2025:05 Sida Decentralised Evaluation

Report on Swedish support to the professionalisation of midwives and midwifery in Bangladesh

Final Report

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This report aims to document and contextualise the role and contribution of Sweden as a major and long-term donor and development partner in professionalising midwives and midwifery in Bangladesh. It describes the rationale for the key policy decision to address maternal and neonatal mortality and transform maternal health care through the strategic investment in midwives. It stresses the importance of long-term commitment, strong partnerships and national leadership while examining success factors for capacity development and policy change. Finally, it outlines some opportunities for the continued support to sustain gains made and enable a system of midwife-led care. The report focuses on the period 2005-2022 and is based on scientific papers, development reports and interviews with donors, and implementing partners. It also draws on the author's experience as a JPO midwife in UNFPA, Bangladesh 2005-2007 and subsequent work in Health, Education and SRHR in the Swedish International Development Agency, (Sida) 2008-2012 and UNFPA headquarters 2017-2022.

Background

Context and rationale

The description of the success of Bangladesh's development of a professional midwife cadre and midwifery care as a discipline and means to strengthen the health system, needs to start in the general socio-economic and health development narrative of the country.

Numerous reports, reviews, academic papers and books have analysed and interpreted the "health development wonder" of Bangladesh. They draw a complex image of progress from 1971 when it was the second-poorest country in the world, up to today being a middle income country of 170 million people that in spite of; recurring and serious political instability and corruption; being extremely vulnerable to and affected by natural disasters and the climate crisis and since 2017 a recipient of nearly 800 000 Rohingya refugees, has made remarkable health gains.

The freedom war from foreign occupiers as well as religious extremist groups, is often mentioned as an underlying success factor for Bangladesh's development. Characterised by social mobilisation, creating space for institutional and stakeholder diversity including informal, private and public providers, it lay an important ground for progressive ideas to flourish and created space for civil society engagement, innovation and the establishment of commercial enterprises. In the development of the new state's nationwide sector policies, the imprint of the constitution's equity focus also reached the health sector. Coupled with a secular and progressive attitude of people, these factors contributed to a pro-equity strategy, emphasising women's potential and role while focusing on a number of direct health actions in high priority areas such as family planning, immunisation, oral rehydration therapy, and vitamin A supplementation, to mention a few. A cadre of community female health workers played a key role in the impressive nationwide scale-up to reach every household .[1] This model of community-based health workers later became a blueprint and recruitment basis for the development of the Community based skilled birth attendant program in 2003.

The investment in education of girls, empowerment of women and mitigation of natural disasters still weigh heavily on the positive side of results, although many of the health impacting social determinants such as high levels of poverty, malnutrition and income inequalities persist.

The positive results were and are still unevenly distributed across health indicators. Family planning has been enormously innovative and successful and has impacted the total fertility rate to drop from 6.9 in 1970 to 1.95 2024 with effects also on the decline in Maternal Mortality Ratio (MMR). The MMR has dropped from 569/100 000 live births in 1990 to 173/100000 in 2020[2] live births which is a significant reduction, but the reduction stagnated in 2010 at a level of 196/100 000 live births where it remained until 2017 when it started to slowly reduce again. Other health parameters were at the same time of track. Malnutrition in children and neonatal mortality remained high and antenatal care use, skilled birth attendance and facility-based deliveries have all been lower than those of neighbouring countries.[3]

There was a strong momentum, consensus and pressure from the international community in 2005 for the need to address maternal health in a different way. It was obvious that the goal set by the international community to reduce maternal mortality by 75% by 2015 (MDG5) was not on track.[4] The Millenium Development Goals (MDG) had fostered political will and motivation in an important manner to address the persisting high levels of MMR. Many countries including Bangladesh were also driven by an urgency to reach the MDGs in time, and resorted to invest in shorter, less costly but also less effective, training programs to quickly get tangible and measurable results on MNMR. These were programs to train Traditional Birth Attendants (TBAs) or as in the case of Bangladesh a six months' skilled birth attendance training program for community health workers already working in the community with other primary health care services such as vaccination and public health information campaigns. Studies have shown that albeit these programs may have positively shifted some perinatal practices, they did not adequately meet the necessary requirements of competence and capacity of the health worker to handle maternal and newborn complications and saving lives.[5]

Midwifery - rights based and cost effective

There is broad agreement today that quality midwifery care and professional midwives are not only the backbone of universal and primary health care, but also the key to ensuring access to the entire package of sexual, reproductive, maternal, newborn and adolescent health and rights (SRMNAHR).

Sweden's long-term commitment and normative leadership for midwifery development, has been a priority area of development assistance since 2005. It is based in a broad SRHR agenda that from a life course perspective includes everything from access to sexuality education, HPV vaccine, adolescent SRH, contraception, safe abortion, access and availability of maternity care and work against gender-based violence.[6]

Sweden's public health history and long experience of midwives as a core health cadre of maternal health, constitutes a major part of the rationale for the commitment and leadership on midwifery. In 1800 the MMR in Sweden was still 896 per 100 000 live births. These deaths were caused by direct pregnancy and birth related complications. By 1900 the MMR had decreased to 200, significantly lower than those of other European more prosperous countries. The government decree in 1819 that stated that every parish should have an educated and licensed midwife serving women in pregnancy and childbirth in their homes. Educating and licensing midwives who had a regulated and autonomous area of practice and deploying them in the community, proved to be one of the most important success factors for the steep decline of MMR in the 1800s[7], Fig1., It led to professionalisation and autonomy of the midwife and midwifery care and an accessible, equitable and quality maternal health care system.

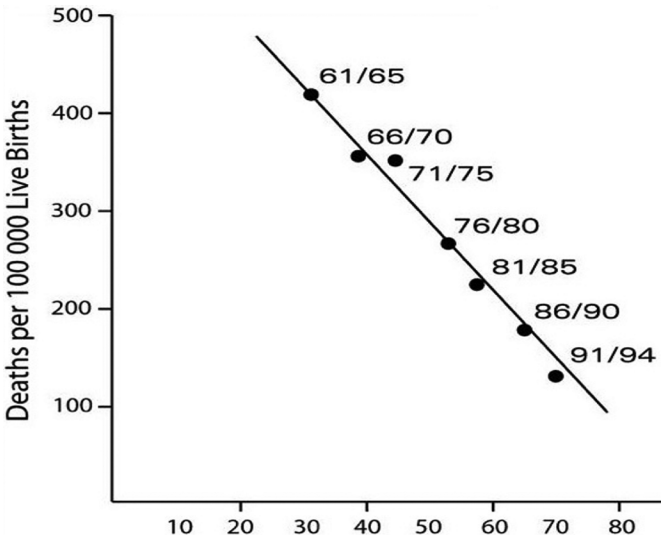

Fig 1. Midwifery service in rural areas in Sweden and maternal mortality (septic deaths excluded) for the years 1861 through 1894, Högberg, U, 2004[8]

Global Estimates

Recent global estimates show that if educated, to meet international standards, regulated, enabled, supported and integrated within an interdisciplinary team, midwives could meet about 90% of the need for SRMNAH services. Most of the common causes of maternal and newborn deaths such as, severe bleeding and infections after childbirth, high blood pressure during pregnancy, obstructed labour and asphyxia can be prevented and averted by access to midwives who can provide skilled maternal and newborn care. Even a very modest increase of 10% in enabled midwives is estimated to avert 41% of maternal deaths, 39% of neonatal deaths, and 26% of stillbirths globally.[9] For universal coverage 900,000 new midwives are required to meet projected SRMNAH needs by 2030.[10] Further investment in midwives is thus called for to achieve the Sustainable Development Goals.

Box1.Definition of Midwifery, International Confederation of Midwives (ICM)

Midwifery is a person-centred model of care where midwives work to optimise the normal biological, psychological, social and cultural processes of childbirth and early life of the newborn. Midwifery promotes, protects, and supports women's human, reproductive and sexual health and rights, and respects ethnic and cultural diversity. It is based on the ethical principles of justice, equity, and respect for human dignity. Midwives work in partnership with women, respecting the individual circumstances and views of each person in the care they seek, to try to ensure the realisation of a participatory approach.[11]

Midwifery in Bangladesh

In 2005 there were several health care cadres in Bangladesh, maternity nurses, nurse-midwives, family welfare visitors (FWV) and community based skilled birth attendants (CSBA) that had been trained to assist women in pregnancy and birth. Some of these health care workers still attend to birthing women in institutions and at home. None of these education/ training programs however met the required international standard and the capacity and competence of a professional autonomous midwife.[12 13] A limited public awareness about

midwives, midwifery and maternal health practices and a preference for home births driven by tradition and perceived low quality of care in health care facilities, discouraged women from seeking institutional care.

The commitment of the Government of Bangladesh to midwifery through professional midwives, supported by strong partnerships and substantial and long-term funding from international donor partners have to date resulted in 8600 midwives educated in accordance with international standards, 2556 of them currently serving in 95% of all sub-district hospital. This is a result of the establishment of 62 public and 107 private education programs. Fifty percent of all sub district hospitals are fully staffed with four midwives and 75-85% of all births in these hospitals are attended to by a midwife.[14] A significant improvement in the quality of care WHO indicators and increased service utilisation rates in Bangladesh have been attributed to the deployment of midwives.[15] [16]

In 2022, 5000 new midwife posts were approved by the.[17] While this development is a significant improvement and capacity advancement that will benefit the SRMNAH outcomes of women and girls in Bangladesh and the quality of care they will receive, challenges remain. Thirty eight percent of deliveries in Bangladesh are still taking place in the home, and in only 42% of cases is there a skilled birth attendant present. This directly contributes to the 4,300 maternal deaths estimated to occur each year because of pregnancy-related and mostly preventable causes[18] Designated midwife positions in private facilities are still rare and many of the more than 8000 educated and licensed midwives are still not utilised as per their ability and competence. Despite the high need for more midwives in Bangladesh and new commitments for more midwife posts, many of those already licensed have to take jobs as nurses, paramedics or even receptionists while they await public sector deployment of posts. The private sector is also less regulated than the public sector and is not required to report to the national health information system, making it much more difficult to track what midwives do and to track the quality of care.[19]

Midwifery in the nexus of development and humanitarian support

In 2017 Bangladesh received more than 700 000 Rohingya refugees in Cox's Bazaar.[20] The enormous influx of people put an extreme pressure on the government to deliver not only shelter, food, water and general health care but also to respond to sexual and reproductive maternal and newborn health care and Gender Based Violence (GBV) needs for prevention and care. Thanks to the midwifery development and the already graduated midwives the Government of Bangladesh was able to deploy professional midwives that were already prepared to be in charge of care for normal pregnancy and birth and able to identify complications and start initial management of emergency situations and refer them to higher levels of care in the health system. The lack of work experience was of course considered and a system for supervision was developed and put in place. In 2022 almost 300 midwives were deployed to Rohingya refugee camps in Bangladesh; in Cox's Bazaar alone, more than 240,000 women from both refugee and host communities had access to sexual and reproductive health services in UNFPA-supported facilities.[21]

The development of a professional, regulated, accredited and organised cadre of midwives deployed in the public sector in Bangladesh is a clear example of how the complementarity between long term systemic and strategic investment in development and humanitarian support can be of decisive importance for a country's preparedness in a crisis. The Bangladesh midwives played and continue to play a critical role in the Rohingya refugee crisis and in the cyclone crisis in 2023 as well as in other areas with increased vulnerability due to the climate crisis.

The development process – critical milestones

The professional development of midwives is the result of many years of collaboration and relationship building among stakeholders such as the government, non-government organizations, academia, professional associations, United Nations agencies, and donors. Since 2005 multilateral and bilateral development partners (UNFPA, WHO, Sweden) together with professional organisations Obstetrical and Gynaecological Society of Bangladesh (OGSB) and the International Confederation of Midwives (ICM) worked closely with the Government of Bangladesh to advocate for the need for improved quality of maternal and newborn care through midwifery and the establishment of a professional midwife cadre.[22] Examining the literature and accounts of stakeholders on the midwifery development in Bangladesh the collaborative process stands out as the main success factor. Committed and collaborative partnerships and relationships; having a common evidence-based goal; having agreement on the distinction between midwifery and nursing; a diversified stakeholder group with complementing and unique knowledge and know-how (including donors and professional organisations), were all mentioned as essential factors for moving the process and the political commitment forward.[23 24 25]

This report does not intend to account for all of the many important policy, structural and technical developments of this process. It should also be noted that while the focus of this paper has been on the period between 2005-2022, the development process continues to evolve and important policy decisions are being implemented and complemented. The commitment by the Director General for Family Planning in 2024 to establish another 2000 midwife posts in 500 Union Health and Family Welfare centres is just one example of how the program evolves to ensure equitable access to midwifery services.[26] Higher education midwifery programs have been developed and the BSc program started in 2022. The MSc program is yet to be initiated.

The milestones described in this chapter, (highlighted in blue in the comprehensive development timeline image (Fig.2) created by Begum et al, 2023) have been selected as they were mentioned by stakeholders as 'tipping points' for the development process in the establishment of the new midwife cadre and for sustaining the quality of their education and service. They were categorised as corner stones which other development activities either materialised from or were enabled by.

The milestones were: **i)** the adoption of the **strategic directions** for enhancing nurse-midwives' contribution to MDG 4 and 5 by Government of Bangladesh in 2008, **ii)** the Prime Minister's **pledge in 2010 for 3000 midwife posts** by 2015,; **iii)** the launch of the **3-year direct entry Diploma midwifery education** in 20 government and 7 private education facilities in 2013, the subsequent graduation of the first class of midwives in 2016 and deployment of 1469 midwives in public health facilities and last but not least **iv)** the investment in **capacity building of faculty.**

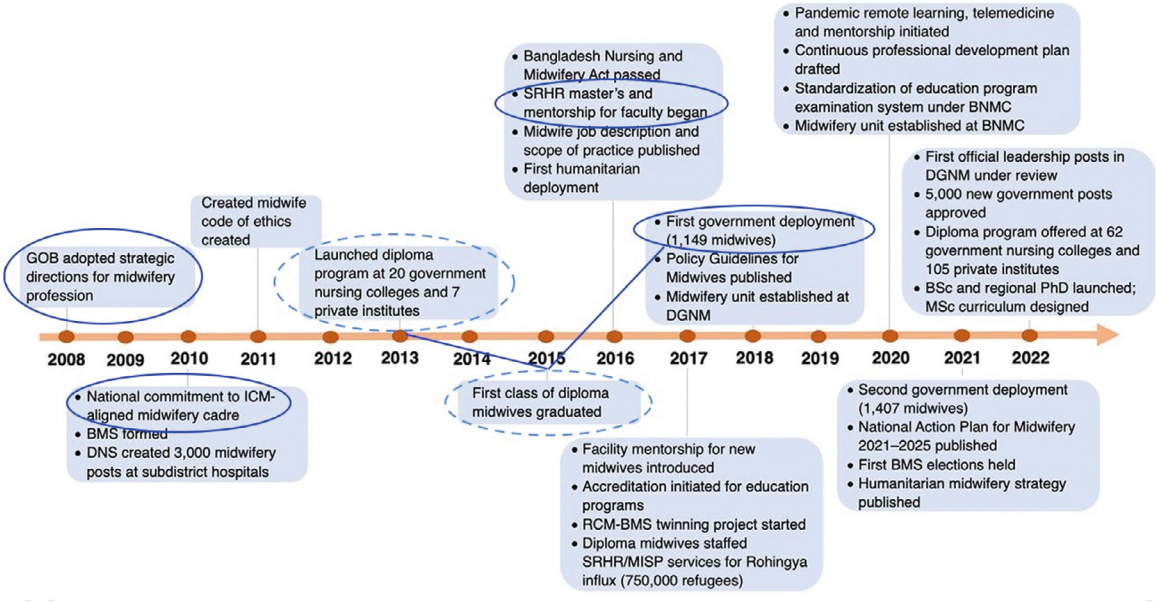

Fig 2. Timeline of Development of Midwifery Profession in Bangladesh from Begum et al, 2023

1) Adoption of strategic directions for midwifery

From 2005 to 2007 there had been an ongoing discussion with government partners on whether the training and education programs for the existing maternity health workers provided an opportunity to be upgraded to the international standards for midwifery. Much had been invested in the CSBA-program and there was initially a reluctance to abandon this strategy even though MMR levels did not prove their efficiency or relevance. The OGSB, although having been a main supervisor of the CSBA program became an instrumental proponent for midwifery.[27] A technical working group under the stewardship of the Directorate of Nursing Services and The Bangladesh Nursing Council, supported by WHO and UNFPA played an important role in the Government of Bangladesh adoption of the strategic directions for enhancing nurse-midwives' contribution to MDG 4 and 5. It addressed four strategic areas for guiding the process: (a) Legislation and regulation, (b) Education and training, (c) Deployment and utilization and (d) Policy and planning. The strategic decision paved the way for midwifery to become a profession distinct from nursing. The Strategic Directions 2008 was updated in 2014 to better align with the development and recognition of midwifery in its own right and provides directions for the development and utilisation of professional midwives in achieving the Sustainable Development Goals.[28]

2) Political commitment of Government of Bangladesh

In 2010 the Prime Minister of Bangladesh in the World Health Assembly at a session for the Secretary General's Every Woman Every Child Initiative[29] made a pledge to institutionalise 3000 midwife positions at sub-district level by 2015. The pledge constituted a major call to action among national and international stakeholders and spurred policy development as well as financial and technical support.

The affirmation of the Government of Bangladesh's commitment to midwifery development from the highest executive level of government further accelerated the development of interim measures to be put in place and a post-basic training program was offered to nurse-midwives. Sixteen hundred were initially qualified with 6 months of advanced training as per International Confederation of Midwives (ICM) standards.[30]

3) Direct entry Midwifery diploma

The three-year direct entry midwifery diploma course, established in 2013 to educate professional midwives distinct to nursing was a direct effect of the Government of Bangladesh commitment. The midwifery curriculum was developed by the Bangladesh Nursing Council in collaboration with the Directorate of Nursing Services, and technical assistance from WHO, UNFPA and Auckland University. The program was introduced under the 2011-2016 Health, Population and Nutrition Sector Development Programme (HPNSDP), In late 2015 597 midwives graduated from the three-year diploma course in midwifery from 20 public and 7 private institutes and were officially licensed in February 2016.[31] This marked a major turning point for the development of midwifery and midwife education to come.

4) Faculty development

The fourth critical milestone is the capacity building of faculty in midwifery. Hundred and fifty nursing faculty graduated with a Masters in Sexual and Reproductive Health from Dalarna University, Sweden. This was a major quality improvement which in 2016 enabled a 2-year BSc in Midwifery to start in 4 public and 1 private institutions.

The competence and quality of faculty and the availability of tools for accreditation and sustained quality assurance determines the way education can play a decisive role in developing a midwifery as a distinct profession and area of practice.[32] One of the hurdles in Bangladesh in introducing midwifery education was the lack of midwife faculty. Early measures such as orientation of the midwifery curriculum for the nursing faculty that was put in place ahead of the start of the Diploma program proved insufficient. In addition, the Directorate General for Nursing and Midwifes through UNFPA and midwifery expertise from Dalarna and Auckland universities and Save the Children provided ongoing training and mentoring.[33] In 2016, 30 members of the nursing faculty teaching midwifery students in 15 nursing institutes across Bangladesh enrolled in a blended master's programme with the Dalarna University, Sweden, supported by UNFPA, to build capacity in SRMNAH, pedagogy and academic leadership. A total of 150 have now graduated from the Masters' program which is the first of its kind in Asia and are working as dedicated midwives and faculty throughout the country. Twenty of them have been able to assume leadership positions as peer mentors. Alumni sessions have been created for continuous development of teacher competencies and are well attended by at least 50 faculty attending each session.

Bilateral support

The catalytic effect of the overall increasing evidence on midwifery, its impact on maternal and newborn mortality, the political affirmation of Government of Bangladesh's commitment and the establishment of the direct entry Diploma Midwife education also helped generate increased bilateral funding from donor governments Sweden, the UK and to some extent Canada. The increasing evidence on the cost effectiveness of investing in midwifery as well as the strong gender equality aspect of midwifery were other factors that influenced partners to contribute to the midwife program. The support for the initial stages of the development process up to 2015 can be attributed to global funding modalities but not altogether. The three years direct entry Diploma in Midwifery Programme was as mentioned introduced by the Government of Bangladesh under the 2011-2016 Health, Population and Nutrition Sector Development Programme (HPNSDP)[34] which had pooled funding from the UK, Canada and Sweden.

Sweden's bilateral contribution was increased in 2014 with an addendum support to the HPNSDP of 1.4 MSEK for the collaboration with Svenska Barnmorskeförbundet (SBF).

In 2017 the 'Strengthening Midwifery - led continuum of care in Bangladesh' a four-year period (2017-2021) contribution of 61.5 MSEK was approved to support the establishment of the midwifery profession in Bangladesh by UNFPA, in collaboration with the Ministry of Health and Family Welfare (MOHFW). The contribution was specifically targeted on reaching (i) more women with access to quality maternal health care, (ii) more people with access to sexual and reproductive health and rights, and (iii) reduced child mortality. In addition, the proposed intervention was aimed to provide continuity with existing health sector interventions funded by Sweden as already mentioned. This was followed by the 'Strengthening Midwifery-led SRHR care' program, covering 2022-2026 with a contribution of 102 MSEK. The focus of the current program is to improve SRHR and reduce maternal and neonatal mortality. This will be done by strengthening midwifery-led care, which includes SRHR services, with a particular focus on the most vulnerable women and girls in Bangladesh, in development, humanitarian and climate-vulnerable settings.

Other bilateral donors

In 2016 the government of the UK through the **Foreign, Commonwealth & Development Office (FCDO)** and as a "response to the prime Ministers pledge in 2010" initiated its Strengthening Midwifery in Bangladesh (SMiB) programme. Providing a total of 12,3M GBP over a six-year period 2017-2022. The main objective was to reduce Maternal and Neonatal Mortality Ratio (MNMR) through developing competent midwives and professionalising midwifery. The program was implemented by UNFPA and the BRAC University (BRAC) building capacity in 38 government and 7 BRAC University facilities.[35] One of the main reasons for FCDO's choice to engage with BRAC was the lack of qualified faculty in the public sector where BRAC was better positioned and resourced at that time.

While **Global Affairs Canada's (GAC)** engagement in mid-level health care providers has been focused on the nursing profession it should be noted that there is a small component in the past and new MNCH programming, where 2 projects with UNICEF and UNFPA involves the placement of midwives which complements the Sida and FCDO programs in strengthening the workforce availability in the health system.

Programme completion reviews[36 37] show that the funding from Sida and FCDO has contributed to sustaining already achieved goals and strengthening the Midwife education program through increased numbers of graduated and licensed midwives, strengthening faculty and creating quality assurance modalities. It also shows that the programme exceeded the expectations of increasing the availability of midwives in hard-to-reach areas.

The combined contribution of bilateral and global contributions has to date resulted in a cadre of 7489 professional licensed midwives that are educated to the international standard of competencies and accredited. Of these 2557 have been deployed in public facilities while another 450 are working in the Rohingya camps. Ninety five percent of all Upazila and 66% of Union Facilities (primary health care facilities) now have midwives. Midwives conduct 75% of deliveries and provide comprehensive SRMNAH services in the facilities they work (including initial stabilization of obstetric and newborn emergencies, immediate postpartum family planning, screening for cervical cancer, menstrual regulation and post abortion care services, gender-based violence prevention and response, and fistula prevention). National and local International Day of the Midwife events are well-attended, and Director General for Family Planning (DGFP) is now ready to deploy midwives. Private sector engagement is increasing. The contribution of midwives is increasingly being acknowledged, and Bangladeshi midwives are winning national and international awards.

The role of Swedish Universities

Dalarna University and the University of Gothenburg have as implementing partners of UNFPA continued to play a critical role in faculty and internal quality assurance and accreditation development respectively.

Gothenburg University has since 2023 supported the establishment of an internal quality assurance process. By embedding internal quality assurance mechanisms with a focus on recurrent self-assessment, into the government's Accreditation Programme for Nursing and Midwifery Educational Institutions, the four-year project aims to establish a sustainable model for continuous improvement and through a model ensuring that midwifery education meets and exceeds national accreditation standards in the long term. This initiative is being implemented across 31 private and public educational institutions in Bangladesh and focuses on recurrent self-assessments. To ensure sustainable improvements, the initiative also aims to strengthen leadership within the Directorate of Nursing and Midwifery Service and midwifery institutions, equipping them with tools to integrate ongoing self-assessment and quality enhancement into their daily work.

Dalarna University has in addition to the MSc program developed a number of courses and programs to increase capacity and ensure quality assurance including: shorter courses in data collection and methodology in evidence-based care, online and onsite mentorship programmes to support in-country teachers in their daily practice in implementing midwifery education and a Massive Online Open course to inform midwives, midwifery students and other health professions of what a midwife and their scope of practice is.

Swedish universities have also contributed substantially to the knowledge base around Midwifery development in Bangladesh. More than 20 papers have been published in peer reviewed journals. Annex 1

Synergies between global and national initiatives and contributions

Much has been written about how at the World Health Assembly in 2010 the Prime Minister of Bangladesh pledged to create 3000 new midwives' posts at the sub-district level by 2015. This was as mentioned a main tipping point and affirmation of the Government of Bangladesh's commitment to midwifery development in Bangladesh. The importance of this pledge is unequivocal. What is seldom described in the literature is the preparatory and tenacious work by many different stakeholders at the global level and in Bangladesh that began already in the early 2000, and which lay the foundation for the transition towards a midwifery centred maternal health system.

In 2005, Sida, Sweden was a pioneer among development partners to advocate and assume leadership for the professionalisation of midwives and midwifery to improve maternal and neonatal health and reduce maternal and neonatal mortality. This policy direction was firmly anchored in a human rights and gender equality perspective and with SRHR at its core. The advocacy and argumentation for midwifery as an area for development support can however be traced back to Sida reports on Maternal Health and SRHR from the late 1990 and early 2000.[38 39] Sweden's longstanding commitment and allegiance to the multilateral system as a trusted member state and donor partner, created a foundation for advocating and driving issues of gender equality and SRHR including midwifery as a core health profession for the implementation of SRHR. Since the early 2000, the work globally as well as in-country, entailed arguing for midwifery with decision-makers from a rights and cost-effectiveness perspective. This involved asserting women's right to a safe and positive pregnancy and

childbirth regardless of social conditions and geographical location, as well as the equally important right of midwives to be competently equipped, remunerated and supported for the responsibility and work far from hospitals and medical support.[40]

Catalytic technical support

A pivotal and strategic contribution to the initial work to strengthen midwifery (globally and in country) was the decision in 2005 to position Swedish midwifery resources within the UN and WHO. Three **JPO** positions in midwifery were created for Bangladesh, Bolivia and Mozambique UNFPA country offices. A decision was also made to change the age limitations of the program for midwife applicants to accommodate the programmatic need to assign more senior professionals in these posts. Sida also supported the secondment of a senior midwife as adviser to the Making Pregnancy Safer initiative, WHO Headquarters.[41]

The appointment of an experienced midwife officer in the country office, offered in-house technical support for midwifery competence and capacity development and at the same time exposed the public health environment and other stakeholders to professional midwives in person and offered a concrete example of midwifery as a respected profession with broad career and leadership opportunities. It helped to raise awareness and change attitudes in environments that, at this point in time had little knowledge and even negative perceptions of what a midwife was and could do. Most importantly, having a professional midwife "at the table" in strategic policy meetings helped change the dynamics which often were influenced by existing patriarchal health system hierarchies.

This initial and catalytic investment contributed to shed a spotlight on midwives and the role they can play in women's and families lives and to build momentum for policy development in midwifery education including faculty development, regulation and deployment. This is a first example of several contributions that would later prove to have had a catalytic impact on generating capacity and ensuring sustainability for midwifery. These are described in the chapter on Global contributions. UNFPA's strong relationship with Government of Bangladesh provided a unique platform for the technical midwifery competence to be utilised in influencing the different steps of introducing, establishing and building capacity for midwifery as a distinct profession adhering to international standards.

The contribution of the JPO midwife positions in UNFPA continued over a period of eight years ensuring valuable capacity and continuity over time for the policy development and transition process and a basis for the establishment of two regular midwifery posts in the country office 2014 that focused on Midwifery education and Midwifery Practice respectively, ensuring sustainability of earlier investments and continued capacity to strengthen the support to Government of Bangladesh long term. These posts were partly funded by Sida and FCDO.

Global contributions

In parallel and based on the model of providing technical support by enhancing professional midwifery capacity nationally, where the case of Bangladesh proved particularly successful, UNFPA and ICM in 2008 launched a global three-year initiative '**Investing in Midwives**', of 9 MUSD funded from Sida. The program covered over 30 countries, including Bangladesh. Among other things, the programme supported strengthening of midwifery schools, midwives' competencies and skills, strengthening midwifery regulatory bodies and associations to promote the profession, and high-level political advocacy to ensure suitable legislation in the field of midwifery.[42]

Sweden has been the main funder of the **Maternal Health Thematic Fund (MHTF)** since its launch in 2008. The MHTF is a flagship programme to strengthen national maternal health systems in order to reduce maternal and child mortality in initially 31 countries, including Bangladesh, that were the furthest from achieving Millenium Development Goal (MDG) 5 (and later SDG 3). In addition to the uninterrupted support from Sweden the thematic fund received funding from a number of international donor countries, Germany, Luxembourg Polen, Norway, and Japan as well as a few private funding initiatives The MHTF has since its start remained the only global pooled fund for maternal and newborn health and provides catalytic funding to UNFPA country offices to kick-start or accelerate innovative solutions, driving sustainable progress towards universal access to high-quality maternal and newborn health services. It also plays a role in generating domestic and other types of funding. The fund supports country initiatives that are integrated into national strategies and aligned with country acceleration plans such as Government of Bangladesh's Strategic direction on midwifery. Midwifery has since the start been a core thematic area of the MHTF which has contributed to keeping an important spotlight, not only on midwifery but the need for dedicated funding for maternal and newborn health and the broader SRHR agenda overall. Although contributions from the MHTF mostly are in the size and form of seed funding it has complemented bilateral funding and provided a long-term reliable funding stream for professionalising midwives and midwifery in Bangladesh. The contribution to midwifery education, legislation, quality assurance mechanisms, faculty capacity building and the establishment of the Bangladesh Midwifery Society has been critical for the Government of Bangladesh's ability to professionalise midwives and midwifery in Bangladesh[43 44 45] Considering the overall global funding decrease for maternal health, Sweden's predictable funding for the MHTF has had a critical impact on this fund, enabling its catalytic role in strengthening programmes and securing further resources to support countries in their efforts to provide quality care and reduce maternal and newborn mortality.[46]

The global program "Investing in Midwives" and the MHTF have also contributed to expanding the knowledge base on midwifery through global reports and capacity building initiatives. Three consecutive **State of the World's Midwifery Reports (SoWMY)** 2011, 2014 and 2021 (UNFPA, WHO, ICM)[47 48 49] and subsequent regional and country reports have transformed the knowledge base and understanding of the opportunities and gaps in availability, competence and access to midwives, who they are, where they work. Stemming from the 2021 report an estimate of the potential impact of midwives on reducing maternal and neonatal deaths and stillbirths under several intervention coverage scenarios has further strengthened the arguments for the benefit of a maternal health system with professional midwives and midwife led care at its core. The reports have been instrumental in creating solid advocacy arguments for midwifery and providing valuable illustrations of progress and results from investing in standardised pre-service education in Bangladesh and across the world.

The Global Midwifery Symposia that took place in 2010, 2013 and 2018 and 2023 was yet another initiative that Sida has supported and participated in. The Symposia helped create increased awareness and commitment for midwifery. Since the first midwifery symposium in 2010, these high-profile events organized by UNFPA with funding support from Sida through the MHTF, in collaboration with ICM, WHO and partners have called for action and generated a worldwide movement. They have brought together diverse global partners, governments and midwife leaders and helped drive policy and implementation. The events have highlighted the crucial role of midwives, the challenges they face and the urgent need to strengthen quality midwifery care, spurring in-depth discussions about issues surrounding midwifery in education, regulation, leadership and workforce policies. They have provided an important platform for the MHTF supported ICM Young Midwife Leaders (YML)

program where young midwives could network and be exposed to colleagues and midwifery programs from across the world. The YML Programme encompassed a two-year learning and professional development experience for early-career midwives together with executive midwives from ICM's member associations (MAs). The programme was designed to empower young midwives to become politically conscious and involved in strengthening the midwifery profession in their countries.[50] In Bangladesh the BMS in collaboration with the Royal College of Midwives UK developed a Young Midwife Leaders program resulting in 63 Young Midwife Leaders.

Opportunities moving forward

Bangladesh has come a long way in institutionalising and professionalising midwifery since 2005. Rising service provision and utilisation rates, broadening of service provision fields, quality of care indicator improvement and rising SRHR service rates are all important indicators for the strengthened role midwives play in the health system Fig2

To overcome remaining barriers in leveraging the full potential of the development so far, will require continued commitment from the Government of Bangladesh and its partner organisations, including the main multilateral development partners and international donors, invested in strengthening professional midwives and midwifery. The most important areas identified for continued policy and funding support are:

- **Increasing the pace of education and deployment**
  Another 13000 thousand midwives are needed to obtain national coverage and meet the SRMNAH care needs in Bangladesh.[51] While accredited basic programs are in place and higher education programs have been established that could cater for many more midwives to be educated, the deployment pace remains slow. Of the 5000 new posts approved by the Directorate of Nursing and Midwifery Service only 457 have been filled.[52] Continued support could contribute to accelerating deployment processes and fully utilise the potential of midwives in the private sector.

- **Improving and sustaining quality assurance of education and practice.**
  Policy support to ensure improved and sustained quality of education and practice continuous quality assurance measures, is still required. Midwife education and midwifery services are still young in Bangladesh and newly established quality assurance methods and practice will need longer time to be fully grounded and requires midwifery leadership at all levels in the education and health systems. To support the implementation of the Government of Bangladesh decision to establish a MSc program in Midwifery will be essential for sustaining leadership development.

- **Leveraging the full potential of midwife led care through the establishment of a Midwife-led Care Centre of excellence.**
  Midwives deployed in the public sector in Bangladesh today, provide care and services across SRMNAH needs and according to their regulated competence and practice, independently. This constitutes the basis for midwife-led care but there is still a big leap to be taken by the health system in order to fully implement midwife-led care. Much however remains before midwife leadership and interprofessional collaboration is accepted, encouraged and equal. A strong indicator of what remains is the C-section rate which remains seriously high at 50.7 % in Bangladesh significantly higher than the 10%-15% maximum recommended by the World Health Organization.[53] Models of midwife-led care is an intervention that is proven to lower C-sections rate.[54] The lack of opportunity for midwifery students to practice childbirth independently is another example of remaining

challenges connected to the lack of prioritisation of midwives and persisting hierarchies in the health system. Midwife students still must stand back in the labour ward because the medical students have precedence. To support the establishment of a centre of excellence for a Midwifery model of care is a way to provide a concrete example of how to build and maintain a system of midwife-led care, It would be an opportunity for Bangladesh continued leadership in midwifery in the region and other countries in the region to show commitment and align with the recent global WHO position "Transitioning to Midwifery Models of Care".[55] An opportunity to build on existing knowledge and partnerships could be to utilise the experience and expertise of the Swedish resource base; Gothenburg and Dalarna Universities together with BRAC University in the development and implementation of a Midwife-led care centre of excellence.

> *"In midwifery models of care, midwives serve as the main health-care provider for women and newborns throughout the continuum of care starting from pre-pregnancy and including pregnancy, labour, childbirth and the postnatal period. They provide and coordinate, across their scope of practice, equitable, person-centred, high-quality maternal and newborn health care, using an approach that is aligned with the midwifery philosophy of care. While midwives work autonomously within their scope of practice, they collaborate as members of interdisciplinary teams, within networks of care, to ensure continuous, integrated and collaborative care that is respectful and cost-effective"*
>
> Transitioning to midwifery models of care: global position paper

Conclusion

Sweden has played a significant role in supporting midwifery and the professionalisation and establishment of the midwife cadre in Bangladesh through various initiatives and partnerships. The Swedish government, along with Swedish NGOs and international organizations, has focused on improving maternal and child health care by strengthening the midwifery profession in Bangladesh. Increased quality of care, reduced maternal and newborn mortality and increased gender equality, including through the establishment and professionalisation of a female-dominated profession, are some of the development parameters that Swedish assistance has contributed to. Program and core support to UNFPA and WHO, direct technical assistance with placement of Swedish midwives through the JPO program at UNFPA in Bangladesh from 2005 and the collaboration with Swedish academic institutions (University of Gothenburg and Dalarna University) as implementing organisations have been of crucial importance for the health and survival of women, adolescents and newborns. Global and country-specific advocacy through policy dialogue in partnership with other donors and actors and collaboration with the media has led to a strongly changed and positive view of midwives' knowledge, role and value among decision-makers, health professionals and the public. The advocacy also paved the way for statutory regulation of the profession and a standardised regulatory and accreditation system, in 2010, central to ensuring the quality of care. Catalytic synergies between global and bilateral programs enabled by long-term and substantial funding have been of essence. The development of a professional regulated and accredited midwife profession with employment in the public sector in Bangladesh is also a clear example of how complementarity between long-term systematic development cooperation and humanitarian support can be crucial for a country's preparedness in a crisis. Bangladeshi midwives played and continue to play a vital role in the Rohingya refugee crisis and in areas of increased vulnerability caused by the climate crisis. There is however still a need for continued financial and policy support to ensure midwifery's full potential in Bangladesh.

While the focus of this report has been to provide a documentation of the contribution from Sweden to midwifery in Bangladesh it is paramount to stress the importance of the strong national ownership and commitment of the Government of Bangladesh in the process to develop a professional midwife cadre to ensure that all women irrespective of geographical or other circumstance have the right to competent respectful midwifery care in all their SRMNAH needs.

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Report on Swedish support to the professionalisation of midwives and midwifery in Bangladesh

This report aims to document and contextualise the role and contribution of Sweden as a major and long-term donor and development partner in professionalising midwives and midwifery in Bangladesh. It describes the rationale for the key policy decision to address maternal and neonatal mortality and transform maternal health care through the strategic investment in midwives. It stresses the importance of long-term commitment, strong partnerships and national leadership while examining success factors for capacity development and policy change. Finally, it outlines some opportunities for the continued support to sustain gains made and enable a system of midwife-led care. The report focuses on the period 2005-2022 and is based on scientific papers, development reports and interviews with donors, and implementing partners. It also draws on the author's experience as a JPO midwife in UNFPA, Bangladesh 2005-2007 and subsequent work in Health, Education and SRHR in the Swedish International Development Agency, (Sida) 2008-2012 and UNFPA headquarters 2017-2022.

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