

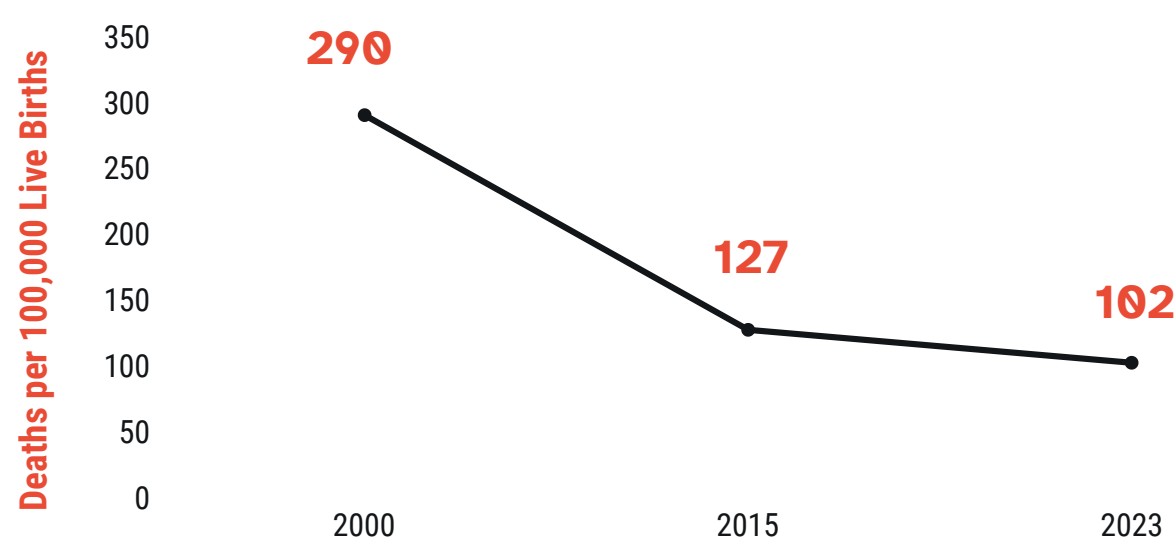


STATE OF ASIA'S MIDWIFERY 2024 REPORT

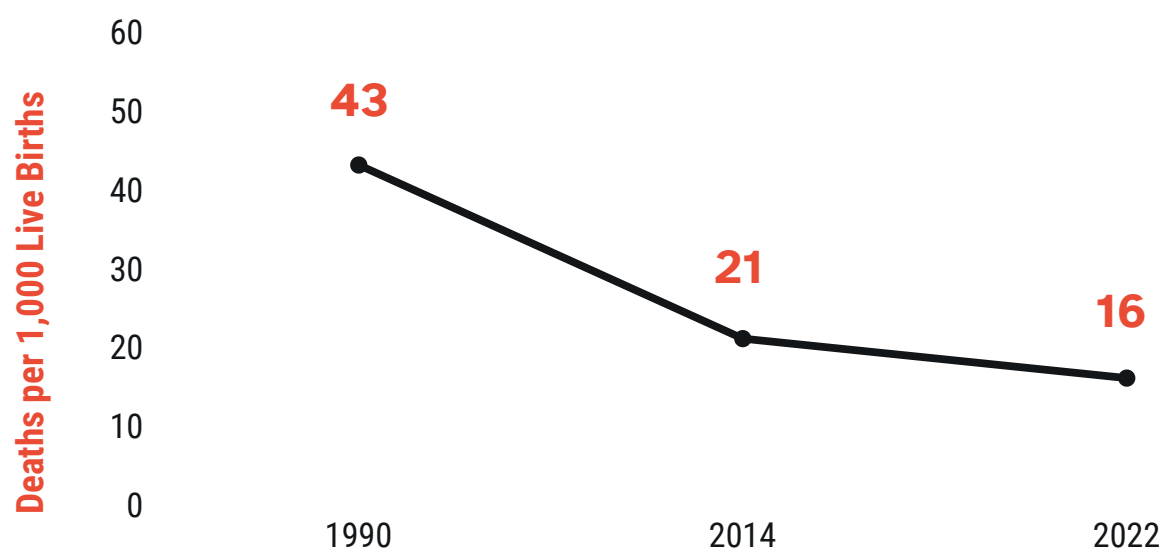
MIDWIVES SAVE LIVES!

Investing in midwives across Asia-Pacific strengthens the workforce, leading to dramatic reductions in maternal and newborn deaths and accelerating progress toward the Sustainable Development Goals (SDGs). Inspired by the *"State of Asia's Midwifery 2024 Report,"* this infographic **highlights both the significant progress and the urgent challenges in the region's midwifery sector**, aiming to improve the lives of mothers and newborns.

ASIA-PACIFIC MATERNAL MORTALITY RATE (MMR)



ASIA-PACIFIC NEONATAL MORTALITY RATE (NMR)



MASSIVE MMR REDUCTIONS

The AP region achieved a striking **65% reduction** in MMR between 2000 and 2023. The regional MMR plummeted from 290 maternal deaths per 100,000 live births in 2000, to 197 in 2015, and further to 102 by 2023. This surpasses the global 40% MMR reduction over the same period.

PROGRESS SLOWS IN MMR REDUCTION

Despite this success, the report signals an **alarming slowdown in MMR reduction** in recent years, mirroring global trends.

MMR TARGET WITHIN REACH, ACCELERATION REQUIRED

SDG 3 targets an MMR below 70 by 2030. As of 2023, **10 countries in Asia have already achieved this target**. Countries demonstrating strong recent MMR reductions include Bangladesh (43%), Nepal (40%), Lao PDR (38%), India (37%), and Timor-Leste (37%). Still, many countries in this region are lagging behind on MMR reduction and require acceleration.

AVOIDABLE TRAGEDIES

The AP region alone contributed to 22% (58,000) of all global maternal deaths in 2023. Nearly all were **preventable through high-quality maternal health care and services**. Additionally, 42% (nearly 1 million) of all global newborn deaths occurred in the AP region.

REMARKABLE REGIONAL PROGRESS IN NMR

The AP region achieved a **62% reduction in NMR** between 1990 and 2022, surpassing the global reduction of 53% over the same period.

CURRENT REGIONAL AVERAGE

The average NMR for the AP region (2022) was **16 neonatal deaths per 1000 live births**.

SDG TARGET IN SIGHT FOR 50% OF THE REGION

The SDG target aims to reduce the global NMR to no more than 12 neonatal deaths per 1000 live births. By 2022, **50% of the AP countries had already met this target**.

SLOWING PROGRESS ON NEONATAL MORTALITY

Progress on neonatal mortality has slowed in recent years. Between 2014 and 2022, the global NMR reduced by only 13%, with the AP region showing a 20% reduction. Malaysia, Philippines, and Viet Nam showed little or no progress in neonatal mortality reduction between 2014 and 2022.

RECENT STRONG PERFORMERS

Bangladesh, India, Maldives, and Sri Lanka were the region's strongest performers in NMR reduction during this more recent period.



4.3

MILLION LIVES SAVED

Universal coverage of midwife-delivered interventions could avert two-thirds of maternal and neonatal deaths and save 4.3 million lives per year by 2035.



READ THE FULL REPORT HERE

STATE OF ASIA'S MIDWIFERY

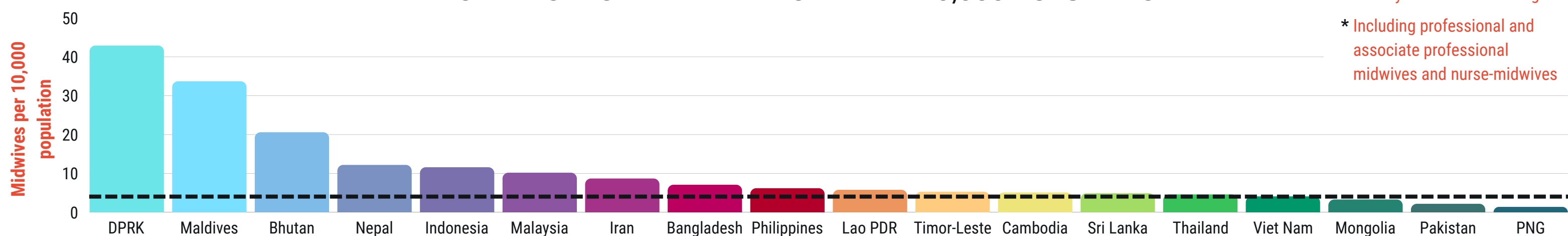
2024 REPORT: Key Findings



MIDWIFE DENSITY: Extreme Variation

The regional midwife density* varies wildly, from **42.9 per 10,000 population in DPRK** to just **1.4 in PNG**. This highlights a **significant midwife gap**, as the WHO estimates a minimum of 25 doctors, nurses, and midwives per 10,000 are needed for adequate primary healthcare. While **9 countries have boosted their numbers since 2021**, 4 countries have seen a decrease. Five countries (Lao PDR, Mongolia, Pakistan, PNG and Timor-Leste) face significant shortages of midwives, and for two of these (**Pakistan and PNG**) the gap is considered critical.

ASIA-PACIFIC MIDWIFE DENSITY* PER 10,000 POPULATION



PROFESSIONAL GAPS

In most countries, the midwife's scope of practice is heavily restricted including critical and lifesaving essential services such as medical abortion, assisted instrumental delivery, manual vacuum aspiration, obstetric fistula care, and contraceptive implants.

4

Scope of practice is especially limited in Bhutan, DPRK, Sri Lanka and Thailand.

Gaps in deployment and transition-to-practice leave new graduates unemployed or in non-midwifery roles. Transition programs are often insufficient, and data systems lack the capacity to measure challenges like 'brain drain' and geographical maldistribution.

WORKFORCE DEPLOYMENT

8 countries have a midwife-specific deployment strategy to regulate the distribution of new graduates and 4 countries currently lack one entirely. Policy misalignment can lead to **oversupply of graduates who cannot find appropriate employment.**

50

Over 50% of countries in Asia have strategies to improve rural midwife availability through education and incentives.

Equity gaps in midwife-sanctioned posts and low recruitment present significant challenges. Just 3 countries (Lao PDR, Bangladesh, and the Philippines) have established midwife positions, and graduate recruitment into these roles varied wildly throughout the region.

EDUCATIONAL QUALITY CONCERNS

International midwifery standards adherence varies and is not uniformly used by all midwifery schools, however, all 20 reporting countries have national standards for education curricula.

Most countries fail to meet at least one ICM global standard, with the least met standards being faculty resources and quality improvement.

6

countries have under 50% qualified midwife faculty

13

countries have national faculty development programmes

14

countries have national CPD programmes, many irregular

19

countries have a national body for pre-service accreditation

NATIONAL REPRESENTATION NEEDED

Midwives have limited involvement in strategic health roles, often excluded from specialized leadership activities like research ethics or professional misconduct hearings. Thailand is the only country with midwife involvement in all 12 key leadership activities.

7

countries report no midwives in national leadership positions

13

countries report midwifery bodies not led by midwives

9

countries report a non-midwife setting the strategic direction



STATE OF ASIA'S MIDWIFERY

2024 REPORT: Country Spotlights



BANGLADESH: A Model of Progress



Since introducing a globally-aligned education program in 2013, Bangladesh has significantly strengthened its midwifery sector. The country revised the midwife's scope of practice to include independent medication administration, which has led to documented reductions in maternal and neonatal deaths. The government further reinforced this progress with a major deployment strategy, creating thousands of sanctioned midwife positions.

151 additional maternal lives saved between 2019-2023

892 additional neonatal lives saved between 2019-2023

43% reduction in MMR between 2015-2023



CAMBODIA: A Leader in Midwifery



Cambodia has made significant midwifery advancements, doubling its workforce between 2010 and 2023. Midwives have been integrated into policy and leadership, chairing key national bodies. This has led to the recognition of midwife's as autonomous professionals and contributed to an increase in the number of vaginal births in the community. As a result, most health centers now meet the national midwifery staffing requirements.

14 essential interventions out of 15 included in scope of practice

68% of births are attended by midwives or nurses

8500 total number of midwives which doubled between 2010-2023



IRAN: A Model for Responsive Midwifery



Iran exemplifies responsive continuing professional development, especially during crises. Following the 2022-2023 earthquakes, a workshop trained 30 midwives in emergency care and disaster response, significantly boosting their knowledge and confidence. Midwives in Iran also hold a wide variety of national leadership roles, demonstrating a strong, responsive, and empowered workforce.

4 key national leadership roles help by midwives

30 midwives trained in EmONC during a 'reproductive health in disasters' workshop

100% increase in midwife density between 2021-2024

MIDWIVES IN CHALLENGING ENVIRONMENTS



AFGHANISTAN



Afghanistan faces a dire situation in midwifery due to a ban on women's education that has halted the production of new midwife graduates. This exacerbates severe existing shortages, particularly in rural areas, and impedes access to essential sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) services. Consequently, the country experiences very poor maternal, neonatal, and stillbirth outcomes.

31 stillbirths per 1,000 total births

35 neonatal deaths per 1,000 live births

521 maternal deaths per 100,000 live births



MYANMAR



Political challenges are taking a toll on the midwifery sector, which has seen its work-force shrink from 13,500 to 8,000 midwives since 2021. Annual graduates drastically fell from over 1,300 in 2019 to just 21 in 2023. Attacks on healthcare facilities and natural disasters further exacerbate this crisis, impacting access to midwifery care and requiring urgent actions for midwife safety and empowerment.

41 % drop in the number of midwives from 2020-2023

98 % decline in annual midwifery graduates since 2019

1507 documented attacks on healthcare facilities between 2021-2024

STATE OF ASIA'S MIDWIFERY 2024 REPORT: A Call to Action

1

ADDRESS SHORTAGES

Address needs-based shortages of midwives through accelerating production and increasing educational pathways in line with ICM standards, and develop equitable and updated deployment strategies. This will require investments in midwifery faculty development and curriculum updates, as well as systems for the regulation of quality midwifery education to ensure adherence to ICM standards.

2

UPDATE POLICIES

Revise and update policies for practice and educational pathways to ensure that midwives are enabled, trained, and have the required competencies to perform to the full scope of practice as defined by ICM.

3

INVEST IN PLANNING

Invest in data driven workforce planning, develop sanctioned midwifery posts in the public sector, and implement policies for equitable and sustainable recruitment, deployment and retention of the midwifery workforce. This ensures SRMNAH needs are equitably met within countries and promotes maximum absorption of graduates into the workforce.

4

EMPOWER MIDWIVES

Empower midwives through providing leadership opportunities in key activities and structures that influence SRMNAH care, regulation, and research.

