

IDS Health & Development Information

one of a family of knowledge services from the Institute of Development Studies, Sussex, UK

[Health Resource Guide](#)
[Health Systems Resource Guide](#)
[HIV and AIDS Resource Guide](#)
[id21 Health](#)

HEALTH REPORTER: focus on human resources for maternal and newborn health 11 April 2006

produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

The version of this Reporter sent out earlier today contained some incorrect links. These links have been corrected in the text below. Thanks to readers who pointed out these mistakes.

This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is [human resources for maternal and newborn health](#). The bulletin also features summaries of new documents and other additions to the [Health Resource Guide](#).

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact r.wolfe@ids.ac.uk.

Contents:

- [Feature: human resources for maternal and newborn health](#)
- [Recommended readings on human resources for maternal and newborn health](#)
- [Other documents from the Health Resource Guide](#)

Feature: human resources for maternal and newborn health

April 7th was World Health Day, which this year aimed to draw attention to the global health workforce crisis under the slogan "Working together for health". This reporter focuses on the human resources challenges for maternal and newborn health. Faced with an estimated global shortage of 330,000 midwives, even in countries working hard to increase skilled care there will be a time lag before the extra workers become available. Maintaining coverage amongst the poorest and most remote communities areas poses an additional challenge.

Support for traditional birth attendants (TBAs) and other community-based approaches, seen as a way of filling this gap during the 1970s and 1980s, waned during the 1990s. Governments were advised to stop training TBAs as this was seen as ineffective and an obstacle to investment in skilled care. But there remain concerns that, where TBAs are discouraged by national policy, and human resources within the skilled health sector have not been increased and equitably distributed, the most vulnerable women may be left without any kind of sanctioned and supported assistance. Moreover, it has been argued that the abandonment of community-based interventions was premature and that evidence is growing for their effectiveness. Several countries with high mortality and low coverage of skilled care have selected community-based policies for maternal, newborn and child health as an approach to reach the poor which can be achieved within a short time frame.

Many thanks to Kate Molesworth, Swiss Tropical Institute, for advice on this feature.

For more information see:

- [Maternal and newborn health](#)
- [Policy debates in maternal, newborn and child health: clinical versus community-based care](#)

Recommended readings

1. [Skilled attendant at birth 2006 updates](#)
2. [World Health Report 2005 policy brief two: rehabilitating the workforce: the key to scaling up MNCH](#)
3. [Reducing maternal and neonatal mortality in the poorest communities](#)
4. [Making pregnancy safer: the critical role of the skilled attendant: a joint statement by WHO, ICM and FIGO](#)

Skilled attendant at birth 2006 updates

Authors: World Health Organization (WHO)
(2006)

This factsheet, published by the World Health Organization, reports the latest data on the proportion of births attended by skilled health personnel, for countries, regions and sub-regions. Along with maternal mortality rates, this data is used as an indicator of progress towards the fifth Millennium Development Goal, which aims to improve maternal health. The paper notes that skilled attendant at birth data are widely accepted as the most relevant indicator, as they are easier to collect than maternal mortality data and the presence of skilled care at delivery has been shown to correlate with declining maternal mortality.

The factsheet reports that world-wide, 61.5 per cent of births were attended by a skilled health worker. Although virtually all births were attended by skilled health personnel in more developed countries, this proportion is 57 per cent in less developed countries and only 34 per cent in the least developed countries. In Africa and Asia, only 47 and 58 per cent, respectively, of women gave birth with professional assistance. The lowest levels of skilled attendant at birth were in Eastern Africa, South-Central Asia, and Western Africa. Africa and Asia are furthest away from the target of 80 per cent by 2005, and the factsheet argues that special efforts are needed to accelerate the slow progress in these regions.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21126>

World Health Report 2005 policy brief two: rehabilitating the workforce: the key to scaling up MNCH

Authors: WHO
Produced by: World Health Organization (WHO) (2005)

This policy brief from the World Health Report argues that it will not be possible to effectively scale up Maternal, Newborn and Child Health (MNCH) care without confronting the global health workforce crisis. It argues that the low number of health professionals is one of the main factors in the exclusion from care and high mortality rates for mothers and newborns. It highlights how lack of managerial autonomy, gender discrimination and violence in the workplace, dwindling salaries, poor working conditions and some donor interventions have all contributed to a lack of productivity, as well as the rural to urban, public to private and poor to rich country brain drain and migration.

The brief argues that in order to prevent further harm from programmes that may be exacerbating distortions in the labour market, improved information systems on human resources are needed so that policies are based on better information on the evolution of the health system. It also highlights the need to plan the expansion of the workforce while implementing corrective measures to rehabilitate productivity and morale. It argues that putting these three lines of action in place can only be successful if there is a strong, national leadership, based on a broad consensus within society.
[adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC18945>

Reducing maternal and neonatal mortality in the poorest communities

Authors: Costello, A.; Osrin, D.; Manandhar, A.
Produced by: British Medical Journal (BMJ) (2004)

This article from the British Medical Journal (BMJ) asserts that current safe motherhood and newborn care programmes,

which emphasise skilled attendance and institutional delivery, are failing to reach the poorest populations. This is because the poorest mothers are more likely to deliver at home than in a health facility. Evidence is presented for the effectiveness of community based approaches among these populations. A study of a community based intervention in India which included training of traditional birth attendants (TBAs), showed a 62 per cent reduction in neonatal mortality. A trial in Nepal of a less intensive intervention showed a 30 per cent reduction in neonatal mortality and a significant reduction in maternal mortality.

The authors argue that there is growing evidence for the effectiveness of community based interventions in reducing maternal and neonatal deaths in countries with high mortality. Key recommendations include: training TBAs to promote reproductive health and hygiene and avoid delays in seeking care for complications; and establishing community initiatives to address malaria prevention in pregnancy, and voluntary counselling and testing and use of antiretroviral drugs for HIV. The authors conclude that there is an urgent need for further randomised, controlled trials of the effectiveness of community interventions.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC16663>

Making pregnancy safer: the critical role of the skilled attendant: a joint statement by WHO, ICM and FIGO

Authors: ICM; FIGO; WHO

Produced by: Department of Reproductive Health and Research (RHR), World Health Organization (WHO) (2004)

In this joint statement, the World Health Organization, ICM and FIGO make the case for skilled attendants in childbirth. They assert that women need a continuum of care in childbearing to ensure the best possible health outcome for themselves and their newborns. They argue that the skilled attendant has a pivotal role in this continuum of care. At the community level, he/she will often be the only qualified care worker providing this care, working alongside other care providers such as traditional birth attendants. The paper highlights the challenge faced by Ministries of Health, health managers and the skilled attendants themselves of providing all women with skilled care, especially in resource-constrained settings.

It emphasises that access to a functioning health care system is a key factor in reducing maternal mortality, and in meeting the Millennium Development Goals. Lessons learned from successful countries are highlighted. These include: building on the skills of available staff; changing safe motherhood policy through advocacy by nongovernmental organisations and professional associations; and phased, incremental scaling-up of access to skilled attendance. The paper concludes by calling for skilled attendance at childbirth to be institutionalised as a vital part of health systems reform in developing countries. [adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC17115>

Summaries of other documents in the Health Resource Guide

1. [Working together for health: World Health Report 2006](#)
2. [Polio vaccines: difficult to swallow: the story of a controversy in northern Nigeria](#)
3. [Turning the tide against tuberculosis](#)
4. [Deadline for health: the media's response to covering HIV/AIDS, TB and malaria in Africa](#)
5. [Self-perceived health of ultra poor women: the effect of an inclusive development intervention](#)

Working together for health: World Health Report 2006

Authors: WHO

Produced by: World Health Organization (WHO) (2006)

The 2006 World Health Report focuses on human resources for health, emphasising how health workers are the heart of health systems. Chapter one provides a global profile of the existing health workforce. Chapter two identifies critical health challenges, how the current workforce is meeting them and ways of improving this. Chapter three examines critical issues in the entry of health workers into the workforce and health training institutions, and chapter four explores how to

improve the performance of the workforce. Chapter five considers the various ways in which health workers leave active service, including managing exits in times of shortages, factors that influence exits and strategies for managing them.

The authors outline how the ultimate goal of health workforce strategies is a delivery system that can guarantee universal access to health care and social protection to all. The report argues that there is no global blueprint to achieving this, but that each country must devise its own, specific plan. Effective workforce strategies must be matched to country-specific situations and based on a social consensus. The document outlines a ten year global plan of action to address the identified challenges: national leadership must focus on planning, education and management, while global solidarity needs to facilitate knowledge and learning, enable policies, as well as critical responses. [adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21540>

Polio vaccines: difficult to swallow: the story of a controversy in northern Nigeria

Authors: Yahya, M.

Produced by: Institute of Development Studies (IDS), Sussex, UK (2006)

This paper analyses the role of global actors and national governments in implementing effective immunisation campaigns. This is done using the case of northern Nigeria's boycott of the polio vaccination campaign. Religious leaders in northern Nigeria called for a boycott of the vaccination campaign, alleging that the medication was contaminated with the HIV/AIDS virus and would cause infertility among women.

The paper concludes that the northern Nigerian case is an example of the growing discomfort among some developing countries about the top down manner in which agendas are set for western-driven campaigns. Decisions concerning international development issues, of which the polio eradication campaign is taken in environments far removed from the local realities of the societies targeted. This results in an awkward clash between global objectives and local priorities and practicalities.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21227>

Turning the tide against tuberculosis

Authors: Zumla, A.; Mullan, Z.

Produced by: The Lancet (2006)

This Lancet editorial introduces a series of essays on tuberculosis (TB), put together to coincide with World TB Day 2006, on March 24. The essays analyse areas of global importance and raise awareness of existing research and programmatic development, and needs for the future. The editorial argues that the history of TB is one of scientific, medical, and political failure. TB remains one of the leading causes of morbidity and mortality worldwide, and its incidence has continued to increase, mainly due to the rise of HIV-associated tuberculosis in Africa. The DOTS (directly observed treatment, short-course) strategy has helped in many areas but is not sufficient to meet the TB control targets set for 2015.

Topics covered by the series of essays include global epidemiology and progress in the development of new TB drugs. Recommendations include: priorities for TB research need to be revised and directed towards achievable aims; the need for a sensitive, specific, rapid, cheap, safe, and field-friendly diagnostic test for TB; and the use of a multidisciplinary approach that would ensure consideration of the social, environmental and economic dimensions of the disease. Also included is an announcement of the New Stop TB Strategy recommended by the World Health Organization, which intends to build on, and go beyond DOTS.

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21292>

Deadline for health: the media's response to covering HIV/AIDS, TB and malaria in Africa

Authors: African Women Media Center

Produced by: African Women's Media Center (AWMC) (2004)

This report evaluates media coverage of HIV, AIDS, TB and malaria in five sub-Saharan Africa. Researchers analysed at least two major newspapers, both public- and private-owned, in Botswana, Cameroon, Kenya, Malawi and Senegal, and identify the problems of addressing public health issues in the media. Using similar methods of content analysis and a standard template for interviews, the researchers conduct comparable studies, integrate the results, and make recommendations on increasing effective media coverage on medical issues.

The report notes that there is very little coverage of health matters in the newspapers assessed. HIV and AIDS receive more coverage than TB and malaria. The authors question whether any of the follow reasons could be the reason for the malaria and TB receiving less coverage. Could it be because:

- TB and malaria are commonplace and there is comparatively widespread understanding of their causes and treatment?
- There is no cure for AIDS?
- The political wrangling over affordable access to treatment is a good media story?
- Journalists are poorly trained and do not understand the relationship between HIV and opportunistic infections?

Or is it a result of new AIDS-targeted funding injected by international initiatives, new budget lines in development aid and a proliferation of new NGOs focused on HIV and AIDS?

The paper makes several recommendations including the following:

- The media must be encouraged and supported in improving the quality and consistency of healthcare coverage through the provision of computers, resources and health materials, training of technical staff and reporters, funding, time for research and investigation, and space in which to report their findings in detail.
- Media organizations and journalism schools should develop training modules and short-term courses on the full range of health reporting with the support of nongovernmental organizations and public health institutions.
- The media should integrate gender interests and inequalities with public health issues and target health information to the specific needs of girls and women.
- Health budgets should have information components that could help support more education and communication on public health issues.
- Health professionals should be given basic communication training on how to package health information in language that is accessible to the media and the public.
- Advocacy and education efforts should aim to sensitize all stakeholders, media managers, policymakers, nongovernmental representatives and health professionals to treat public health issues, and especially HIV and AIDS, within the broader context of development and human rights.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21123>

Self-perceived health of ultra poor women: the effect of an inclusive development intervention

Authors: Prakash, V.A.; Masud Rana, A.K.M.; Aga Khan Foundation Canada

Produced by: BRAC (Bangladesh Rural Advancement Committee) (2006)

This paper reports on the health component of the BRAC project entitled "Challenging the Frontiers of Poverty Reduction: Targeting the Ultra Poor" (CFPR/TUP). The paper examines changes in the self-reported health status of these ultra poor women in northern Bangladesh over a period of one and half years. A self-reported health score is used to compare differences in health.

Women's self-reported health status is compared across several variables of interest, such as marital status, education, age, previous health, disability, occupation, sanitary knowledge and behaviour, previous food deficits, family planning, and location. The data presented leads the authors to the following conclusions:

- the ultra poor women selected for the CFPR/TUP programme fared far better than those not included in the programme with better self-reported health status
- improvements in women's health status extend across different socioeconomic and demographic groups - the programme narrows down the gap between married and widowed/divorced women significantly
- women's occupations significantly affect their self-reported health - since part of the CFPR/TUP programme consists of encouraging women into different occupations, the strong effect of occupation on health is expected and bolsters these results
- CFPR/TUP programme has a significant effect on women's health, highlighting the importance of development as a holistic process with various components.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21444>

See the Health Resource Guide for a complete list of new additions at: <http://www.eldis.org/health/index.htm>

See the complete list of new additions, announcements, job adverts at: www.eldis.org/health

The Health Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/hiv aids/index.htm>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

You are welcome to re-use material from this bulletin on your own website, provided that it is accompanied by an acknowledgement to Eldis and a link to the Eldis website (either to our home page or to the home page of one of our Resource Guides). An alternative way to add Eldis content to your website is by adding one of our [newsfeeds](#).

If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact our editor at the email address given below.

Eldis is funded by DFID, Sida, SDC and NORAD, and hosted by the Institute of Development Studies, Sussex, UK.

If you like the Health Reporter, you may also be interested in subscribing to the other Reporters produced by the IDS Health and Development Information Team:

- HIV and AIDS Reporter
- Health Systems Reporter

- to subscribe, email hrc-health@ids.ac.uk

Please forward this email bulletin to colleagues and networks who may be interested.

Contact details:

Rebecca Wolfe
IDS Health and Development Information Team
Institute of Development Studies, Sussex
Brighton BN1 9RE, UK

Email: r.wolfe@ids.ac.uk
Tel: +44 1273 8737 540
Fax: +44 1273 621202