

MYANMAR SRMNAH WORKFORCE ASSESSMENT



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Foreword

The theme for International Day of the Midwife 2016 was *Women and Newborns: The Heart of Midwifery*. On this day, Myanmar's Ministry of Health and Sports, and development partners working in the field of midwifery around the world celebrated the successes of midwives. Though progress has been made in reducing preventable maternal mortality, it remains a significant challenge in Myanmar, and four prevailing causes are responsible for 70% of maternal deaths: post-partum bleeding, high blood pressure, infection and complications of unsafe abortions. Thousands of women, adolescents and newborns could be saved by having access to skilled care at birth and access to medicines and health supplies. Evidence shows that midwives who are educated and regulated to international standards can provide 87 per cent of the essential care needed by women of reproductive age and newborns.

Myanmar participated in the *State of the World's Midwifery* report 2014: the second time this country has participated in this initiative. Participation required a review of the situation of midwifery in Myanmar, so brought together midwives, faculty of midwifery training schools, practising midwives, UN agencies, the national midwifery association and council and other stakeholders. The analysis that followed resulted in recommendations and a call for strengthening of midwifery in Myanmar. The Ministry of Health and Sports, and UNFPA Myanmar organized a meeting in June 2015 to develop draft national midwifery standards as per the *ASEAN Regional Guideline for Minimum Requirements for Training and Accreditation of Skilled Birth Attendants*, and to discuss the way forward for strengthening midwifery education.

UNFPA Myanmar, with the leadership of the Ministry of Health and Sports, and with expertise provided by the Spanish research institute, ICS Integrare (an expert group of researchers in workforce assessment) coordinated this assessment with a national team of consultants, as part of the Joint UN Health System Strengthening Initiative supported by the 3MDG Fund. The assessment looks in detail at four key areas which are at the core of the concept of effective coverage of sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) services: availability, accessibility, acceptability and quality. It is heartening to see that, based on this detailed analysis, three strategies are laid out as potential ways to increase the extent to which Myanmar's health workforce can better meet the SRMNAH needs of our population. All three strategies focus primarily on midwives, as they are the backbone of Myanmar's SRMNAH system and uniquely able to provide services across the full continuum of SRMNAH care.

I am confident that the findings and recommendations will form the basis for the development of evidence-based midwifery workforce policy and planning as well as for improving the health system with a view to providing high quality services centered on women and newborns.

I would like to take this opportunity to thank UNFPA Myanmar for its partnership and continuous support. I am certain that with our political will, increased investments in midwifery workforce policy and planning, women will no longer die giving life.



Prof. Dr. Myint Han
Director General-DHPRDM
Ministry of Health and Sports

Acknowledgements

Workforce planning is an integral part of the health system strengthening and its strategic management. Within this, midwives are the backbone of Sexual, Reproductive, Maternal, Newborn and Adolescent Health (SRMNAH) care. They are often the ones who are on the frontline of health care and the only point of contact with the local population. This is especially the case in Myanmar, where 70% of the population live in rural areas.

Recent evidence has shown that data driven health workforce planning and programming for improved access to skilled midwifery care, has led to significant reductions in maternal and infant mortality rates. Based on this fact, an SRMNAH workforce assessment was undertaken for Myanmar in order to obtain a basis for the development of the midwifery workforce policy and planning. UNFPA acknowledges the leadership and foresight of the Ministry of Health and Sports in this undertaking and recognizes especially the drive of the Department of Health Professional Resource Development and Management (DHPDRM) in this endeavor. UNFPA has provided its technical support and co-ordination to the process.

I thank the national assessment team for the workforce assessment, consisting of representatives from the Department of Health Professional Resource Development and Management, Department of Public Health, Department of Medical Services, Ob-Gyn Society of the Myanmar Medical Association, Myanmar Nurse and Midwife Association, Myanmar Nurse and Midwife Council, WHO, UNICEF, UNOPS, Jhpiego, Marie Stopes International, Myanmar Maternal and Child Welfare Association and the UNFPA Myanmar Country Office.

Added to those mentioned above, were numerous other colleagues, partners and stakeholders who joined in providing further valuable contributions and at the review stage, including: Nursing Officers/ Assistant Directors from State and Regional Health Departments, Principals/Tutors of all Midwifery Training Schools, Professors of Ob-Gyn at the Institute of Medicine I, Pact Myanmar and Ipas.

My heartfelt gratitude goes especially to the analysis and drafting team which consisted of: Dr. Phone Myint and Dr. Ohnmar Kyi (independent consultants), and Dr. Andrea Nove and Dr. Francisco Pozo Martin (ICS Integare), and the editing team of Joanne McManus and Anna Rayne.

Last but not the least, I wish to acknowledge that this work of high importance for health system strengthening was made possible by the generous funding support of the donors of the 3MDG Fund. This assessment formed part of a larger joint initiative by the UN in Health System Strengthening in Myanmar.



Janet E. Jackson
UNFPA Representative for Myanmar

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