Commentary

Challenges and facilitators to the establishment of a midwifery and nursing council in Afghanistan

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\textbf{A R T I C L E  I N F O}

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On 13 June 2018, the Government of the Islamic Republic of Afghanistan endorsed the establishment of the Afghanistan Midwifery and Nursing Council (AMNC). This milestone is the result of nearly nine years of advocacy beginning in 2009. Having AMNC in place is extremely significant because an effective professional and regulatory organization contributes to public safety and welfare by ensuring deployment of competent and licensed practitioners within healthcare settings. The International Confederation of Midwives (ICM) considers professional regulation essential to ensure public safety through the provision of a competent and autonomous midwifery workforce. This view is echoed by the International Council of Nurses (ICN) who believe that profession-led nursing regulation contributes to public protection and quality patient outcomes through establishing, promoting and enforcing standards of practice. Hence, the role of regulation is vital to safeguard provision of quality services and support professional integrity.

Numerous factors played a role in the establishment of this regulatory body. Documenting the factors facilitating and hindering establishment of the AMNC; and the importance of this milestone for health sector development may help guide stakeholders to strengthen professional regulation in other countries. This commentary considers the facilitators and barriers experienced during the process of AMNC establishment including the role of the ICM Midwifery Services Framework; political, socio-economic and cultural factors; advocacy efforts driven by the professional bodies mainly Afghan Midwives Association (AMA) and the potential role of AMNC in regulating and protecting the midwifery and nursing professions in the context of Afghanistan.

\textbf{Why establish AMNC?}

Globally, public expectations are increasing that health care should be of acceptable standards, and health care providers should be competent, safe and accountable. These expectations are higher in countries where clients and their families are familiar with their healthcare rights. The Afghan population, who may not be aware of their rights, also deserve to have their expectations met in line with national policy and strategy (MoPH, 2015). A health professional regulatory body can increase public awareness of the right to safe quality care. Professional regulation can be defined as “all of those legitimate and appropriate means – governmental, professional and individual - where by order, identity, consistency and control are brought to a profession and its practice” (Madden Styles and Affara, 1998). Professional regulation should represent a partnership between the public, the individuals who practice, and the boards or committees who administer the system to ensure that expectations are met (WHO 2007). To date the Ministry of Public Health (MoPH) has implemented limited strategies for regulation of education and practice of health care providers. However, the midwifery and nursing workforce in Afghanistan faced many challenges over the last decade and more as they become professionalized. AMNC can strengthen efforts to meet national nursing and midwifery workforce recommendations.
and improve the contribution of nurses and midwives in health service provision.

**Background**

Afghanistan is challenged with ending preventable maternal and child deaths, despite concerted efforts to increase the number of midwives and access to Reproductive, Maternal, Newborn, Adolescent and Child Health (RMNACH) services (MoPH, 2017). Shortages of nurses and midwives is a global challenge; but this shortage is more critical in areas where health indicators are poorest. In Afghanistan, shortages and mal-distribution particularly of female staff, the conservative culture, gender related barriers and poor working environments in health facilities (Filby et al., 2016) as well as worsening insecurity affect access to healthcare (UNAMA/UNHCR 2018). Investing in midwives has been a key element of Afghanistan’s health strategy since 2003 (Garg et al., 2018) and over a decade ago the MoPH established a midwifery pre service education (PSE) system for hospital and community midwives (Turkmani et al., 2013). Investing in midwifery services meets global recommendations for countries to meet Sustainable Development Goals (Lancet Series Midwifery, 2014). In 2010, the private sector also engaged in PSE of midwives and by December 2016, more than 20,000 midwives were educated from public (Government) and private schools to cover the shortfall.

The establishment of a Basic Package of Health Services (BPHS) in 2003, and Essential Package of Hospital Services (EPHS) in 2005, as foundations for the health care system (MoPH 2010) have contributed towards improving many health indicators. However, there are numerous health system challenges, especially in human resources. Midwives and nurses are not always fully utilized in their professions, for example, a fifth of midwives were providing non-midwifery and administrative services (Zainullah 2014). Most nurses and midwives in Afghanistan are educated at Diploma level as Degree programmes are phased in, but anecdotal evidence suggests that nurses and midwives are facing challenges to access higher education. Although national data on attrition of nurses and midwives is limited, studies indicate that 11.6% of the nursing management team in public hospitals in Kabul were pursuing higher education in non-nursing disciplines, mainly medical (Qarani et al., 2018); and the ratio of male to female was 79:21 (Qarani et al., 2017).

The MoPH supports strong national entities and professional associations in playing a major role in the standardization of services and education as well advancing the professions. The AMA was established in 2005 to ensure the midwifery profession is recognized as an autonomous and distinct profession. The Afghan Nurses Association (ANA) was established in 2006 with technical and financial support from Japan International Cooperation Agency (JICA), Aga Khan Development Network (AKDN) and United States Agency for International Development (USAID) funded Community Development Program (CDP) project. This support ended prematurely when the technical capacity of members was not adequately developed and sustainability of the association was a persistent challenge. However, the ANA has ongoing representation in different forums and with recent changes in the structure of the executive board, there is hope that it will strengthen the nursing profession.

Over many years, the AMA worked to strengthen the capacity of midwives and advocate for a conducive work and policy environment so that midwives can provide high quality midwifery services according to ICM standards. Increasing members and partner support steadily expanded the number of AMA implemented activities. In 2018, AMA had more than 3500 members from 34 provinces and is the largest professional association in the country. Currently, the AMA is the technical body for midwifery education, professional development and a member of key national and international forums including the Human Resource Development Task Force, RMNACH Task Force and Afghanistan Midwifery & Nursing Education and Accreditation Board (AMNEAB). AMNEAB, a semi-governmental entity, was established in 2005, a time of rapid PSE expansion, to ensure the quality of public midwifery and nursing PSE programmes and to issue accreditation certificates to fee-paying schools meeting accreditation criteria (Smith et al., 2008). However, this left private midwifery and nursing school marginally regulated by MoPH. Going forward AMNC will assume responsibility for the governance and quality of midwifery and nursing PSE including accreditation of both public and private sectors. The ICM designates ‘education, regulation, and association’ as the three pillars of the profession and steps in progressing work on all the pillars in Afghanistan for midwifery are described elsewhere (Turkmani et al., 2015).

**Facilitators and barriers experienced in the process of establishing AMNC**

After sowing the seeds of the potential impact of health care provider regulation, and ad-hoc meetings during 2009, a national task force was established and the first formal workshop for all stakeholders held in 2010. The key output of this workshop was a strategic plan for the establishment of a regulatory body in Afghanistan including the need for legislation, which initiated a range of synergistic activities and advocacy efforts sustained over nine years.

**Facilitators**

Advocacy and resource mobilization for AMNC was driven by committed and passionate leadership, initially from the AMA, and then with the White Ribbon Alliance (WRA) Afghanistan in 2015. The midwives welcomed and valued regulation as an opportunity to strengthen the profession. Although ANA participation was more limited, expatriate nurses mainly from Aga Khan University Project in Afghanistan (AKU-PA) technically supported the processes of AMNC establishment. The establishment of Council was the result of strong collaboration, commitment and efforts of many partners working with the AMA and ANA most of whom have been supporting the MoPH in establishing and strengthening the midwifery and nursing systems from 2009–2018.

**Aligning with national policies**

Following the first workshop in 2010, the real work started on developing supporting documentation. The AMA with funding from UNFPA and the EU drafted the Legislative Regulation of the Midwifery and Nursing Council1 with oversight from a national lawyer familiar with Afghanistan’s constitution. This document established the roles and responsibilities for AMNC in relation to midwifery and nursing and provided a legal framework to regulate each profession. Taking this commitment forward, the Nursing and Midwifery Department of the MoPH in collaboration with AMA and United Nation Fund Population Agency (UNFPA) developed a 5 years Midwifery and Nursing Council Strategic Plan (2014–2018) which was duly endorsed by MoPH internal procedures. Establishing a Council was included in the national priority development plan 2015–2020 (MoPH, 2015). Technical and financial support was provided over the years by Jhpiego-led bilateral awards with USAID funding, as well as UNFPA, Norwegian Afghanistan Committee, Swedish Committee for Afghanistan, Cordaid, AKU-PA and Gesellschaft für Internationale Zusammenarbeit

1 In the initial stages of development this legislation was known as the AMNC ‘Act’
(GIZ). The General Directorate of Human Resources of MoPH provided high level leadership. Other Ministries mainly Ministry of Higher Education, the Ministry of Justice and the Parliamentary Health Committee were engaged to varying degrees. This close collaboration over many years was essential to address coordination of all the activities and efforts to establish Council.

**Strategic initiatives**

In 2016, the MoPH adopted the ICM’s Midwifery Services Framework for Developing Sexual, Reproductive, Maternal and Newborn Health Services by Midwives (Nove A, 2018) as a tool to support national stakeholders in strengthening midwifery services across the country with a focus on education, regulation, and effective management of the midwifery workforce. A special taskforce was assigned by the Minister of Health to provide leadership, guidance and oversight of this work. The main activity for the taskforce was advancing establishment of Council as its highest priority. Under this taskforce, technical working groups were established with support from the MoPH, and AMA, in collaboration with the USAID-funded HEMAYAT project and UNFPA (Zyae et al., 2016).

The involvement of a representative of the First Lady and the Minister of Health in the AMNC taskforce meetings were important political elements to progress the agenda and deputy Ministers of Health also became involved in related discussions and activities. Continuous follow up from the First Lady’s office, the Ministry and the Presidential Palace added leverage to drive AMNC work. Early in 2018, a small group were assigned by the President’s Office to conduct a brief situation analysis of midwifery and nursing to further document the rationale for establishing AMNC. This included documenting the estimated number of midwives and nurses; challenges in midwifery PSE; AMNC business plan; and a comprehensive review of the AMNC ‘Act’ by a lawyer to ensure it was ‘fit for purpose’. Finally, all supporting documents were presented to the Cabinet and the President, along with the AMNC ‘Act’, for approval.

Many meetings and workshops were held to develop and refine the scope and functions of the AMNC and develop business and advocacy plans. Despite these efforts, general understanding of health professional regulation remains a work in progress. For example, a system to record and respond to health related complaints is partially functional and preparing an accountable response to patients is notably weak. A comprehensive approach towards the implementation of the developed strategy and its operational plan aligned with national policies is required and it is contingent on close collaboration among all stakeholders listed.

**Challenges**

The timeline of nine years is notable and various barriers were encountered. Advocacy for establishment of AMNC started in 2009, simultaneously with advocacy for the establishment of the Afghan Medical Council (AMC). On more than one occasion it was suggested that the midwifery and nursing council be placed ‘under the umbrella’ of AMC. This was resisted and considered to reflect paternalism, a lack of trust in midwives and nurses to assume leadership positions, and lack of clarity of autonomous health professional regulation. Regulation continues to be a challenge in many countries and in a review of 73 countries, fewer than half (48%) had legislation recognizing midwifery as an autonomous regulated profession, and where regulatory bodies existed their functionality was mixed (Castro Lopez, 2016).

One of the main barriers was related to the health laws and specifically absence of legislation that allowed the creation of an independent body to regulate any member of the medical/paramedical professions. After the approval of AMNC Legislation from Parliament this barrier was removed since the establishment of AMNC is recommended: This law is enacted pursuant to Article 53 (English version) of the constitution of the Islamic Republic of Afghanistan that the state shall adopt necessary measure to regulate medical services. With Parliamentary approval of the AMNC, midwives and nurses along with pharmacists are enabled to establish their own regulatory body.

From initial discussions regarding the council there were concerns and confusion between role and responsibilities of the AMNC and the MoPH, a situation that persists. For example, the MoPH is currently responsible for the education of midwives and nurses so their licensing and certification could be considered a MoPH responsibility. This potential conflict of interest needs ongoing attention to ensure AMNC members act in the public interest and remain accountable to their membership and the public. A review of policies, roles and regulations of the MoPH and related Ministries (e.g. Ministry of Higher Education) is needed to ensure AMNC has complete authority for assigned functions. Active involvement of private sector and multisector coordination especially between different ministries affects the AMNC. Financial and political support from the Presidential palace, Ministry of Justice and the Parliament will have a crucial role to successful operationalization and official recognition of AMNC.

**Opportunities that may continue to hinder or facilitate AMNC success**

AMNC will be recognized as an independent semi-governmental organization, fully authorized for the regulation of midwifery and nursing in Afghanistan, and accountable to the public through Parliament. The AMNC Board, comprised of different sectors including ministries, parliament, and civil society will increase Councils’ visibility and authority. Some challenges for AMNC include: possible conflict of interest in appointing office bearers for Council; inter-ministerial conflicts; professional autonomy of nurses and midwives (vis a vis medical doctors) often underpinned by gender inequality; ensuring private sector PSE institutions are regulated in a rigorous way in accordance with standards and licensing all eligible nurses and midwives from private and public sectors.

Currently, midwifery and nursing graduates from the private sector undertake a knowledge exam set by the MoPH whose successful completion serves for both registration and licensing to practice. In the short term, this will be challenging for AMNC as there could be huge political pressure on AMNC if private graduates are unable to pass. The issue of continuing with exams will be reviewed by AMNC to ensure transparency and consideration given to assessing skills/competency also, noting a strong functional accreditation system mediates the need for national exams. An educational steering committee will be appointed to provide oversight and accreditation of PSE and tools and processes updated in line with global standards. By assuring the quality of pre service education, respect for nurses and midwives will improve. This is particularly important for female providers who face various manifestations of gender inequality in their daily lives. AMNC will also elevate midwives and nurses in management and leadership since they are responsible for their regulation and they need to be empowered to effect change.

To facilitate smooth phasing in of AMNC work, capacity building is required, for example for AMNC staff especially the Board for fiscal responsibilities and to develop, implement and manage regulatory policies and practice. In the short-term there will be resistance to paying registration fees which will need strong fiscal oversight. Registration fees (via an online system to minimize corruption and provide accurate data of numbers) are essential to increase the sustainability and autonomy of AMNC to generate and manage its own funds.
Conclusion

The establishment of AMNC is a game changer for nurses and midwives in Afghanistan in terms of giving both professions more autonomy and governance, addressing persistent challenges in assuring the quality of PSE and licensing new graduates. However, operationalizing and ensuring that AMNC functions (according to the approved Legislation) efficiently and effectively will be challenging. The First Assembly of AMNC was inaugurated by His Excellency, the Minister of Health on December 1st, 2018 followed by the first Board meeting and election of key office bearers. This exciting step initiates the implementation of AMNC and identifying regulatory priorities for the next five years is the priority as well as ensuring the related legislation becomes law. These are complex undertakings and require a significant investment of political will and time, as well as financial and human resources through dedicated fund allocation to AMNC by government and major donors until the Council income reaches the sustainability threshold.

The midwives and nurses of Afghanistan have demonstrated incredible resilience and commitment in realizing their vision of establishing a Council. They will need the ongoing support of their networks inside and outside the country to maintain and strengthen this resilience within their professions to enable the significant contribution they can make to improving health outcomes in Afghanistan.

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