HRH commitment pathways
Réseau des sages-femmes francophones / Midwives French Speaking Network:

1. What human resources for health (HRH) - related actions and pathways can your country/ institution commit to?

Counting on the nucleus of multidisciplinary, clinicians, academicians, investigators, international, inter-institutional … members

- Provide the Network with a formal support structure and with French speaking midwives’ collaborators;
- Connect the Midwives from the North and the South to exchange their capacities and experiences and provide mutual support related to their needs (N-N, N-S, S-N, S-S);
- Assemble the partners and collaborators, national/international, multidisciplinary, etc.
- Benefit from the support of NGOs and GOs favoring the women, infants… societies (AMPS-GHWA, OMS, UNICEF, UNFPA, AMREF, Save the children), etc.
- Develop a 5-year strategic plan to implement different activities that allow the attainment of the main objectives … and that through …

Activities targeting the 3 systems that are involved in the development of the professional role:

- **Pedagogic System**: Initial and continuing training; contribution to the development and disseminating of their own and specific disciplinary knowledge; training the trainers (Competency Based Program), etc.
- **Professional System**: Organizing the professional practice; evidence-based practice; collaboration; professional autonomy (College & association); etc.
- **Socio-politico-cultural System**: Rules; Bill; Place and image in the society; etc.

And that, while respecting the international standards (ICM, WHO, UNFPA, etc.) and according to the members needs.

//
1. Quelles sont les actions – voies en matière de ressources humaines pour la santé (RHS) sur lesquels votre pays/institution peut s'engager?

Tablant sur le noyau de membres multidisciplinaires, cliniciens, académiciens chercheurs, internationaux, inter-institutionnels, etc. déjà existant:

- Donner au Réseau une structure formelle de support et de collaborateurs avec les SF francophones;
- Rallier les SF du Nord comme du Sud pour s’entraider et échanger leurs capacités et expériences…. (N-N, N-S, S-N, S-S);
- Rallier les partenaires et collaborateurs nationaux/internationaux, multidisciplinaires, etc.
- Bénéficier du support et du parrainage d'ONG, d'OG… favorables à la cause de la SF et par là-même à la cause de la femme, de l’enfant… des sociétés (AMPS-GHWA, OMS, UNICEF, UNFPA, AMREF, Save the Children, etc.)
- Mettre en place un plan stratégique quinquennal pour implanter les activités qui lui permettent d'atteindre son but et ce par le biais …

… Activités cibleront les 3 systèmes entourant le développement d’un rôle professionnel :

- **Système pédagogique** : formation de base et formation continue; contribution au développement et à la dissémination des connaissances propres à la profession; formation des formateurs (Programme basé sur les compétences); etc.,
- **Système professionnel** : organisation de la pratique professionnelle; pratique basée sur les données probantes; collaboration; autonomie professionnelle (ordre et association); etc.
- **Système socio-politico-culturel** : réglementation; loi; place et image dans la société; etc.

et ce, dans le respect des standards internationaux (ICM, OMS, UNFPA, etc.) et selon les besoins des membres.
1. ORIGIN OF THE NETWORK

The Francophone Midwives Network has been created following the first International Congress of Francophone midwives of the International Confederation of Midwives (ICM) held at Montpellier-France in 1998. Many participating midwives, independently of their origin, expressed their need to grant more importance for research in the development of their professional practice. This need was materialized through raising awareness for the necessity to resort to the development of research projects. Those projects would help to review their practice and promote its visibility as well as to develop specific midwifery knowledge adapted to their specific cultural context. Moreover, the francophone midwife realized (acknowledged) the necessity (importance) of diffusing the results of her researches and of research in general thus favoring the development of the profession and its evolution according to the general norms and standards required.

On the occasion of our participation to this congress, we were solicited by the midwives from different francophone countries to contribute and help them contribute to the development of the Reproductive Health in general, the safe-motherhood and the midwifery practice particularly as well as the dissemination of knowledge using the French language. The decision was to create a Network for the development of research covering the safe-motherhood and the midwifery profession in the francophone world. It was thought that such a network will consider the contribution of investigators from different disciplines from Quebec and all over the Francophone world, the World Health Organization, and the International Confederation of Midwives.

In June 1999, we received a grant from the Social Sciences and Humanities Research Council (SSHRC-CRSH) (40,000 $CA) to establish the strategic planning of the Réseau francophone interdisciplinaire pour le développement de la recherche sur la maternité sans risques et de la profession de sage-femme. This project allowed the meeting of investigators, clinicians, professors/lecturers from different disciplines as well representative from regional, national and international organizations interested by the development of knowledge in the domain of perinatality and reproductive health in the francophone world. These partners defined the mandate, the objectives and the principal strategies of the Network.

The objectives of the network at its creation were formulated as follows…

The Network for the development of research covering the safe-motherhood and the midwifery profession in the francophone world (Le Réseau Francophone Interdisciplinaire pour le Développement de la Recherche sur la Maternité sans risque et de la Profession de Sage-femme) will aim at:

- “Creating a community of francophone midwives that target the improvement of the quality of services and care offered by the midwife and the development of the profession through the development of research activities about as regard to the midwifery practice and its collaboration to the multidisciplinary team in reproductive health;
- Allowing the francophone midwife to contribute more adequately to the development of promotional, preventive, rehabilitiating and curative health programs for mother-newborn and infant and particularly for a safe-motherhood ».

In order to attain these objectives at the planning phase, two workshops –regrouping investigators from different disciplines as well as from national and international institutions – took place in Montreal (February 16-17th 2000 and October 30-31st 2000). The basic structure of the Network was established (see the list of participants in the Appendix) with a plan for the starting activities.
2. Evolution

In the absence of financing, the Network’s activities were limited and couldn’t attain the desired volume. Its evolution was realised through:

- **A smooth light structure adapted to the situations and needs**

  In fact, in the absence of real financing, the Network functioned on a virtual fashion i.e. according to a light structure that aim to mobilize the members related to the specific need expressed by francophone colleagues midwives. The solicitations are received via the Université de Montréal (UdeM) or the midwives activities such as the triennial congress of the ICM, the Réseau Mère-Enfant de la Francophonie, etc. The invitation of the members to participate is based on their expertise and specialty corresponding to the activity to be implemented as an answer to the solicitations and the needs.

- **Broadening the connexions**

  Since its creation in 1999, the network broadened its connections and collaborations in the North and the South. Thus, in the South, the Network developed its contacts with the Fédération des Associations de sages-femmes de l’Afrique de l’Ouest et Centre-Africaine (FASFACO) as well as with a few national associations. Presently, we are producing a collective book¹, representing 14 countries, written by francophone midwives to tell present their situation while facing the MDGs 4 and 5 in their respective countries. The book have been edited by the publisher at the Ste-Justine’s hospital, Quebec’s Mother and Child’s Center, head office of Mother and Child’s Francophone Network (Réseau Mère-Enfant de la Francophonie) (http://www.rmefrancophonie.org/).

  In the North, the collaborations are developed gradually with the midwives’ associations in France (association of educators, Conseil de l’Ordre des sages-femmes, etc.), in Switzerland with the Federation des associations des sages-femmes, educators/researchers from the schools of Geneva and Lausanne as well as midwives from Belgium; among these midwives, figure a few members who received/or are preparing a doctorate in epidemiology/clinical research at the INSERM. We also can count on the collaboration of a Swiss Midwife, Senator and President of the Federation des associations des sages-femmes suisses, Mrs Liliane Maury-Pasquier; she accepted to be the God-mother of the Network. These are co-authors of the collective book; they present the lessons learned across the centuries and offer their services to collaborate with the South midwives. We are facing presently many offers asking for collaboration with the colleagues from the South in the context of different projects (e.g. project currently in development in D.R.Congo; solicitation from Cameroon and Burkina-Faso). Nevertheless, it is essential that we consolidate the involvement of the MW from the North and benefit from their collaboration for the global need of advocacy for the profession as well as for the beneficiary of their services – mainly Mother and child – and that in the North and in the South countries.

  Moreover, the Network has been developed through the evolution of the members’ career and their collaborations which offers the access to a variety of disciplines and to multiple resources from a variety of national, international francophone and other origins. For example, the main investigator is a key-mentor investigator through the strategic initiative financed by the Canadian Institutes for Health Research (CIHR-IRSC) and entitled : “CIHR - Quebec Training Network

---

¹ The countries are : Belgium, Benin, Mali, Burkina-Faso, Cameroon, Côte d'Ivoire, France, Haiti, Lebanon, Morocco, Democratic Republic of Congo, Senegal, Switzerland, Togo, Tunis.
in Perinatal Research – QTNPR); she is also a mentor investigator through the CIHR-strategic initiative entitled: “Global Health Research Capacity Strengthening Program (GHR-CAPS)”. Many mentors in these initiatives are already members of the Francophone Midwives’ Network.

- **A contribution to the development of a core group of midwives having a graduate level diploma and up**

  Along these years, we contributed to the training of francophone midwives at a 2nd level or graduate studies (Lebanon, Morocco, D.R.Congo) and at a postgraduate level or doctorate at the UdeM and elsewhere (candidate from Lebanon, Tunis, Iran). Many demands for supervision through Master’s and doctorate studies are expressed. Nevertheless, the main obstacle is always the financing of such studies which, unfortunately in the francophone world, is not easy to find for the midwife; these health personnel is labeled as a “technician insufficiently developed” which does not offer the best candidates’ profile for such studies.

- **An expertise and specialization in the domain of reinforcement of midwifery profession, to attain particularly the MDG 4 and 5**

  The responsible for the creation of the Network, Dr. Marie Hatem is an associate professor at the Department of Social and Preventive Medicine - UdeM. Nurse and Midwife trained at the Université Saint-Joseph – Beirut, Lebanon. She holds a M.Sc. in Health Administration and a Ph.D. in Public Health, from the Faculty of Medicine-UdeM. Her thesis covered the development of health professionals’ educational curricula; her population study was the rebirthing midwifery profession in Quebec (1990s). She had also participated to the evaluation of the midwifery profession in the pilot-projects in Quebec through the process of its legalization. Her research domain of interest embraces the health professional’s education and practice particularly those working in the reproductive health services. She is the first author of the Cochrane Systematic Review on the midwifery practice2 and the director of the collective book on midwifery in the francophone world that has been recently published. She assumes the advocacy of the Network to ensure its contribution to the efforts aiming the reinforcement of the francophone midwives through the strategies intended to reduce the mother-new-born-infants’ morbidity and mortality particularly through the France-Muskoka Initiative.

  She also accomplished, since the creation of the Network, different consulting activities (e.g. WHO, UNFPA, private sector) for the development of the midwifery profession in different countries: Lebanon, Morocco, Djibouti, Iraq and DR Congo (current project). All this, led her to realize a sabbatical stay of 7 weeks at the WHO-Geneva, at the Reproductive Health Research in collaboration with the Department of Mother and Child and the Department of Human Resources. Her global aim during this stay was to provide the Network with a potential of formal functioning and utilization of all its resources thus to allow the francophone midwives to be more effective in their contribution to attain the MDGs4 and 5.

---

A utilization of the electronic resources and a connection with the francophone midwives

During the sabbatical stay at WHO_Geneva, M. Hatem was involved, among others, in a training activity aiming to empower the midwives through the utilisation of the electronic resources: cell phone and Internet (mHelath & eHealth). The program called EMANIT, was developed by Dr H. Bathija at the Department of the RHR, WHO-Geneva. It offers an online training, one session per week, via a network for eHealth in Africa called the RAFT (Réseau en Afrique Francophone pour la Télémédecine), coordinated by the Geneva University Hospitals (HUG), since 2000 (http://www.raft.hcuge.ch; http://www.who.int/workforcealliance/members_partners/member_list/hugraft/en/index.html). The sessions covering the francophone midwives’ context and the means to bring a change to the quality of their reproductive health care and services starting with the main concepts that must orientate their efforts: Human rights and reproductive health rights, humanized and continuity of services, empowerment, relation/communication caregiver-client, Competency based education, etc.

To mobilize the francophone midwives community and invite them to participate, she mobilized the Network’s list which comprises 50 names and e-mail addresses in many African Sub-Saharan and North African countries, French overseas territory and Haiti.

These midwives are mostly state employees in their country, in charge of midwives’ training, presidents of midwives associations and Federation of associations, representatives of international organisms (UNFPA, WHO, ICM) and a few individual members. The answer to the invitation was positive and we started the first session on May 10, 2012. These activities are currently pursued from Montreal, UHC Saint-Justine, Quebec’s HC Mother and Child.

Involvement with GHWA through the Muskoka French Fonds Initiative

Since August 2012, our Network is offering its services and collaboration to GHWA through the HHA activities with collaboration of H4+ in different projects: desk review of the literature covering the management of Human Health Resources; analysis of the situation of the Health personnel responsible for Mother and Child’s Health (MCH) in different French Speaking countries (Guinée, Togo, D.R.Congo); planning and implementing presently an action-research on the retention of the HR responsible for MCH in Bénin, Burkina-Faso and Senegal (UNICEF Fonds); etc.

Finally, during 2011-2012, M. Hatem developed, at the UdeM, a micro program in interdisciplinary research in reproductive health, at a graduate level. It will be accessible to the francophone midwives who are eligible to complete studies at a graduate level.

3. Structuring Network

Current mobilisation

The Network is presently in a period of restructuring to be able to intervene officially. We are developing a progressive strategic plan that consists on restarting the earlier members who stayed tuned to check for their interest to be associated to this rebirth; the aim is to constitute a group ready to contribute to the efforts aiming the attainment of the MDG4 and 5 beyond the 2015 deadline for the MDG Initiative. Until now, the results of the solicitation have been productive and most of the individual and groups approached answered positively. It is clear at this phase, that the Network will devote itself a formal structure once it will hold its 1st general assembly.
We consider the creation of different styles of membership or implication/engagement in the Network’s activities independent from their affiliation or origin (North/South), coming from different professional practice settings: academic (researcher/teacher), clinic (cadre clinician from different settings) and/or organizational (order, association, etc.); thus:

Among midwives:

1. The **main nucleus of experts** includes the participants with a senior practice profile. They will be responsible, among others, to process the demands for service and to prepare the offers directly themselves or by inviting the members whose profile is the most adequate to accomplish the mission expected;
2. The **supporting members** coming also from the 3 professional domains: it is every midwife who is willing to offer her services in the context of any mission identified by the main nucleus;
3. The **members in training** or those who can benefit from the Networks’ services: students, associations, etc.
4. The honorary members whose social and professional role can help advocate the Network and the Midwife in general, and particularly the women and children.

Among the partners:

5. The professionals members of the multidisciplinary team working in the domain of maternal and child’s health: MD, nurse, psychologist, physiotherapist, pharmacist, etc.;
6. The institutions that offer maternal and child’s health services: WHO, Francophone Mother and Child’s Network (RMEF), INSERM, Ste-Justine’s Hospital, Universities, Orders, etc.;
7. NGO and beneficiary groups particularly from southern countries.

While constituting the Network’s formal structure, a place will be reserved to each category. A general assembly is being prepared to grant the Network a formal structure as soon as possible. We would have loved to hold this assembly on the occasion of the 3rd Global Forum in Recife. The delay in receiving the decision of acceptance of our proposal of side-event may prevent us from having the event that we would like to have: in general, it is difficult for Midwives from French Speaking countries to find a financial support for global activities, continuing education, etc.; on a short term it will be more difficult, but we are still working on!

4. Proposed services : framework and potential projects
Our target is to combine the resources that we have at our disposal presently – with that of the Muskoka’s initiative Programs through GHWA or others – related to the French speaking midwives’ needs and expectations. To do so, we apply a global framework developed on the occasion of the context analysis in which a new profession is implemented\(^3\); in the present case it is the profession's remodeling to adjust it to the actual current realities.

According to this framework, a profession evolves through the interaction of 3 systems (or paradigms)(Figure 1 below) having each of them the following dimensions: i) axiology (vision, mission, values, rules, etc.), ii) teleology (finality or specific goals), iii) methodology (strategies, human resources, financing, etc.), and iv) ontology (different individual or collective concerned actors, involved or engaged). For a health profession to be able to evolve correctly, the 3 systems must present inter and intra coherence. Thus, to favor the development of the midwifery profession (disciplinary system) and to allow its contribution to the governments’ efforts to attain the MDGs 4 and 5, her practice and training must be coherent with the socio-cultural system and must adhere to the MDGs underlying values: Human rights vision, women centered care, etc. In the absence of a complementary, cohesion and positive interaction between and among these systems, the aimed objectives cannot be attained easily and the obstacles will remain numerous. Thus, an intervention in such context cannot be limited to a specific intervention as a continuing education, or the reinforcement of an association, etc. A global strategy is required; this must target the elements that represent a barrier at any level or component of the 3 systems.

![Figure 1. Structure of the different paradigms disciplinary, socio-cultural and éducational\(^2\)](image)

In this context, the Network considers itself as a nucleus of a Community of Practice – North-South, North-North and South-South – ready to be mobilized judiciously. Based : 1) on our global vision already applied in the analysis and the development of action plans targeting the midwifery profession in the North as

well as in the South countries; and 2) on the human resources from a variety of disciplines and on the individual and institutional international collaborations engaged in the maternal and infant health among which we mobilize the required resources, our Network have already been involved and is ready to dedicate its resources to establish different activities such as: diagnosis studies; development of pilot-projects of new evidence-based intervention and their generalisation; revision of the basic curriculum and continuing education based on the competencies; collaboration to the continuing education of the multidisciplinary reproductive health team; and, evaluation of the interventions. (see proposed services above).

The Francophone Midwives’ Network is located at the, Research Center of the UHC- UdeM in collaboration with the UHC Mother and Child, Ste-Justine Hospital at least until establishment of the next official general members’ assembly.
Members who participated to the initial activities of the Network 1999-2000 (their titles then):

- Sabina Abou-Malham, M.Sc. midwife lecturer, School of midwives- USJ Beirut, Lebanon
- Héli Bathija, MD, Department of Health Reproductive research, WHO, Geneva
- José Belizan, MD, Center for Perinatology and Human Development (CLAP, OPS-WHO)
- Béatrice Blondel, INSERM, Paris, France
- Michel Boulvain, Obstetrician Gynecologist, Hôpitaux Universitaires de Genève, Switzerland
- Anne Burkhalter-Fasnacht, Midwife, Switzerland
- Marianne Carayol, Midwife, INSERM, Paris, France
- Michèle Champagne, Midwife, Ordre des sages-femmes du Québec
- Nayla Doughane, School of midwives- USJ Beirut, Lebanon
- Atf Gherissi, Midwife, Tunis
- Marie Hatem-Asmar, principal investigator, professor, Faculty of Nursing Sciences- Université de Montréal
- René Hivon, Ph.D. Medical Pedagogy, Université Sherbrooke
- Hélène Delisle, Department of Nutrition, Faculty of Medicine, Université de Montréal
- Michèle Deschamps, Nurse, Ph.D. Women’s Health (autochtones) and cancer, Direction of Public Health, Montreal.
- Ema Ferreira, perinatal Pharmacology périnatale, Hôpital Ste-Justine
- Lucia Floris, Midwife, Hôpitaux Universitaires de Genève, Switzerland
- Diane Francoeur, MD, Hôpital Ste-Justine – Collège des Médecins du Québec and Association of Obstetrician and Gynecologists of Quebec.
- William Fraser, MD, M.Sc. Expert in Perinatal Epidemiology– Clinical Trials and Professional Practices Unit – Université Laval
- Suzanne Kerouac, Nurse, M. Nursing, M.Sc. épidémiologie - Professor – Management of Nursing care and academic program in nursing care – dean, Faculty of Nursing - Université de Montréal.
- Jacques Lacroix, Hôpital Ste-Justine and Representative Université de Montréal’s Cochrane site
- Lyne Leduc, Obstetrician Gynecologist, Hôpital Ste-Justine, Université de Montréal
- Rona McCandlish, midwife investigator, UK
- Marianne Mead, midwife, London UK, representing the International Confederation of Midwives (ICM), section francophone
- Jeanne-Clémence Moukabi-Nkembongani, Midwife, Gabon
- Jean-Marie Moutquin, MD, Department of Obstetrics and Gynecologists, Université de Sherbrooke
- Mathy Ndoye, Midwife, Senegal
- Christine Paradis, Midwife, Quebec
- Liette Perron, Society of Obstetrician and Gynecologists of Canada (SOGC)
- Daniel Reinharz, MD, Ph.D. Public Health – Health Economy and health care organisation – Clinical Trials and Professional Practices Unit – Université Laval
- Marie-Claude Renault, Midwife, France
- Fatima Temmar, Midwife, Morocco
- Réjean Tessier, psychologist specialised in perinatality, Ph.D, Université Laval, Clinical Trials and Professional Practices Unit – Université Laval
- Sylvie Vandal, Nurse, Ph.D in measures and evaluation – Ste-Justine's Research Center– Faculty of Nursing Sciences – Université de Montréal.
- Bilkis Vissandjée, Nurse, Ph.D. Faculty of Nursing Sciences – Université de Montréal; Centre d’excellence pour la santé des femmes
Collaborators and partners
In Quebec, the network will be supported by:

- The research Center of Ste-Justine's Hospital – multidisciplinary team: Dr Émile Levy, director
- Clinical Trials and Professional Practices' Unit – Université Laval: Dr William Fraser, chef d’unité
- Faculty of Nursing Sciences – Université de Montréal: Mrs Suzanne Kerouac, dean

It receives, on the national and international levels, the collaboration of:

- The International health Unit – Fac of Medicine – U. de Montréal (GRASP – GRIS)
- le Centre d’excellence pour la santé des Femmes - U. de Montréal
- The Department of Social and Preventive Medicine – U. Laval
- Faculty of Nursing Sciences – U. Laval.
- Faculty of Medicine – Université Sherbrooke
- ICM – International Confederation of Midwives – section francophone
- Institut National de la Santé et de la Recherche Médicale (INSERM) – Paris.
- Associations of Midwives from different francophone countries (Africa, Asia, Europe, Middle-East; North Africa and Quebec).

Presently...

Our member list comprises over 125 names and coordinates of individual and group members from the North and the South…
Permettre à la SF francophone de passer d’un Profil de métier technique VERS Profil professionnel autonome, membre à part entière de l’équipe multidisciplinaire
Le Réseau…

Profil virtuel depuis 2000

VERS

Un profil réel, actif, dynamique, mobilisateur, etc.
• **Momentum**

  • Efforts déployés ces dernières années ciblant les OMDs et adressant la « pratique du personnel des soins SF » dans les pays francophones (Muskoka-France)

  • Après 2015?

    • Y aura-t-il du financement pour mener à bien les interventions stratégiques identifiées par les efforts en cours?

    • Y aura-t-il suffisamment de SF qualifiées pour assumer les responsabilités qui leur sont dévolues dans ce contexte?

    • Les SF francophones seront-elles en mesure de faire le passage du métier à une profession par elles-mêmes?

  => Les SF franco doivent se prendre en main
Allow the French speaking midwives to pass from 

A technical Profile  
towards 

A professional autonomous profile, 

full member of the multidisciplinary team
... The Network from...

a Virtual Profile since 2000

towards

A real, active, dynamic, mobilising profile
• **Momentum**
  • Too much efforts have been deployed these last decades targeting the MDGs and addressing the « Midwifery Practice » in French speaking countries (Muskoka-France)
• **After 2015?**
  • Will there be enough finances to implement the strategic interventions identified through the actual planning activities?
  • Will there be enough qualified midwives to assume the responsibilities which are relevant to their domain of practice?
  • Will the French speaking midwives be able to pass from a technical profile to a professional one?