of global maternal deaths.[3]

Yet, this is not a problem that only affects Nigeria – this is a global epidemic. The 2015 State of the World Midwifery report found that approximately 289,000 women across the world died whilst pregnant or giving birth in 2013. Globally, up to 3 million newborns die within the first 24 hours of life, and there are 2.6 million stillbirths – which Save the Children and I call the 'invisible birth' or the 'uncountable death'. The overwhelming majority of these deaths occur in developing countries in sub-Saharan Africa, and could be easily prevented with better access to adequate health facilities and qualified health professionals.

I would like to share another key finding of this report, to perhaps demonstrate the similarities of the healthcare practices in the US, with those in Nigeria amongst disadvantaged communities. In 2013, Washington DC – right here - had the highest infant mortality rate amongst major US cities with a rate of 6.6 deaths per 1,000 live births, and the majority of these deaths occurred in urban deprived areas[4]. It was found that the chance of death increased by about ten times more amongst children living in poverty in comparison to children in the richest part of the city. So, despite the vast differences between our two countries, overcoming social determinants of health for our women and children is a problem that we sadly share. And it is a problem that we must work together to overcome, across the world. **<CLICK – NEW SLIDE>**

The work of WBFA

When I started my work over 20 years ago, my view was quite localised and I was donating money passionately to various causes. I started by donating funds to pay for healthcare, including maternal care and deliveries. Alms-giving is the earliest, most basic form of philanthropy known to humanity and forms a strong part of our African culture, but I knew in my heart that this was not enough to solve the many challenges facing the Nigerian health system and certainly could not be efficiently sustained, and in my efforts at that point in time, was only but a remedy of solace. Therefore, I founded the Wellbeing Foundation Africa, a Nigerian based charity in 2004.

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[1] http://www.unicef.org/nigeria/children_1926.html
[2] http://www.premiumtimesng.com/news/168301-sad-nigeria-india-lead-the-world-in-global-child-deaths-unicef.html
[3] http://data.unicef.org/maternal-health/maternal-mortality
[4] State of the World Mothers, pp41-45

My broad vision for the Wellbeing Foundation has been to improve maternal, newborn, and child health across the African continent, and ensure wellbeing and socio-economic development for communities as a whole. Our objectives were embedded in the delivery of the 8 Millennium Development Goals in Nigeria and across the continent. These were:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality rates
5. Improve maternal health
6. Combat viral diseases like Malaria and AIDS.
7. Ensure environmental sustainability
8. Develop a global partnership for development

WBFA has worked principally in addressing Goals 4, 5 and 6 in Nigeria.

To do this, we had to start by empowering women to take control of their maternal health outcomes through targeted community interventions and advocacy campaigns. This included the WBFA Personal Health Record, our Safe Delivery MamaKits, and working with midwives and mothers to reach more newborns through our #MaternalMonday campaign. This facilitates a wider debate on how organisations can work together to combat maternal, newborn, and child mortality.

Wellbeing Foundation has been a key player in the development of the Every Newborn Action Plan, alongside the World Heath Organisation and UNICEF, which was officially launched in June 2014 to achieve the MDGs. The Every Newborn Action Plan is a clear route for government actions to ensure mothers and their babies survive and thrive following childbirth during in the fragile first month and critical first 1000 days of life, and lays out targets on survival, coverage, and care for countries to meet by 2035. In conjunction with WHO and the UNICEF, the Foundation has partaken in working groups to advance advocacy and private sector engagement on the Every Newborn Action Plan, in order to promote and encourage the power of partnerships to achieve MDGs 4, 5 and 6.

The Wellbeing Foundation has worked vigorously to improve the quality of maternal health in Nigeria and achieved a great number of successes. In recognition of this work, the Wellbeing Foundation was awarded a special consultative status by the Economic and Social Affairs Council (ECO-SOC) of the United Nations in 2015. This status will allow us to advocate even further, on a global scale for every African mother and child, especially in this important year for international development.
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The MDGs will come to an end this year – with only 182 days left - and will evolve into the Sustainable Development Goals (SDGs). Over the last fifteen years, great progress has been made on maternal, newborn, and child health under the MDGs. There has been a 45% global reduction in maternal mortality rates between 1990-2013[5], and 17,000 fewer children die each day than in 1990.[6] Which is very encouraging.
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Yet, this is far short of the targets laid out, with less than one-third of all countries achieving or on track to meet the goals on child health.[7] Despite the progress made globally, nearly 800 women across the world die every day due to complications during pregnancy and childbirth - with 99% of these deaths occurring in developing countries, like Nigeria.[8] Despite Nigeria's outstanding economic growth since 2000, we still lag far behind the rest of the world in reaching the MDG targets on maternal and child survival. **<CLICK – NEW SLIDE>**

<u>What are the Sustainable Development Goals and how do they reflect our vision for 2030?</u>

As the Millennium Development Goals (MDGs) come to an end, and we finalise the Sustainable Development Goals (SDGs), this is a pivotal year not only for the mothers, newborns, and children of today, but for the families of the future. This year, the international community will define its vision for the world in 2030 through the SDGs. We will define our vision for the lives of our children, and their children, and the world that they will inherit in 2030. We define our vision on how to achieve sustainable and transformative change for individuals and communities across the world – sustainable and transformative change that can last well beyond 2030, and have meaning in the lives of every man, woman, and child.

This vision is all encompassing, addressing six essential elements of international development as defined by the United Nations Secretary General, Ban Ki Moon. These six elements are dignity, prosperity, justice, partnership, planet, and people.[9] Developed after a lengthy consultation period with key stakeholders and actors from diverse communities, the 17 SDGs tackle poverty, gender inequality, health, environment, peace, and more. The ambitious set of goals are set to be finalised in September and will come into effect at the end of this year. These 17 goals will define our vision for the world in 2030 and offer us a roadmap on how to get there through over 150 specific targets.

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[5] http://www.theguardian.com/global-development/2015/may/27/millennium-development-goals-child-mortality-maternal-health-explainer
[6] http://www.un.org/millenniumgoals/childhealth.shtml
[7] http://www.un.org/millenniumgoals/2014%20MDG%20report/MDG%202014%20English%20web.pdf
[8] http://www.worldbank.org/mdgs/maternal_health.html
[9] http://www.theguardian.com/global-development/2015/jan/19/sustainable-development-goals-united-nations

The 17 Sustainable Development Goals are:

1. End poverty in all its forms everywhere
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. Ensure healthy lives and promote wellbeing for all at all ages
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5. Achieve gender equality and empower all women and girls
6. Ensure availability and sustainable management of water and sanitation for all
7. Ensure access to affordable, reliable, sustainable and modern energy for all
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation
10. Reduce inequality within and among countries

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11. Make cities and human settlements inclusive, safe, resilient and sustainable
12. Ensure sustainable consumption and production patterns
13. Take urgent action to combat climate change and its impacts
14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17. Strengthen the means of implementation and revitalise the global partnership for sustainable development

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As you can see – there is only one specific goal related to health. This means our work on keeping health at the very forefront on policy and development is more important than ever. Maintaining momentum on maternal and child health in line with these new goals is crucial because we know what impact that this momentum can have.

As we learnt during the MDG process, working towards a clearly defined set of goals and targets can focus national governments and international organisations in a way that has never been seen before. From 2000 to 2015, governments around the

world, international organisations and NGOs, showed great commitment to achieving the MDGs by developing policy initiatives that could accelerate progress on targets. Whilst progress has not been as widespread in all countries as we would have hoped, the MDGs and their targets focused policy in a way that transformed many lives.

For example, Nepal is one of a few countries that has actually met the Millennium Development Goal 5 of reducing maternal mortality ratios by three-quarters by 2015. Nepal achieved this by implementing a truly transformative maternal health policy. The policies related to maternal health in the country have resulted in more and more Nepali women choosing to deliver with a skilled birth attendant, often at a health facility, rather than at home, thus greatly reducing their risk of maternal death.[10] Further to this, Nepal's Ministry of Health implemented a policy that put misoprostol – a little pill that can prevent postpartum haemorrhaging – directly into the hands of the women who needed it. It delivered this life-saving drug into the hands of pregnant women living in remote mountain villages, far away from health facilities. Whilst Nepal's government may have implemented these policies on their own accord to save the lives of their women and newborns, having the guidance of the MDG targets enabled the government to focus on implementing policy that could instigate real impact on key health issues.

Therefore, whilst the 17 SDGs may seem abstract in their global scope and ambition, they could have a similarly tangible, transformative impact on communities and countries. Thus, it is important that we set out very real, very tangible targets for achieving the SDGs in a coherent, considered, and cohesive manner. And it is vital that all of us – whether we are mothers, midwives, nurses, health advocates or government policy makers - view ourselves as agents of change for the SDGs, with a particular focus on Sustainable Development Goal 3 that seeks to 'ensure healthy lives and promote wellbeing for all, at all ages.'

Under this goal, there are two specific targets for maternal, newborn, and child health by 2030. The first target is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births and the second is to end preventable deaths of newborns and under-five children. Achieving these SDG targets on maternal, newborn and child health will not be easy. We will not make progress on these targets without hard work, without cooperation, without determination, and without innovation. And most crucially, we will not make progress on these targets without the support and skills of nurses and midwives. **<CLICK – NEW SLIDE>**

During the MDG process, it became abundantly clear to those of us working to achieve MDGs 4 and 5, that access to a skilled midwife was often the difference between life and death for a mother and her newborn in the fragile 24 hours during and after birth. In fact, the World Health Organisation identified skilled midwifery

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[10] http://foreignpolicy.com/2015/05/15/nepals-renegade-strategy-to-save-mothers-earthquake-misoprostol/

care as one of the most powerful weapons in our fight to prevent maternal and newborn mortality, and a recent Lancet Series report on Midwifery found that by increasing access to midwives by just 25%, we could halve maternal mortality rates.

This cemented my belief that midwives are the lynchpins of an effective health care system and the key game-changer that we need, in order to achieve the Sustainable Development Goal related to maternal, newborn, and child health.

Why are midwives, 'game-changers'?

Midwifery has long played a significant role in women's health, with references to midwives even included in the Bible. As support for the profession grew, and training became formalised over time, the medical skills of midwives have grown significantly. Midwives now have the skills, training, and knowledge to provide game changing, expert advice to pregnant women about their health and the health of their child – both during and after pregnancy.

Skilled midwives can provide women with vital antenatal care during pregnancy to ensure that both mother and baby remain healthy. Antenatal care provided by a midwife offers women invaluable information and advice that can ensure a smooth, healthy pregnancy, as well as answer any concerns or questions that they may have. Antenatal appointments with a trained midwife also provide a safe haven for women to discuss sensitive issues affecting their pregnancy or health, such as domestic violence, sexual abuse, and mental illness. Further to this, antenatal screening tests and checks conducted by a skilled midwife can identify any risks to pregnancy or preventable illnesses that could affect the survival of the mother and child, such as pre-eclampsia, malaria, septicaemia, diarrhoea, diabetes, anaemia, or high blood pressure. Identifying these risks or illnesses early helps women make informed choices about their pregnancy and enables healthcare professionals to rapidly treat the illness before birth. Moreover, antenatal care enables women to work with their midwife to develop a birth plan that both prepares the mother and ensures that her wishes are adhered to during childbirth, setting the course for Respectful Maternity Care.

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During childbirth, midwives are invaluable resource for mothers. They provide much-needed support and guidance at this vulnerable juncture of a woman's life, and are viewed as an integral part of the labour and delivery team in hospitals due to their relationship with mothers. This relationship is maintained in the immediate aftermath of birth with midwives providing insight on what the Wellbeing Foundation likes to call the 5 C's – 'Colour' – whether the child is a healthy colour in line with circulation and breathing, 'Crying' – whether the child is reacting to stimuli, 'Comfort' – how to comfort the child after birth, 'Cater' – how to feed the child, and 'Clean' – ensuring that the baby is properly cleaned following birth. In the weeks

following birth, midwives can also provide guidance and comfort on post-natal depression, family planning, and birth spacing.

The relationship between a midwife and a newborn is also invaluable. The first 24 hours following birth are the most critical for a newborn, with more than one million babies dying each year, on their first and only day of life.[11] Without immediate skilled medical attention from a midwife, the life of a newborn could hang in the balance. A skilled midwife can provide emergency care to a newborn in the fragile first day of life, ensuring that the infant has the best possible chance of survival.

Following birth, a skilled midwife is also well placed to deliver advice on nutrition and breastfeeding to mothers. Under nutrition is a serious condition that accounts for 45% of all deaths of children aged 5 and under. Breastfeeding can safeguard against this and prevent 800,000 child deaths from malnutrition each year.[12] From the first hour of a baby's life to age 2, breastfeeding offers protection against infection, malnutrition, and other diseases. Just one year of breastfeeding can increase a child's IQ at age 7, by approximately 4 points.[13]

Midwives can inform mothers about the benefits of breastfeeding and offer guidance, especially in line with timing that critical first feed. They provide counsel and comfort on any health issues that may arise such as, the need for better nutrition in the pre-pregnancy and pregnancy phases; diminished milk supply or pain in the post-delivery phase; and help mothers track their breastfeeding progress.

The examples I've outlined here of how midwives can help both mother and baby before, during, and after pregnancy are not news to you. As nurse-midwives, you've witnessed the work of your skilled colleagues in action, and delivered expert care of your own to vulnerable mothers and babies.

And I must say, witnessing the work of skilled midwives like yourselves first-hand is truly awe-inspiring. A skilled midwife empowers women of childbearing age to make healthy choices for their family; establishes a bond with both mother and baby that can last a lifetime; and educates women about their bodies and their children's health, setting the course for a long and healthy life. Anyone who has witnessed the work of a midwife will know this salient fact: skilled midwives are game changers for health. And they will be central to achieving the Sustainable Development Goal targets for maternal, newborn and child health. **<CLICK – NEW SLIDE>**

<u>What are the main challenges facing midwives today and what are interventions?</u>

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[11] http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.8989373/k.E376/Ending_Newborn_Deaths_Ensuring_Every_Baby_Survives.htm

[12] http://www.unicef.org/eapro/breastfeeding-worldwide-Executive-Summary.pdf

[13] http://breastfeeding.excellence-in-paediatrics.org/content/page/82/press-release-excellence-paediatrics-institute

(i) WBFA Relationship with Midwives:

WBFA and I have long held the belief that midwives will be the game changer for accelerating progress on the MDGs and achieving sustainable change within the SDGs. We have placed midwives at the centre of our policies since we began our work over a decade ago. In 2010, we lobbied for the passage of the Kwara State Safe Maternity Services bill – the first of its kind – that guaranteed funding for midwives. We did this because Nigeria has a long tradition of midwifery, with a vibrant, active community of dedicated midwives that have worked tirelessly to transform the health of their patients. We saw that Nigeria's midwives had an unparalleled understanding of community health needs and community sensitivities, and we worked closely with them to develop our interventions. I learnt so much from Nigeria's midwives, and we are grateful for their insight and support.

Therefore, when I was invited to take the role of Global Goodwill Ambassador for the International Confederation of Midwives in 2014, I was truly humbled. Being invited to raise awareness of midwives and midwifery, to extend the influence of midwives, to lobby and advocate for policy changes relating to reproductive, maternal, newborn, and child healthcare nationally and internationally, - as an African and Nigerian woman - is a role that I could not wait to officially accept.

In this role, I have been lucky enough to meet midwives from all over the world. Hearing their stories has been an inspirational experience because they are on the very frontlines of reducing maternal and infant mortality rates. The role of Global Goodwill Ambassador has also been a learning opportunity for the Wellbeing Foundation and I. We have engaged with midwives around the world to learn about the challenges facing the profession and the help they need to save the lives of more mothers and babies. This insight has informed our frontline programmes, which have been designed to enable midwives to overcome challenges and take their mantle as game changers in the Sustainable Development era. **<CLICK – NEW SLIDE>**

(ii) We know the impact that midwives can have…But how do we train, recruit, and retain more midwives?

One of the key challenges that midwives face is a severe shortage in numbers. Despite a long-standing tradition of midwifery in Nigeria, access to skilled birth attendants like midwives remains limited, and only 40% of Nigerian women give birth with a skilled birth attendant present.[14] An already precarious situation for many Nigerian women is predicted to become even harder over the next 15 years. With an estimated population increase of over 60% in Nigeria by 2030, our already stretched maternal and newborn frontline health services may struggle to respond

[14] National Population Commission (NPC) [Nigeria] and ICF International. 2014. *Nigeria Demographic and Health Survey 2013.* Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

to 12.8 million pregnancies per year.[15] Globally, the world's population is expected to rise rapidly to 8.3billion.[16] We must act now to scale up the training and recruitment of more midwives – including more male midwives - in Nigeria, and indeed across the world, in order to meet the growing demand from a rapidly growing population.[17]

Shortages in skilled birth attendants are triggered by a number of factors, including a lack of institutional and practical training, and varying standards in midwifery education. Service quality is compromised by inadequate absorption into the workforce and ineffective regulation. Poor working conditions, remuneration, support and supervision, make it difficult to retain midwives, especially in rural areas. Just last year, legislation was introduced to the US House of Representatives to address a maternity care provider shortage. The Improving Access to Maternity Care Act would mean health care professionals are incentivised to work in the communities that need them most in urban and rural areas. This is a global problem, but with increased advocacy, increased co-working and amplification of the impact of midwives to millions of lives globally, we will be able to see change. In Nigeria, the revolutionary Midwives Services Scheme (MSS), which commenced in 2009, helped to retain and distribute midwives across the country, meet gaps in skilled birth attendants, and helped to reduce maternal mortality ratio by as much as 40%, though with regional variations across the country, according to the World Bank, the World Health Organization, UNFPA and UNICEF.[18]

In line with these initiatives, WBFA and I have worked with the ICM and grassroots midwifery organisations such as the Nigerian Association of Nurses and Midwives (NANM) to encourage the recruitment and retention of midwives in developing countries, and raise awareness of the need for governments to implement robust recruitment policies for midwives.

Moreover, through WBFA's UN ECO-SOC consultative status, we will call for access to midwives to be central to SDG targets. This will place the recruitment and retention of skilled midwives at the core of government policies related to MNCH. This will ensure that countries have enough midwives to meet the demand from their growing populations, and that more women can access the support and care of a midwife when they need it.

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[15] The State of the World's Midwifery 2014 https://www.unfpa.org/webdav/site/global/shared/documents/publications/2014/SoWMy-Report-English-rev2.pdf

[16] https://www.populationinstitute.org/external/files/reports/The_Perfect_Storm_Scenario_for_2030.pdf

[17] http://www.who.int/maternal_child_adolescent/news_events/events/2014/midwifery_infographic.pdf

[18] U Inegbenebor: Bridging the gap between concept and reality in the Nigerian Midwives Services Scheme. IJCR 2013; 2(4): 58-63.

I'm pleased that this work has already begun to bear fruit, with our advocacy having helped to inform Nigeria's new National Health Bill, which placed the training and recruitment of new midwives, as well as the retaining of midwives at the forefront of policy.

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(iii) Challenge 2: Rural Access

Access to midwives currently varies considerably across sub-Saharan Africa, with rural communities bearing the brunt of the inequity of access. In Nigeria, 14% of pregnant women give birth completely alone, without even a family member present.[19] And this is a trend that is actually getting worse in rural areas, as in the case of the North West and North-East of Nigeria, where there was a 27% increase in the number of women giving birth completely alone. Considering that northern Nigeria suffers from the highest maternal mortality rates in the country, scaling up access to midwives in rural areas of Nigeria must be a priority to ensure that mothers are no longer giving birth by themselves. This is a terrifying statistic that has been compounded by the plight of internally displaced persons in the north of our country as a result of Boko Haram's violence – many of whom are pregnant women, forced to give birth in the most abject conditions, without any rights or support.

We must prioritise access to midwives within these communities and ensure that these young mothers no longer feel alone and alienated whilst giving birth.

This is why WBFA has championed the commissioning of Maternity Referral Centres (MRC) in my home state of Kwara, Nigeria, to ensure women in rural areas can access antenatal, intrapartum and postnatal care from skilled healthcare professionals, including midwives. Designed and constructed as an eco-friendly community based centre, the Maternity Referral Centre in Eruku will serve approximately 20,000 pregnant women and newborns from neighbouring rural areas each year. Maternity Referral Centres enable midwives to more easily access their patients in rural areas, overcoming serious challenges related to the inequity of access and a lack of infrastructure. And as we learnt from the Ebola crisis in Sierra Leone, Liberia and Guinea, gaps in infrastructure - exacerbated by a lack of health facilities - can be fatal. More strategically placed facilities like Maternity Referral Centres can help to bridge infrastructure gaps and the inequity of access.

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(iv) Another challenge for midwives – a simple lack of funds (AUHCF)

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[19] 'Trends in delivery with no one present in Nigeria between 2003 and 2013', *International Journal of Women's Health,* 7 April 2015

Overcoming the challenge of midwife retention and providing access to skilled birth attendance in rural areas must also consider how we fund health services in communities. When we began our work over a decade ago, the Wellbeing Foundation's frontline health programmes in Kwara State included the Positive Lifeline Programme, Twins and Multiple Births Programme and the Indigent Medical Fund, which helped thousands of lives. Through these three programmes, the Foundation and I intervened to assist with out-of-pocket medical bills and the cost of specialist healthcare for patients in need. However, even we have found that this model, whilst successful, is ultimately unsustainable – we could not go to scale. We realised that fundamentally transforming how we approach primary healthcare as a nation, would require a more comprehensive and innovative financing mechanism.

In my home state of Kwara, the state government – during my husband's tenure as Governor – pioneered the provision of equitable access to healthcare services through the Kwara State Community Health Insurance Scheme (CHIS) for low-income families. The donor-subsidised CHIS now has 85,000 active enrolees, paying only approximately $2.50 (USD) per person, per year, in insurance premiums to receive excellent coverage. With just under 50% of Nigerians living below the poverty line[20], out-of-pocket financing at the point-of-service in hospitals can cripple families financially for years, resulting in further economic vulnerability and limited access to regular primary healthcare, setting off a cycle of poverty and poor health for generations. Access to affordable health insurance could be the difference between life and death for these families, particularly during pregnancy. And help to break the stranglehold of poverty.

Therefore, in partnership with Hygeia Community Health Care, a Nigerian health insurance provider, and the Dutch PharmAccess Foundation, WBFA established the Alaafia Universal Health Coverage Fund (AUHCF). Through the AUHCF, we fund the insurance premiums for 5000 Kwaran residents each year. Recipients include pregnant women, children, and adolescent girls, people living with HIV and AIDS, and the elderly, with adolescent girls and pregnant women representing 50% of enrolees. Designed with women in mind, this fund will enable girls and mothers to access affordable, high-quality primary healthcare at the most vulnerable junctures of their life, rather than relying primarily on expensive emergency care. This will impact overall health habits, encourage healthier home practices, and improve community-based care.

Most importantly, innovative financing for universal health coverage through schemes like the AUHCF, also guarantees payment for healthcare professionals for their services. This guarantee of payment through a robust financing system will result in a more motivated workforce, thus improving quality of care and ensuring that skilled birth attendants like midwives are retained within the profession, in the right facilities. **<CLICK – NEW SLIDE>**

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[20] http://data.worldbank.org/country/nigeria#cp_fin

(v) A further challenge for midwives – a lack of resources

Universal health coverage and innovative financing for health insurance will also address another serious challenge facing midwives today – a lack of resources. Midwives in developing countries like Nigeria and other sub-Saharan African nations have pointed to a serious deficiency in the basic equipment that they need to safely deliver babies in clean conditions.

For many women around the world, preparation for birth means nesting, painting nurseries, and attending prenatal doctors appointments. Yet, for pregnant women in rural areas of Nigeria, preparation for birth is ensuring they take at least 12 candles and six gallons of diesel with them to the hospital, lest the facility suffer a power cut during delivery. Included in a preparation for birth list given to women in rural areas, the candles shine a light on glaring gaps in Nigeria's health system and infrastructure, and the need for an approach that tackles inequity of access to adequate medical resources and social determinants of health. The onus should not be placed on patients – many of whom live below the poverty line – to plug the funding and supply chain gaps for basic commodities like lighting or medical equipment. The onus should not be placed on midwives – many of whom are overworked and underpaid – to scramble to find the basic commodities – and more resilient equipment like solar powered lamps - that they need to do their job. **<CLICK – NEW SLIDE>**

To overcome this challenge, WBFA introduced 'Safe Delivery Kits', which we fondly termed the 'MamaKit'. Introduced in 2010, the MamaKit contains all the necessary life-saving health commodities that can transform any incidental delivery location into the likeness of a fully equipped health facility. We have distributed MamaKits across Nigeria, including in Internally Displaced Persons camps in the northeast of the country. The success of the MamaKits led to us refining the kits for healthcare providers, including midwives. The MamaKit for Midwives includes higher specification health commodities, including oxytocin, misoprostol, and a Foley's catheter in one handy, easily transportable kit. This will enable midwives to easily transport the equipment that they need to safely deliver babies, thus enabling them to address high maternal and infant mortality rates in rural areas. **<CLICK – NEW SLIDE>**

(vi) One of the most glaring challenges facing us…not knowing the true scale of the challenge ahead! – lack of records (PHR)

Many midwives in Nigeria often point to a paucity of data as a major challenge in treating pregnant women effectively. Nigeria suffers from a lack of accurate record keeping, emphasised by the fact that only a third of all newborns are registered at birth. For medical staff, a lack of accurate patient records meant that they could not

effectively identify health risks in pregnancy or track progress. For patients, a lack of accurate records meant that they could not track their own progress during pregnancy, leaving them without vital life-saving information, such as their blood type or patient history!

Learning from this situation, WBFA introduced the client-held Personal Health Record (PHR). The PHR has been designed to be in the custody of mothers so that they can bring them to health centres during their pregnancy and labour, and up until their child attains the age of 5 years. Keeping all of this information in this client-held PHR is an effective way of ensuring that mothers and children receive the right care throughout the periods of pregnancy, labour/delivery, and post-natal care.
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Through partnering with the Midwives Service Scheme (MSS) of the National Primary Healthcare Development Agency (NPHCDA) Personal Health Records were adopted into the very frontline of the Nigerian health system. For me this was a personal standout and crucial achievement; the result of a strategic partnership between my Foundation and the Nigerian government – in line with MDG 8.

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The PHR is groundbreaking in Nigeria because it is far more than a data collection tool – it is an information delivery platform. It empowers women to track their health and the health of their child, including their nutrition, immunisation, and more. It provides healthcare professionals like midwives, with an early warning signal, in case of any risks during pregnancy and in the early stages of childhood, and enables them to provide timely care and advice to mothers and their families. And as a vital audit tool, it can identify gaps in practice and improve quality of care.

In a recently released report, the World Bank, USAID and the WHO highlighted how personal health records, like WBFA's PHR, were a critical component of effective measurement and accountability systems for health, claiming that 'client-held personal health records, especially for mothers and children, can build ownership of health information as well as consistency of data over time and across different facilities."

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(vii) **Challenge 5: Lack of Records – Maternity Notes**

For more in-depth pregnancy progression notes for midwives, we recently developed the Wellbeing Foundation's Maternity Notes, following a comprehensive consultation process with mothers, midwives, and other care providers working in many parts of the world.

These notes aim to improve quality and safety of maternity care and to equalise the quality of locally developed maternity records, which increase complexity of care across provider boundaries, and for doctors and midwives moving between different units in Nigeria. The maternity notes are designed to be held by the pregnant mother and filled in by their midwife but can also be kept by health facilities. This approach encourages two-way communication between the expectant mother and midwife, ensuring that both she and her family are fully informed and able to contribute to the decision making process. Documenting all clinical care and management plans within the notes fosters trust and transparency, and enables midwives to provide the best possible care to their patients through accurate record keeping.

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(viii) **How else can we help midwives? Offering continuous training in new skills – such as EmONC.**

Another major challenge facing midwifery today is a lack of cohesion and coordination of midwifery education programmes. Midwifery education programmes need substantial support. We know that trained midwives offer communities the most cost-effective and high quality path to universal access to maternal healthcare. Yet, the training of midwives is inconsistent across the world. Quality remains a challenge for many countries, which lack the human, academic, and financial resources required for operating a sufficiently good educational programme. Midwifery training programmes vary widely in content and quality both within countries, and across the world. Many fail to address the midwifery competencies outlined by the International Confederation of Midwives. Some programmes have tried to produce more skilled birth attendants by making training courses shorter, simplifying content and reducing access to supervisory staff. However, this reduces the quality of graduating staff. Evidence shows that the opposite is needed to develop midwifery competencies, namely: more competency-based teaching, more training in clinical settings, and better access to qualified staff.

This is why WBFA is proud to announce that we have forged a ground-breaking partnership with Johnson & Johnson and the Liverpool School of Tropical Medicine on a 'skills and drills' training package for Emergency Obstetric Care and early Newborn Care in Kwara State. LSTM's Centre for Maternal and Newborn Health (CMNH) has designed an innovative programme that has the potential to reduce maternal mortality by up to 15% and still birth rates by up to 20%. This ensures the improved quality and availability of skilled birth attendants (SBA) and emergency obstetric care and early newborn care (EmONC), with a measurable increase in knowledge and skills of healthcare providers.

Midwives are central to this project, as the training programme includes support to pre-service midwifery institutions to improve the competency based EmONC training

components of their curriculum. The programme includes in-service training for 80-100% of midwives, doctors and community health extension workers who provide maternity services in public sector hospitals, setting up skills labs in three general hospitals, and upgrading the capacity of one skills lab in a pre-service midwifery institute. We believe that this programme empowers midwives in Kwara State, and in turn, empowers the communities that they serve. We believe that this programme empowers midwives, and in turn, ensures that they are able to take their rightful place as the game changers we so desperately need, to accelerate progress on the MDGs and achieve the SDGs. **<CLICK – NEW SLIDE>**

Conclusion:

This is why midwifery is so central to the Wellbeing Foundation and our policies. We have placed midwives at the heart of our programmes designed to reduce maternal and infant mortality because we truly believe that your impact can be felt long before birth, during birth, and long after birth. Through our policies and interventions, we work tirelessly to ensure that there are more healthcare professionals with midwifery skills, in the right place, at the right time, with the right education, the right support and the right pay.

Midwives have proven that they play an invaluable role within communities, and through their role in grassroots national organisations like the Nigerian Association of Nurses and Midwives and the American College of Nurse-Midwives, which make up the body of the International Confederation of Midwives; in advocacy groups such as the White Ribbon Alliance and Save the Children; and in global institutions like the World Health Organisation's Partnership for Maternal, Newborn and Child Health, midwives have proven that they have a strong voice and incomparable power.

Midwives, I call upon you to now harness this voice and power to hold decision makers to account, devise strategies that strengthen the profession further, and work together to ensure a bright future for mothers, babies, and their families in the era of Sustainable Development.

Most importantly, midwives crucially address all the major social determinants of health. Midwives offer affordable care and affordable health education to mothers, through antenatal appointments and advice during and after pregnancy. If made available to mothers through innovative financing mechanisms for affordable health insurance, midwifery care can drastically overcome this serious social determinant of health and improve survival rates for mothers. Further to this, a lack of infrastructure in rural regions is another social determinant of health that can significantly impact survival. Access to midwifery care via maternity referral centres overcomes this infrastructure gap and saves considerably more lives. A lack of resources and accurate records in socially deprived areas can be overcome by trained midwives with access to affordable solutions like Personal Health Records

and Mama Kits. Similarly, access to midwives who are not only trained in emergency care but also respectful maternity care, can prevent the human rights injustices that afflict so many mothers during childbirth. A lack of resources all too often leads to a lack of respectful maternity care during the most vulnerable juncture of a woman's life. Access to a trained midwife, who understands the needs of a mother can drastically improve the care that a woman receives – regardless of her socio-economic position - making her feel respected, making her feel heard, and making her feel safe. This is why we need more midwives, now.

More midwives and more access to midwives means more lives are saved. More midwives and more access to midwives means an end to the needless and preventable deaths of women, newborns, and children. More midwives and more access to midwives means a better tomorrow, for every mother and every child.

This is my vision for 2030. This is our collective vision for 2030. This is our vision for every woman and every child. We cannot make our vision for 2030 a reality without midwives. We cannot make our vision for 2030 a reality without you. Now, lets us join hands and work towards this vision in this new era of Sustainable Development.