

**GLOBAL ADVISORY GROUP**

*on*

**NURSING**

*&*

**MIDWIFERY**

Report of the Eighth Meeting  
Geneva, 9-11 October 2002



World Health  
Organization

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# Global Advisory Group on Nursing and Midwifery

Report of the Eighth Meeting – World Health Organization, Geneva, 9 – 11 October 2002

## **Executive summary**

In his welcoming address to members attending the Eighth Meeting of the Global Advisory Group for Nursing and Midwifery (GAG/NM), Dr David Nabarro – on behalf of Dr Gro Harlem Brundtland, Director-General of the World Health Organization – highlighted a number of health and development challenges that have a bearing on nursing and midwifery. He suggested putting the following items at the centre of all relevant health-related agendas:

- The need for leveraging the role of nurses and midwives in addressing equity and gender issues to assist in bridging the gap in access to care.
- The importance of facilitating the achievement of the Millennium Development Goals and the critical role of nurses and midwives within this.
- The need to take cognisance of the important advisory contribution to be made by nurses and midwives with regard to scaling up the efforts in tackling HIV/AIDS.
- The contribution of nurses and midwives to reducing health risks, promoting healthier behaviour, and being role models for their communities.
- The need to deliberate on issues regarding quality of care and patient safety.

One of the high points of the meeting was launching the document, *Nursing Midwifery Services: Strategic Directions (2002-2008)*, by the WHO Director-General, Dr Gro Harlem Brundtland, during a reception in honour of Her Royal Highness Princess Muna Al-Hussein of Jordan. The high-profile exposure accorded to this event reflected the commitment of WHO and relevant stakeholders to ensuring successful dissemination of the document, and subsequent implementation of relevant activities.

## **Key issues addressed during the meeting**

- The disturbing reality that a large proportion of the population is still not achieving optimal health.
- The continuing shortage of nurses and midwives globally.
- The role of nurses and midwives in meeting Millennium Development Goals.
- The specific role of nurses and midwives in scaling up for dealing with HIV/AIDS and other diseases of poverty.
- The role of nurses and midwives in connection with risks to health and promotion of healthier behaviour and environments.
- Issues on the quality of care.
- Issues on the value and esteem that nurses and midwives are held by other health professionals, health systems, governments and the media.

## **The meeting submitted the following recommendations to the Director-General**

- WHO to take all possible opportunities to alert Member States and key stakeholders in order to explore the causes and consequences of the grave shortage of nursing and midwifery personnel and the need for developing policies and actions to counter this problem. In particular, such policies and actions should include the following:
- Giving high priority for nursing and midwifery within human resources for health (HR) and health system policies.
- Commissioning papers in nursing and midwifery to provide the evidence on the main constraints and challenges confronting nursing and midwifery service delivery including the impact on access to care, patient safety and adverse events. These should later be incorporated into the ongoing work regarding human resources for health and other areas of health services provision.
- Taking concrete action to build nursing and midwifery into existing and new databases and health information systems.
- Promoting a global campaign to improve the image of nurses and midwives, and to recruit nurses and midwives.
- Development of criteria for facilitating a multidisciplinary policy environment.
  1. WHO to take steps to ensure a broad-based multidisciplinary policy perspective throughout the organization, which would include the appointment of nursing and midwifery specialists in leadership positions to such programmes as HIV, home-based care, and MPR along with a review of the appointment processes at all levels in the organization.
  2. WHO to take action to ensure the provision of adequate resources to implement an effective communications strategy and the subsequent implementation of the Strategic Directions for Nursing and Midwifery (SDNM) Services.
  3. GAG/NM recommends that the Director-General present a progress report on the implementation of resolution WHA54.12 to the 111th session of the WHO Executive Board (EB) in January 2003, which will:
    - Give a clear message concerning the continuing and, in some countries, deepening crisis in the nursing and midwifery services and the potential impact of this on the achievement of the Millennium Development Goals.
    - Reinforce the importance of the SDNM and the need for Member States to Develop strategies and allocate resources, together with WHO and other bilateral and multilateral organizations, to counter the problems identified.
    - Document the key achievements to date regarding the SDNM and address the remaining challenges.
    - Underscore the need to translate the SDNM into the official languages of WHO and develop a communication strategy to ensure wide dissemination.
    - Propose that further progress reports on the implementation of the above resolution be submitted to the EB for 2006 prior to the evaluation of the SDNM in 2008, and beyond.
    - Highlight the importance of continued collaboration with partner agencies and further development of new partnerships.

## 1. Introduction

The Eighth Meeting of the Global Advisory Group on Nursing and Midwifery (GAG/NM) was held in WHO headquarters, Geneva, on 9–11 October 2002.

The objectives of the meeting were to:

- Review progress on the implementation of recommendations from the sixth and seventh meetings of the GAG/NM.
- To consider the progress report on resolution WHA54.12 on strengthening nursing and midwifery services to be submitted to the 111th session of the WHO Executive Board.
- To advise on directions for further implementation of the Plan of Action for the *Strategic Directions for Strengthening Nursing & Midwifery Services* (PA-SDNM).
- To note the work relating to “*Evidence-based nursing and midwifery practice*”.
- To review the directions of the work on *Monitoring and Evaluation of the Implementation of the Strategic Directions for Strengthening Nursing & Midwifery Services*.

Following the opening remarks by the chairperson, Professor Gumbi, Dr David Nabarro, Executive Director, SDNM-E, on behalf of the Director-General Dr Gro Harlem Brundtland, welcomed the members to the meeting. Dr Nabarro extended the Director-General’s appreciation of the work done by GAG/NM and then, referring briefly to the Millennium Development Goals, posed various challenges to the meeting. He suggested that such challenges should be put at the centre of all relevant agendas, and assured the meeting of WHO’s continued support to GAG/NM in fulfilling their role in that regard. Specific reference was made to the need for leveraging the role of nurses and midwives in addressing equity and gender issues to help bridge the gap in access to care. Dr Nabarro emphasized the critical role of nurses and midwives for facilitating the achievement of the Millennium Development Goals. This includes the contribution to WHO’s *Global Call to Action on Skilled Attendants*. GAG/NM also need to take cognisance of the important advisory role with regard to scaling up their contribution on tackling HIV/AIDS. The contribution of nurses and midwives in reducing health risks and promoting healthier behaviour in their communities by being appropriate role models should also be seen as important challenges. The final challenge posed by Dr Nabarro was the need to deliberate on issues on the quality of care and patient safety, and the meeting was invited to provide appropriate advice on how adverse events could be approached.

The agenda of the eighth meeting of GAG/NM and a list of participants are presented in Annexes 1 and 7, respectively. The remainder of this report provides a summary of the meeting’s proceedings and deliberations. Further details can be obtained by contacting the WHO Secretariat.

## 2. Progress on recommendations of the sixth and seventh GAG/NM Meetings

Dr Al-Gasseer, Senior Scientist for Nursing and Midwifery, gave a brief overview of the work carried out by WHO Headquarters and the Regions to address recommendations put forward by GAG/NM during the 6th and 7th meetings. Among the highlights were: AFRO’s joint initiative with the World Bank to strengthen the contribution of the health professions to health sector reform, AMRO’s collaborative efforts with ICN and ICM to implement leadership development programmes, EURO’s production of a strategic guidance document to support implementation of the Munich Declaration, EMRO’s multidisciplinary meeting to establish guidelines on nurse prescribing, SEARO’s protocols for in-depth country assessment of the management of nursing and

midwifery workforce, and WPRO's dissemination of country experiences regarding the use of mid-level and nurse practitioners.

A range of initiatives had also been undertaken by WHO Headquarters and the Regions to examine approaches for addressing human resources imbalances and migration, including the development of concepts and instruments that would assist in measuring their impact on health systems. Another major achievement was the launching of the Nursing and Midwifery Services Strategic Directions (2002–2008), which was developed collaboratively with partners and provides a framework for supporting countries in the implementation of resolution WHA54.12.

### 3. Launch of Nursing and Midwifery Services: Strategic Directions 2002–2008

During a lunch reception hosted by the WHO Director-General, Dr Gro Harlem Brundtland, in honour of Her Royal Highness Princess Muna Al-Hussein, the document *Nursing and Midwifery Services Strategic Directions (2002–2008)* was launched. The Director-General underscored the importance of the document in galvanizing partnerships to support countries in addressing the five key intervention areas (see below), which were critical to strengthening the contribution of nursing and midwifery services to the challenges facing health systems today. She called on countries to make a concerted effort to balance all five areas. Nine international partners have come together to endorse the agenda set out in the document – the United Nations Population Fund, the International Labour Organization, the United Nations Children Fund, the International Council of Nurses, the International Confederation of Midwives, the Global Network of Collaborating Centres for Nursing and Midwifery, the International Society of Nurses in Cancer Care, the International Federation of Nurse Anaesthetists, and Sigma Theta Tau International.

The following five Key Result Areas (KRA) are referred to in the Strategic Directions and Plan of Action:

- **KRA 1: Health Planning, Advocacy, and Political Commitment**  
National development and health plans provide for adequate nursing and midwifery services and expertise.
- **KRA 2: Management of Health Personnel for Nursing and Midwifery Services**  
National employment policies for nursing and midwifery are gender sensitive and are based on healthy and safe work environments and conditions, equitable rewards and recognition of competencies, and are linked to a transparent career structure.
- **KRA 3: Practice and Health System Improvement**  
Nursing and Midwifery expertise is fully integrated into decision-making processes and health systems utilize best available practices for the care of individuals, families, and communities.
- **KRA 4: Capacity-Building**  
Adequate numbers of competent providers with effective skill mix are available to efficiently deal with the current and future challenges of practice.
- **KRA 5: Stewardship and Governance**  
Stewardship and governance of nursing and midwifery services actively engages the government, civil society, and the professions to ensure quality of care.

Her Royal Highness Princess Muna Al-Hussein responded as follows:

*“It is a great honour to be here for this important event in which WHO announces the launch of the Strategic Directions for Nursing and Midwifery.*

*This document guides the UN and non-UN international organizations to work together, at all levels, for increasing investment in nursing and midwifery, to achieve a common vision of better health for all people.*

*“We, in Jordan, believe that strong nursing and midwifery services are vital for the world health system. His Majesty King Abdullah the Second has articulated a clear vision for the improvement of the quality of life for his people. The establishment of the Jordanian Nursing Council under his directive is one of the major steps towards upgrading the health system, in Jordan, in collaboration with other health councils and associations.*

*“We appreciate the support of the WHO in the advancement and reform of the health system in Jordan. We look forward to your continuing support through technical assistance and related programmes that will result in a strong nursing regulatory system and ensure the protection of the public.*

*“I would like to congratulate you for the outstanding efforts to mobilize all national and international resources to support a stronger world health system for better quality of life. We can all see the endeavours and dedication that have gone towards the launching of this strategic document today. It sets a definitive and clear path for the future development of nursing and midwifery in Jordan. The challenge now is to make it happen. I assure you that you have my absolute support.”*

#### **4. Global and regional implementation of the Nursing Midwifery Services: Strategic Directions 2002– 2008**

Extensive consultation was carried out to develop the Strategic Directions (SDNM) and steps were taken to prepare a corresponding plan of action. Commitment has been fostered among partners and new alliances have been established to support implementation. Many different avenues at global, regional and national level have been used to raise awareness and engage stakeholders in moving forward with efforts to address the five key intervention areas.

The Regional Advisers for Nursing and Midwifery reported on relevant progress and challenges related to the SDNM in the six WHO regions. Activities to address the five intervention areas were well underway and efforts to adapt the SDNM to regional issues had been successful in AFRO and were being pursued in other regions. A summary of these reports can be found in Annex 3.

Dr Al-Gasseer reaffirmed that WHO is committed to supporting the extensive dissemination and implementation of the SDNM. A comprehensive communications plan was being prepared and arrangements for translation were being made to this end. Furthermore, ongoing negotiation with existing and new partner organizations would continue for specific areas of work to coordinate and consolidate efforts directed towards implementation of SDNM.

## **GAG/NM discussions**

The major points raised during discussions were as follows:

- With regard to future reprints of the SDNM document, consideration needed to be given to copyright laws, with the intention of facilitating reproduction and clearly outlining the respective conditions. In addition, relevant interim arrangements for reproduction of the current document must be agreed upon.
- The importance of a clear and extensive communication strategy, as well as a carefully planned dissemination process relevant to the document was emphasized.
- The importance of encouraging translation of the document into local languages was stressed. Availability of funds for translation into WHO's official languages should continue to be investigated in order to find cost-effective ways for such translations.
- The meeting acknowledged that various activities have been introduced in the regions to support the dissemination of the Strategic Directions document within countries. There is, however, a need to accelerate relevant activities, including the following:
  - Existing networks of Schools of Nursing and Midwifery, National Nursing Associations, journals and relevant web pages should be used extensively. It was reiterated that although nurses and midwives are important targets in this regard, other disciplines as well as the wider community also need to be informed, where relevant.
  - A variety of communication strategies need to be used, such as the extensive televideo conference approach that was used to disseminate information on the Strategic Directions document in Jordan.
  - The value of conferences and other national and international events, where discussion of the interrelationship between national and international levels can take place, was highlighted.
- Non-traditional avenues for influencing local policy directions need to be explored by nurses and midwives, including advisory and consultancy roles.
- Concern was raised regarding the continuing loss of skilled health personnel from various regions, and the importance of documenting the magnitude of the problem of migration was emphasized. Mr Adams indicated that there was global recognition of the gravity of the situation, and cited as an example the decision of the Ministers in the AFRO region to include the issue in the agenda of various current and future forums.
- The possibility of graduate students conducting research on the Strategic Directions and Plan of Action should be considered.

## **5. Directions for monitoring and evaluation of progress in achieving the goals of resolution WHA54.12 and the *Nursing Midwifery Services: Strategic Directions 2002–2008***

Ms Kathleen Fritsch, Ms Vena Persaud and Dr Naeema Al-Gasseer provided an overview of the context and work underway with respect to developing a framework for monitoring and evaluating the goals set out in resolution WHA54.12. This resolution and past GAG/NM recommendations call for the development and implementation of systems and uniform performance indicators at country, regional and global levels to monitor, measure and report progress in achieving the goals set out in the resolution.

As an initial step, a review of existing mechanisms available for monitoring and evaluating nursing and midwifery services was conducted. Instruments such as the World Health Survey, Human Resource for Health Assessments, Facility Survey, and so forth were examined for their relevance to measuring the contribution of nursing and midwifery services to health system performance and, more specifically, progress in implementing the Strategic Directions. As such, the conceptual frameworks guiding the review process included the Health Systems Framework as well as the Strategic Directions for Nursing and Midwifery.

The challenges that had been identified through the review process include:

- Macro level health systems performance framework and Nursing and Midwifery Strategic Direction frameworks are measuring progress or performance at different levels.
- Health systems surveys are needed to generate large data sets, but at present nursing and midwifery specific issues are not addressed to a great degree.
- The timeframe for ongoing data collection is planned at approximately 3-year intervals, but such timing may not be appropriate for monitoring nursing and midwifery progress.
- Multiple instruments provide some information but comprehensiveness and compatibility of data are unknown.

The following questions need to be addressed in due course:

- Are the existing indicators sufficient as a core data set for monitoring the implementation of SDNM?
- What data are required to analyse short-term progress?
- What are our longer-term data requirements?
- What is the best approach to further develop and support the sharing of data sets for monitoring progress in strengthening nursing and midwifery services?

### **GAG/NM discussions**

The major points raised during discussions were as follows:

1. There was general agreement on the importance of considering nursing and midwifery together, and not separately in all aspects relevant to the SDNM.
2. It was emphasized that statements of the resolution need to be clearly reflected in the monitoring and evaluations process.
3. With regard to the completion of relevant documents, it was agreed that relevant consultation with partners and others would be conducted as required. The importance of working with partners such as ICN, ICM and ILO on existing instruments and indicators sensitive to nursing and midwifery care was stressed.
4. Data required to analyse both short- and long-term progress were debated, and it was agreed that longer-term requirements would include ongoing evaluation of available data sources while concurrently selecting a core set of nursing and midwifery sensitive indicators that could be included in other surveys such as the World Health Survey.
5. Consideration needs to be given to what mechanisms are needed to support sharing of data sets within and outside of WHO. It is important to ensure that nursing and midwifery core indicators related to health outcomes are known and used by all relevant parties within and outside WHO at global, regional, and national levels.

## 6. Update on the WHO Human Resources for Health Policy

Various issues relevant to the WHO Human Resources for Health Policy, with specific reference to item 2.1 of resolution WHA54.12 on Strengthening Nursing and Midwifery, were discussed. Dr Mario Dal Poz, HRH Team Coordinator, WHO, indicated that the challenge facing WHO has been to provide support to Member States in setting up mechanisms for inquiry into the global shortage of nursing and midwifery personnel, including the impact of migration. In addition, the challenge of developing effective human resources plans and programmes and considering ethical international recruitment approaches also require attention.

Current analytic work relevant to nursing and midwifery personnel includes the development of global baseline data and human resource assessment tools. This requires detailed data collection and analysis and carefully compiled definitions with cross-national comparability. Evidence based HR policy options on key issues such as scaling up health interventions, attending to existing imbalances, migration, education and training of health care personnel, as well as ensuring adequate working conditions require urgent attention. The importance of acknowledging that human resource related issues are complex and need to be approached in innovative ways was reiterated. Indicators that would identify the complexity of the issues need to be explored, linking indicators and health systems performance in the process. A better understanding of the impact of macroeconomic policies on the health workforce needs to be developed.

GAG/NM members expressed their appreciation that WHO has initiated active work in addressing HRH. However, members reiterated the concern from their previous recommendation regarding the critical shortage of nursing and midwifery personnel and raised the question how WHO plans to address this problem. They also emphasized the need to conduct more research on the impact of working conditions and skill mix as related to health of providers and patients. They expressed concern that an increasing number of countries are now reporting low staff quality and morale which jeopardises delivery of safe patient care. They urged WHO to look further into these issues with its partners to develop a policy response.

In the Secretariat's response, GAG/NM members were offered an exclusive session on the studying of HRH imbalances and shortages. Further, members were also informed about the current work on workplace violence in the health sector, a joint effort of WHO, ILO, ICN and PSI.

## 7. Current work on Resolution WHA55.18 on quality of care and patient safety

Dr Yunkap Kwankam addressed various aspects of current work being conducted by WHO with regard to quality of care and patient safety. He referred to activities of the Patient Safety Working Group, the Facilities and Service Outcome Team (FSP), Department of Health Service Provision (OSDNM).

In addressing the issue of risk of adverse events, Dr Kwankam referred *inter alia* to the modern health care delivery system as a complex combination of processes, technologies and human interactions that produces significant benefits as well as an inevitable risk in the form of adverse events. He discussed safety as a fundamental aspect of quality, and defined quality in the experience of three countries (America, England and Australia) in the process.

Recognizing the work of patient safety pioneers such as Florence Nightingale and Ernest Amory Codman, Dr Kwankam provided a framework for identifying errors in patient care, and cited various examples in that regard. The root causes of adverse events were said to be systemic, occurring in a variety of settings including homes, doctor's offices, hospitals, clinics, and so forth.

Reference was made to resolution WHA55.18 that urges member States to:

- Pay the closest possible attention to the problem of patient safety;
- Establish and strengthen science-based systems, necessary for improving patients' safety and the quality of health care, including the monitoring of drugs, medical equipment and technology.

In addition, there is an urgent need to:

- Develop global norms, standards and guidelines for quality of care and patient safety
- Promote the framing of evidence-based policies
- Support the efforts of Member States to promote a culture of safety
- Encourage research into patient safety
- Report on progress relevant to EB113 and WHA57.

Various ongoing programs related to patient safety including drug monitoring, vaccination and immunization, injection safety, and environmental safety were well established at WHO. One of the aims of the patient safety work is to serve as a forum for coordinating and strengthening relevant work across the Organization.

While the broader scope of initiatives in the area of provider performance will address quality improvement, accreditation, hospital efficiency, and patient safety, the latter will have specific objectives. This includes facilitating consensus on concepts and definitions relevant to patient safety, establishing reporting/learning systems (identification, cataloguing, assessment), and developing an evidence base. Dr Kwankam stated that WHO is committed to providing assistance to make patient safety a high priority on the policy agenda of Member States. In this regard, WHO will assist in capacity-building, the provision of technical support, and the promotion of relevant joint in-country activities through appropriate networking with Collaborating Centres, NGOs, consultants and various other partnerships.

In the general discussion, the nursing and midwifery group at WHO as well as regional advisers and N&M focal points highlighted the troubling relationship between staffing norms and patient and provider safety. They made reference to recent research reports establishing a clear link between inadequate nurse and midwifery staffing levels and increased risk of hospital patient mortality. Inadequate staffing was also seen as responsible for the increased frequency of job-related injuries and near misses, specifically for needlestick-related provider infections. The overall conclusion of the comments was that appropriate number and skill mix of staffing had been inversely related to adverse events and should be viewed as a precursor to safe patient care.

## **8. Strategy for Making Pregnancy Safer: Global action for skilled attendants**

Dr Bocar Diallo, Manager, Making Pregnancy Safer Initiative, WHO, addressed the issue of required global action for making pregnancy safer. He referred to specific interventions that could be effective in the process, and listed the following in this regard:

- Social support in labour and birth
- Breastfeeding within one hour after birth
- Newborns dried and kept warm

- The WHO ANC package
- Magnesium sulfate for pre-eclampsia and eclampsia
- Use of the Partogram to identify obstructed labour
- Oxytocin in management of third stage of labour
- Antibiotic prophylaxis for caesarean delivery
- MVA for incomplete abortion and safe abortion
- Kangaroo-mother-care for low-birth-weight babies
- Assisted delivery for prolonged and/or obstructed labour

It was suggested that such interventions could be delivered by physicians (generalists with midwifery skills and obstetrician/gynaecologists), midwives and nurse-midwives, or country equivalents. Care providers without necessary midwifery skills including traditional birth attendants, community health workers, family members, friends, and so forth could also deliver some of these interventions if supported and supervised by providers with midwifery skills.

The issue of the development and use of required skilled attendants was discussed extensively, indicating the roles of various role players at all levels in the process. Acknowledging that access to skilled attendants still eludes many people in various countries of the world, Dr Diallo posed the following questions:

- What are some of the alternatives for national and/or global action for skilled attendants?
- What should be done in order to get partners that will enable the movement from attitude to practice and implementation?

### **GAG/NM discussions**

The presentation by Dr Diallo led to an animated discussion during which members expressed appreciation for the mandate given to GAG/NM by Dr Brundtland regarding the strengthening of the image and value of nurses and midwives. At the same time, concerns were raised regarding the process and challenges involved in such an undertaking. The particularly unfavourable position of midwives in some countries was of great concern as it was recognized that women were needlessly dying due to the many barriers in accessing midwives.

Major points raised during discussions were as follows:

- Concerns were raised regarding the fact that the Maternal and Newborn policies and strategies continue to fail in recognizing the important role of midwives and nurses with midwifery skills in saving the lives of women, and in so doing undermine the essence of WHA54.12. The following examples were cited in this regard:
- Placing physicians first on the list of skilled health care providers when less than 6% of pregnant women need such specialized skills, and furthermore the utilization of other skilled providers may provide more economically viable solutions for countries.
  - Leadership and policy development competencies in the MPR Global Action paper were identified as falling within the scope of physicians only. It was clarified that these competencies also, and maybe even more so, should fall under midwifery.

- The practice of midwives being trained and supervised by non-midwives/nurses when midwives are acknowledged as autonomous health professionals who are responsible for the training of other midwives and health providers
- The financial benefit of making more extensive use of skilled midwives/nurses as the primary provider of health care services was also acknowledged.
- The audience was reminded that MPR aims to assist countries in developing evidence-based national policies, strategies and programmes and implement them with the support of partners.
- The meeting was reminded that SEARO has taken the initiative to advocate for skilled attendants and found that people are confused with the term, thinking that they represented a new category of health care worker, not midwives, nurses and so forth. It is, therefore important that the term “skilled attendant” be clearly defined.
- The need to have midwives close to where people live, i.e. at the community level, was emphasized, particularly as the majority of women in certain regions still deliver at home without the assistance of a skilled attendant.
- It was agreed that there is an urgent need for the required skill among different practitioners, but that nurses and midwives are an important part of the equation.

## 9. Recent developments in the WHO HIV/AIDS strategy

Dr Winnie Mpanju-Shumbusho, Director, HIV/AIDS/SAP, WHO Department of HIV/AIDS, FCH Cluster, presented a paper that dealt with recent developments in the WHO HIV/AIDS Strategy. She cited recent statistics and estimates regarding the growing HIV/AIDS pandemic and referred to the damaging effects on various key sectors, including the health sector. These include direct costs related to patient care, medical supplies, and human resources, as well as indirect costs such as the loss of trained personnel, the resultant strain on existing staff and services, the need to train more workers, especially frontline workers, and the need for more facilities and infrastructure.

Dr Mpanju-Shumbusho referred to the health sector as a critical component of multi-sector responses to HIV/AIDS by promoting effective interventions, providing treatment and care, catalysing action at other levels of society, mobilizing resources, and delivering new treatment and prevention methods including drugs, vaccines, and microbicides. Nurses and midwives are instrumental to an effective health sector response. The following WHO strategic areas of focus were alluded to:

- Strategy and policy guidance, such as the Global Health Sector Strategy on HIV/AIDS (GHSS).
- Normative tools and guidance including blood safety, universal precautions, VCT, PMTCT, ARVs, essential medicines, diagnostics, HIV/AIDS in emergencies, and so forth.
- Strategic Information (surveillance, monitoring, evaluation) which include the improvement of knowledge on the epidemic and health sector response, and learning from experience in order to facilitate scaling up.
- Technical support for implementation provided to countries and international partners (e.g. GFATM).
- Advocacy and partnerships with governments, public and private sectors, NGOs and donors to assist, for instance with the scaling up of treatment and care.

Dr Mpanju-Shumbusho stated that expanding treatment access creates new opportunities for strengthening the overall response, including prevention, and reiterated the importance of nursing and midwifery skill development in these areas. It will also assist in reducing stigma and discrimination, and requires the engagement of people living with HIV/AIDS, families and communities in prevention efforts. New models of HIV testing and counselling need to be developed and HIV/AIDS services need to be integrated into existing services and infrastructure. To do so it is necessary to expand infrastructure and to create new service entry points.

### **GAG/NM discussions**

It was strongly felt that the contribution of nurses and midwives to expanding access to HIV/AIDS prevention and care needs to be strengthened, particularly in the areas of HIV testing, treatment and care, including ARV therapy, palliative care, universal precautions, and health worker safety. Appropriate curriculum development regarding HIV/AIDS is also needed.

## **10. Imbalances in the health workforce**

In a discussion relevant to imbalances in the health workforce, Dr Pascal Zurn cited various global examples in this regard. He alluded to possible consequences of such imbalances on the quality of care, access to care, and misallocation of resources.

Reference was made to various employment indicators, normative population-based indicators such as nurse/population ratios, activity indicators, and monetary indicators that could have an effect on nursing and midwifery. Of particular concern to GAG/NM members were the imbalances that occur in the nursing and midwifery workforce, including speciality imbalance, geographical imbalance between urban and rural settings, institutional or community services imbalance such as those between hospital and primary health care settings, public/private imbalance, and gender imbalance. Challenges that nursing and midwifery need to contend with in this regard include:

1. The complexity of the imbalance issue
2. The need to develop an analytical framework to address the situation
3. The identification of indicators that capture the complexity of the imbalance issue
4. The need to link indicators and typology
5. The importance of devoting further efforts to improving and facilitating data collection and analysis, particularly in developing countries.

## **11. Activities of UN and non-UN partner organizations regarding nursing and midwifery development**

Representatives of various partner organizations briefly discussed the contributions of their respective organizations to the process of strengthening nursing and midwifery. All representatives pledged in one way or another their ongoing support for the implementation, monitoring and evaluation of progress in achieving the goals of resolution WHA54.12 and the *Nursing and Midwifery Services: Strategic Directions (2002–2008)*. The importance of collaboration between all organizations concerned with the process was emphasized.

A recommendation was adopted where partners need to ensure that all the publications by the respective partner in the area of nursing and midwifery also include a clause, such as “in support to Nursing and Midwifery Services: Strategic Directions 2002–2008”

Highlights from partner organizations' reports are given below:

### **International Council of Nurses (ICN)**

Among the many activities reported by ICN central were those concerning further capacity-building through leadership programmes, active involvement in studying migration patterns of nurses in the world, promoting policies of ethical international recruitment, and supporting the workplace violence and patient safety initiatives.

### **International Confederation of Midwives (ICM)**

ICM's report focused on their effort to review essential competencies for midwives as well as to set up projects in the area of HIV/AIDS and midwifery leadership. ICM maintains its traditional collaboration with the Department of Reproductive Health in WHO on various grounds while extending its role in the Inter-Agency Group for Safe Motherhood.

### **Global Network of WHO Collaborating Centres for Nursing & Midwifery Development**

The Global Network reported efforts in building the evidence base for the World Health Assembly in 2003 via several past activities. They also revised their strategic plan to reflect challenges concerning the SDNM and other WHO health priority areas.

### **UNICEF**

UNICEF welcomed and supports the SDNM document and reported several ongoing activities in child and maternal health which require strengthening of the nursing and midwifery workforce.

### **ILO**

The International Labour Organization, also endorsing the SDNM, stressed the relevance of collaboration and the synergy between their 1977 Convention on Nursing and the SDNM. ILO is working closely with WHO on issues of ensuring safe working environment and workplace violence.

### **UNFPA**

UNFPA also assured support for and implementation of the SDNM, especially in the area of skilled attendants for pregnant women.

## **12. Long-term and home-based care**

Dr Miriam Hirschfeld, WHO, discussed the criteria for long-term care with a focus on the need for care in everyday living, and emphasized that the focus of the work of the Cross-Cluster Initiative on Long-Term Care is to create evidence for policy, and to encourage relevant action at country level.

The important role of GAG/NM in ensuring that work in progress on long-term and home-based care will continue was emphasized. More information on WHO's long-term care initiative is available from the following web address: <http://www.who.int/ncd/longtermcare>

## **GAG/NM discussion**

GAG/NM recognized the need to carry this work forward and agreed that further consideration should be given to how relevant aspects could be incorporated in implementing the SDNM.

### **13. Establishing the evidence base for nursing and midwifery practice**

The background against which the required evidence base needs to be developed, in accord with resolution WHA54.12, was sketched by Dr Miklos Zrinyi and Dr Naeema Al-Gasseer. The objective is to enhance the development of nursing and midwifery services that will reduce the risk factors and respond to health needs, on the basis of sound scientific and clinical evidence.

It is important to note the existing inequities between countries in building evidence, due to their current situation with regard to the process, and differences in financial and intellectual infrastructure and available research and capacity. In addition, there is still a marked divide between developed and developing nations, which also has an influence on research capacity and evidence production. Issues relevant to the availability of data sources in data poor environments, as well as the link between evidence and services also need to be attended to.

The following areas of evidence need to be considered:

- WHO priority areas (HIV/AIDS, TB, Malaria, Making Pregnancy Safer)
- Areas where nursing/midwifery contribution can be assessed and presented
- Areas which are expected to have a significant impact on population health
- Inequities in service delivery (poverty, gender, etc.).

The GAG/NM members emphasized that evidence can be appraised through a systematic approach, while capacity-building can be achieved through twinning of WHO Collaborating Centres (WCCs) and the use of Collaborative Networks and Evidence Centres. Relevant multidisciplinary and multilingual programmes in this regard should be developed by WHO partners such as ICN, ICM and the Global Network of Collaborating Centres.

WHO has moved forward in developing an evidence-base approach by convening a Virtual Expert Panel and extensively reviewing available evidence methods. Initial consensus has been reached regarding a “Systematic Review Approach”, and this process will be developed more extensively in the near future for application through WCCs and other partners. The proposed methodology and policy will be disseminated to all concerned.

## **GAG/NM discussion**

GAG/NM acknowledged the need for continuing this work and noted the importance of including key questions that would build the evidence base on nursing and midwifery human resources and further the impact of nursing and midwifery services on patient safety.

## **14. GAG/NM discussions with Her Royal Highness, Princess Muna al-Hussein and the WHO Director-General, Dr Gro Harlem Brundtland**

The chairperson briefed the Director General, Dr Brundtland and Her Royal Highness, Princess Muna Al-Hussein on the deliberations of the 8th meeting of the Global Advisory Group for Nursing and Midwifery.

In her response, Dr Brundtland acknowledged with appreciation the work and specific focus of GAG/NM during the 8th meeting. She informed the meeting that the document and presentation by Prof Gumbi provide convincing arguments that will ensure that the issue of Strengthening Nursing and Midwifery would not 'disappear from the agenda'. Dr Brundtland thanked the members of the Global Advisory Group for their dedication and hard work during the past eight years and particularly for their contribution to all areas of relevance within the work of WHO.

Dr Brundtland indicated that the document, *Nursing Midwifery Services: Strategic Directions (2002-2008)* had been developed with the support of various partners, and promised to be of particular value to the nursing and midwifery professions in the years ahead. The Director-General reiterated that the successful implementation of recommendations and plans of action emanating from the *Strategic Directions Document (SDNM)* ultimately depend on ensuring that the message of the GAG/NM deliberations as well as the SDNM is communicated clearly to relevant decision-makers at country level. These issues should be included in the agendas of governments in the WHO Member States. Various Ministers questioned the Director-General regarding major issues affecting Africa, which emphasized the importance and need for clear communication to Member States to the effect that solutions need to be found at ground level *within* countries with appropriate *local* support. Dr Brundtland reiterated that WHO can only provide support, providing an advisory role, but the countries need to take the necessary actions and to act as stewards within their own countries. The members of GAG/NM were challenged to assist in increasing the knowledge-base regarding nursing and midwifery and related issues, not only within WHO, but also within their own countries.

The meeting was reminded of the importance and relevance of the report of the commission on macro-economics that had been produced since the GAG/NM meeting in 2001, and members were advised to take note of the recommendations included in that report. Dr Brundtland informed the meeting that a global analysis of issues relevant to nursing and midwifery is to be carried out. Whereas the SDNM is most important, there is also a need to indicate how the nursing and midwifery crisis can be addressed. Specific case studies should be done and attention must be given to micro-reasons in order to find the most appropriate solutions.

Her Royal Highness, Princess Muna Al-Hussein, Patron of Nursing and Midwifery in the Hashemite Kingdom of Jordan, congratulated the members of GAG/NM on their continued efforts to strengthen nursing and midwifery, and assured the meeting that the process in Jordan will move forward with the necessary country support. Her Royal Highness expressed her appreciation for the support provided by WHO for nursing and midwifery in her country as well as worldwide.

## **15. Report and recommendations submitted to the Director-General at the conclusion of the eighth meeting of the GAG/NM**

Having noted resolution WHA54.12 which was adopted in May 2001, the GAG/NM is concerned about the fact that a large proportion of the population is still not achieving optimal health. There are too many preventable deaths, such as children who die because of diarrhoea, vomiting and communicable diseases, and mothers who die due to causes related to pregnancy and childbirth.

The HIV/AIDS pandemic continues to take its toll on populations and yet nurses and midwives are not optimally utilized to deal with these causes of morbidity and mortality.

The deliberations of the meeting were guided by the Terms of Reference identified for the meeting, as well as by various challenges that were posed by Dr Nabarro during the opening session. The following summary depicts the main issues that were considered:

- The role of nurses and midwives in meeting Millennium Development Goals
- The specific role of nurses and midwives in scaling up the response to HIV/AIDS and the other diseases of poverty
- The role of nurses and midwives in reducing risks to health and promoting healthier behaviour and environments
- Quality of care and patient safety issues
- Issues on the values and esteem given to nurses and midwives by other health professionals, health systems, governments and the media.

GAG/NM supports and endorses the positive activities being undertaken at all levels – global, regional and country level. In particular, the members are pleased to see the final production and launch of the SDNM, which work started with the monitoring and evaluation indicators and the framework for evaluating evidence-based practice. GAG/NM agrees with the Secretariat staff that additional work on these important tasks is required.

GAG/NM recognizes the strong commitment of partners (ICN, ICM, Global Network of WCCs and others) to the SDNM and to the achievement of its goals.

A number of concerns, however, were identified by GAG/NM to be brought to the attention of the Director-General. These relate both to resolution WHA54.12 and to specific recommendations made at previous GAG/NM meetings.

GAG/NM is concerned that attainment of the millennium goals will be jeopardised by the continuing, and in some countries, increasing shortage of nurses and midwives. In particular, attaining the HIV/AIDS goals and improving maternal health rely to a great extent on the availability of appropriate numbers of qualified nursing and midwifery personnel who form the backbone of health care delivery in the majority of Member States. In many countries, however, there is an increasing gap between the supply of nurses and midwives and the service needs of populations, which is leading to deterioration of patient care and significant numbers of avoidable deaths across all segments of the population, particularly among the poor.

There are multiple reasons for this continued shortage, the exact nature of which varies between and within countries. However, the reasons of particular concern are:

- The low value and poor image of the nursing and midwifery services in some health systems is contributing to difficulties in recruitment and retention. This contrasts with the high esteem in which the professions continue to be held by the general public, and which places them in a key pivotal position for improving health behaviour. It also ignores the economic arguments supporting the use of nurses and midwives as cost-effective deliverers of essential services.
- The increasing attempts by high-income countries to solve their own health personnel shortages at the expense of the health systems of poorer countries through migration policies that are not based on ethical recruitment principles.

- The continued reluctance of some health systems to incorporate nursing and midwifery views into general policy-making, thereby denying processes of policy development and implementation the insights of key health providers and contributing to the de-motivation and lack of commitment among health professionals.
- Changes in health systems driven by stakeholders including health and other ministries and influenced by globalization give little or no consideration to the resulting human resource (HR) impact. Health system changes also need corresponding nursing and midwifery action plans that are soundly based on HR impact analysis.
- Insufficiencies in the educational and career development pathways in countries.
- Inadequate health budgets to fund nurse and midwife posts according to country needs.
- Among other factors, lack of appropriate remuneration, poor working conditions, and the rising incidence of workplace violence are leading to a lack of retention of professionals

GAG/NM is also concerned about the progress across all levels of WHO with respect to the ability of the Organization to serve as a role model in incorporating necessary nursing and midwifery perspectives throughout programmes and priority projects. GAG/NM continues to advise the Director-General and advocate for the proactive incorporation of nursing and midwifery expertise within programmes to enhance policy formulation, implementation and service delivery.

As pointed out in previous reports, we consider that many of the key management and policy roles at all levels of WHO could be carried out by a variety of health professions including nursing and midwifery. An opening up of such positions would help to send a clear message from WHO to Member States as to the importance it accords to a multidisciplinary approach to health and particularly the role of nursing and midwifery in health systems.

The above is compounded by the delays in filling RNA vacancies in the regions (EURO and AMRO) which have severely affected the capacity of WHO to maintain the momentum towards the achievement of the goals of resolution WHA54.12 and the SDNM. Given that nursing and midwifery and the allied health professions make up the majority of the workforce, the correct representation of these groups within management levels will make further strides towards the achievement of the holistic community-based approach to meeting health needs.

The publication and launching of the Strategic Directions is an encouraging and tangible first step in the process of strengthening nursing and midwifery services. However, to maximize the potential of realizing this strategy and, as such, to contribute to strengthening health systems and achieving the millennium goals, resources need to be committed by WHO to both the active dissemination of the strategy to a variety of target groups and the implementation of the strategy itself. GAG/NM is concerned that insufficient resources are currently being committed to this end and would urge the DG to review this.

### **The meeting submitted the following recommendations to the Director-General**

1. WHO to take all possible opportunities to alert Member States and key stakeholders in order to explore the causes and consequences of the grave shortage of nursing and midwifery personnel and the need for developing policies and actions to counter this problem. In particular, such policies and actions should include the following:
  - Giving high priority for nursing and midwifery within human resources for health (HR) and health system policies.

- Commissioning papers in nursing and midwifery to provide the evidence on the main constraints and challenges confronting nursing and midwifery service delivery including the impact on access to care, patient safety and adverse events. These should later be incorporated into the ongoing work regarding human resources for health and other areas of health services provision
  - Taking concrete action to build nursing and midwifery into existing and new databases and health information systems.
  - Promoting a global campaign to improve the image of nurses and midwives, and to recruit nurses and midwives.
  - Development of criteria for facilitating a multidisciplinary policy environment
2. WHO to take steps to ensure a broad-based multidisciplinary policy perspective throughout the organization, which would include the appointment of nursing and midwifery specialists in leadership positions to such programmes as HIV, home-based care, and MPR along with a review of the appointment processes at all levels in the organization.
  3. WHO to take action to ensure the provision of adequate resources to implement an effective communications strategy and the subsequent implementation of the Strategic Directions for Nursing and Midwifery (SDNM) Services.
  4. GAG/NM recommends that the Director-General present a progress report on the implementation of resolution WHA54.12 to the 111th session of the WHO Executive Board (EB) in January 2003, which will:
    - Give a clear message concerning the continuing and, in some countries, deepening crisis in the nursing and midwifery services and the potential impact of this on the achievement of the Millennium Development Goals.
    - Reinforce the importance of the SDNM and the need for Member States develop strategies and allocate resources, together with WHO and other bilateral and multilateral organizations, to counter the problems identified.
    - Document the key achievements to date regarding the SDNM and address the remaining challenges.
  5. Underscore the need to translate the SDNM into the official languages of WHO and develop a communication strategy to ensure wide dissemination.
  6. Propose that further progress reports on the implementation of the above resolution be submitted to the EB for 2006 prior to the evaluation of the SDNM in 2008, and beyond.
  7. Highlight the importance of continued collaboration with partner agencies and further development of new partnerships.

## Annex 1

### Agenda of the Eighth Meeting of the Global Advisory Group for Nursing and Midwifery, 9–11 October 2002

#### Objectives:

To review progress on implementing the recommendations from the 6th and 7th GAG/NM meetings;

- To consider the progress report on resolution WHA54.12 on strengthening nursing and midwifery services to be submitted to the 111th session of the WHO Executive Board;
- To advise on directions for further implementation of the Plan of Action for the “*Strategic Directions for Strengthening Nursing & Midwifery Services*” (PA-SDNM);
- To note the work relating to “*Evidence-based nursing and midwifery practice*”; and
- To review the directions of the work on “*Monitoring and evaluation of the implementation of the Strategic Directions for Strengthening Nursing & Midwifery Services*”.

#### Wednesday, 9 October 2002

8:30	Welcome on behalf of the Director-General, Dr Gro Harlem Brundtland	Dr David Nabarro, Executive Director, SDNME
8:45	Introductions and adoption of Agenda	Prof. Rachel V. Gumbi, Chairperson, GAG/NM
9:00	Update and discussion on progress made on GAG/NM recommendations from the 6th and 7th GAG/NM meetings	Dr Naeema Al-Gasseer, Senior Scientist for Nursing and Midwifery
9:30	Response to item 2.1 of resolution WHA54.12 on strengthening nursing and midwifery: update on Human Resources for Health Policy	Dr Mario Dal Poz, HRH Team Coordinator, WHO
9:45	Discussion	Facilitated by the Chairperson
10:00	Coffee break	
10:30	WHA55.18 Resolution – WHO’s current work	Dr Yunkap Kwankam, Scientist, WHO
10:50	Discussion	Facilitated by the Chairperson
11:05	Strategy for Making Pregnancy Safer: Global Action for Skilled Attendants	Dr Bocar Diallo, Manager, Making Pregnancy Safer Initiative, WHO
11:20	Discussion	Facilitated by the Chairperson
11:45	Recent Developments in HIV/AIDS Strategy at WHO	Dr Winnie Mpanju-Shumbusho, Director, HIV/AIDS Department
12:00	Discussion	Facilitated by the Chairperson
12:15	Lunch break	
13:40	Nursing & Midwifery Activities in the African Region (AFRO)	Written report from Ms Magda Awases, Regional Adviser for Nursing and Midwifery, AFRO
13:45	Nursing & Midwifery Activities in the American Region (AMRO/PAHO)	Dr Sandra Land, Regional Adviser in Local Health Services, & Dr Silvina Malvarez, Regional Adviser on Nursing and Allied Health Personnel (AMRO)

13:50	Nursing & Midwifery Activities in the Eastern Mediterranean Region (EMRO)	Dr Fariba Al- Darazi, Regional Adviser in Nursing and Allied Personnel (EMRO)
13:55	Clarification	Facilitated by the Chairperson
14:05	Nursing and Midwifery Activities in the European Region (EURO)	Ms Vilborg Ingolfottir, Regional Adviser in Nursing and Midwifery Policy (EURO)
14:10	Nursing and Midwifery Activities in the South East Asian Region (SEARO)	Dr Duangvadee Sungkhobol, Regional Advisor for Nursing and Midwifery (SEARO)
14:15	Nursing and Midwifery Activities in the West Pacific Region (WPRO)	Ms Kathleen Fritsch, Regional Advisor for Nursing and Midwifery (WPRO)
14:20	Clarification	Facilitated by the Chairperson
14:50	Coffee break	
15:15	Activities of Non-UN Partners in Nursing and Midwifery	Ms Judith Oulton: CEO ICN Ms Petra ten Hoop-Bender: Secretary-General ICM Dr Rita Carty: Secretary-General Global Network of WHO Collaborating Centres for Nursing & Midwifery Development
15:45	Discussion	Facilitated by the Chairperson
16:00	Long-term and Home-based Care	Dr Miriam Hirschfeld, Director, CCL, WHO
16:10	Discussion	Facilitated by the Chairperson
16:20	Draft Progress Report for 111th WHO Executive Board Session	Dr Naeema Al-Gasseer, Senior Scientist for Nursing and Midwifery
17:15	Wrap-up for the day (Meeting will end at around 17.30)	Facilitated by the Chairperson
18:00	Reception offered by the Senior Scientist for Nursing and Midwifery, WHO Restaurant	

## Thursday, 10 October 2002

8:45	Summary of proceedings of DAY ONE	Professor Laetitia King
9:00	Plenary Session recommending improvements and key messages to incorporate in the Draft Progress Report for 111th WHO Executive Board Session	Facilitated by the Chairperson
10:30	Coffee break	
11:00	Summary of decisions for improvements to the Draft Progress Report	Facilitated by the Chairperson
11:15	Update on future directions for implementation of the "Strategic Directions for Strengthening Nursing And Midwifery Services"	Presented by the Nursing & Midwifery Team, WHO HQ
11:45	Plenary discussion: Future directions for implementation of the Strategic Directions	Facilitated by the Chairperson
12:00	Lunch break	
13:30	Proposed directions for a system and performance indicators to measure and report on progress in achieving the goals of resolution WHA54.12 and the "Strategic Directions for Strengthening Nursing and Midwifery Services"	Ms Kathleen Fritsch, RNA WPRO and Ms Vena Persaud, Technical Officer, Nursing & Midwifery, WHO
14:00	Plenary discussion	Facilitated by the Chairperson
14:30	Coffee break	
15:00	Activities of UN Partners in Nursing and Midwifery UNFPA, UNICEF, ILO	Dr France Donnay, Dr Abdel Waheed El Abassi, Dr Gabriele Ullrich
15:30	Discussion	Facilitated by the Chairperson

16:00	Presentation on the work of “Establishing the Evidence Base for Nursing and Midwifery Practice”	Dr Naeema Al-Gasseer and Dr Miklos Zrinyi
16:20	Discussion	Facilitated by the Vice-Chairperson
16:30	Framework for recommendations	Facilitated by the Vice-Chairperson
17:15	Wrap-up for the day	Facilitated by the Vice-Chairperson

## Friday, 11 October 2002

8:30	GAG/NM members to share their contribution with regard to progress relevant to the Strategic Directions to Strengthen Nursing & Midwifery	Facilitated by the Chairperson
9:00	Plenary session to discuss the recommendations and preparation for the meeting with the Director-General and Her Royal Highness Princess Muna-Hussein of the Hashemite Kingdom of Jordan	Facilitated by the Chairperson
10:00	Coffee break	
10:15	Writing and finalizing GAG/NM recommendations	Facilitated by the Chairperson
11:15	Reflections on the outcomes of the Eighth Meeting and Action Plan for GAG/NM	Facilitated by the Chairperson
12:20	GAG/NM participants to proceed to the WHO Restaurant to be seated at 12:45	
12:50	Director-General's lunch reception at WHO restaurant in honour of H.R.H. and the Members of the Global Advisory Group on Nursing and Midwifery	
14:00	Dr Chris Murray, Executive Director for Evidence and Information for Policy, will introduce the Director-General and H.R.H. Princess Muna Al Hussein to launch the “ <i>Strategic Directions for Strengthening Nursing and Midwifery Services</i> ” to members of the Press	
14:20	GAG/NM participants will return to Salle D (7th Floor)	
14:30	Director-General and H.R.H Princess Muna Al Hussein and her team will join the GAG/NM meeting to be briefed about the 8th GAG/NM meeting's deliberations and recommendations	Facilitated by the Chairperson
15:00	Coffee break	
15:15	Closure of the GAG/NM meeting	
16:00	Optional: Participants in the GAG/NM meeting may attend the MIP meeting and listen to closing remarks by the Director-General	

## Saturday, 12 October 2002

### Visit of Her Royal Highness Princess Muna Al-Hussein, Patron of Nursing and Midwifery in the Hashemite Kingdom of Jordan to the World Health Organization, Geneva

09:25	Her Royal Highness, accompanied by Her Excellency Dr Roweida Al-Maitah, Minister of Social Development, Jordan and Mrs Rima Alaa Dean, Jordanian Mission are met at WHO's main entrance by Mr Orvill Adams, Director of Health Service Provision, WHO and Dr Naeema Al-Gasseer, Senior Scientist for Nursing and Midwifery, WHO
09:30	Brief presentations by: Mr Orvill Adams, Director of Health Service Provision, WHO Dr Abdelhay Mechbal, Director of Health Financing and Stewardship, WHO
09:50	Discussion
10:00	Presentation by: Dr Paul Van Look, Director, Department of Reproductive Health and Research, WHO

- 10:10 Presentation by:  
Dr Claudia Garcia Moreno, Coordinator, Gender and Women's Health, WHO
- 10:20 Brief presentation by the team of Her Royal Highness:  
Her Excellency Dr Rowaida Al-Maaitah, Minister of Social Development  
Dr Linda Haddad, Director of the WHO Collaborating Centre  
Ms Da'ad Shouka, Secretary-General Jordanian Nursing Council
- 10:30 Discussion over coffee
- 11:00 Her Royal Highness to be briefed about the state of nursing and midwifery and women's health by:  
WHO Regional Advisors for Nursing and Midwifery  
Representatives of the:  
International Council of Nurses  
International Confederation of Midwives  
Global Network of WHO Collaborating Centres for Nursing and Midwifery Development
- 11:30 Her Royal Highness and Her Excellency Dr Rowaida Al-Maaitah are escorted back to the main entrance

## Annex 2

### Statement by Dr Gro Harlem Brundtland, WHO Director-General

Your Royal Highness, Your Excellency, Minister Al-Maaitah, Professor Gumbi, colleagues!

Thank you very much for the extensive and informative briefing.

I would also like to thank all of you for the work you have done throughout my term, through these eight meetings.

During this time, you have been examining the role of nursing and midwifery skills within the different health systems of our world. You have examined ways in which nurses and midwives can contribute to health outcomes and health system performance. You have identified issues that must be addressed if this contribution is to increase. Together, we have now produced the Strategic Directions for Strengthening Nursing and Midwifery Services with the support also of UNFPA, UNICEF and ILO.

You have responded to Member States' concerns about their nursing and midwifery services. These have been expressed forcefully on several occasions, most recently during last year's World Health Assembly. Member States have repeatedly stated the substantial contribution that both nurses and midwives can make to health outcomes. They saw them to be at the core of any health system. They are extremely concerned about global nurse and midwife shortages. In last year's resolution the Member States called for action. We have now gone some way to satisfy this call but, we will be moving further.

Since the meeting last year, the Commission on Macroeconomics and Health produced its Report. It calls for a substantial strengthening of developing country health systems and a particular improvement in maternal and perinatal services.

We have also seen how the Millennium Development Goals have been reaffirmed through declarations and increased commitments, first at the Financing For Development Conference in Monterrey earlier this year and later at the Sustainable Development Summit in Johannesburg in August.

Together, this provides us with a strong platform for advocacy.

We know that nursing and midwifery play a key role in practical efforts to respond to the millions of deaths each year from infectious and noncommunicable diseases and injuries. This also means that nurses and midwives are key to the sustained success of the new public-private partnerships for health.

We should show how nurses and midwives are at the forefront of the collective global response. They are committed to the delivery of first class health care for all, regardless of ethnicity or gender, in a manner that is both effective and efficient. Their leaders contribute through their involvement in human resource planning; in pursuing optimal working conditions and in promoting equitable health outcomes.

As David Nabarro stated, our challenge is to:

- Harness and enhance nursing and midwifery efforts to patient safety;
- Place nursing and midwifery as a top priority on the health and development agendas of decision-makers;
- Leverage the contribution of nurses and midwives to addressing risks to health and how they can be mobilized to promote healthier behaviour and to be role models to the population they serve.
- Yet, the reality is stark generally on human resources for health. This was also clearly addressed during the Regional Committee for Africa this week, from which I have just returned. I have noted the concerns you have expressed over the past two days about the continuing and deepening shortage of nurses and midwives.
- Qualified nurses and midwives in many developed and developing countries are leaving these professions and new recruits are insufficient to replace them. Current efforts to encourage the training, recruitment and retention of a skilled nursing and midwifery workforce and of ensuring their motivation are not working well enough.
- Low pay rates and hazardous working conditions are real barriers to retention. As are the lack of career development, professional status and autonomy. Severe shortages of nursing staff have led to the closure of essential health care facilities, including emergency rooms. Shortages also make those who are working more likely to be affected by ill health.
- I have also noted your call for WHO to inform and alert stakeholders and Member States to the gravity of the situation. WHO takes your recommendations very seriously.
- By launching the Strategic Directions for Strengthening Nursing and Midwifery Services, we have made a first step towards assisting countries deal with these issues. The task ahead of us now is to implement these directions and help countries with developing the tools to make progress in nursing and midwifery service provision.
- WHO will continue to promote the importance of human resources for health. We will offer help with strategies that underpin focused action at the national and intergovernmental levels.
- We have a strong and committed alliance, held together by a common purpose. The International Council of Nurses, the International Council of Midwives and the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development play an active role, alongside WHO staff, in the development of the Strategic Directions and Plan of Action for Nursing and Midwifery.
- By continuing together, within this alliance, we will contribute to the improvement of health systems of nursing and midwifery services and of people's well-being the world over.

Finally, I would like to thank you here today for your commitment in providing expertise to WHO on how to better utilize nurses and midwives to reach targets we have set for improving health and strengthening health systems.

Thank you.

## **Annex 2.1**

### **Press release**

#### **Dr Brundtland to launch a strategy to address crisis in nursing and midwifery services**

10 October 2002, Geneva

The Fifty-fourth World Health Assembly in May 2001 stated that nurses and midwives play a crucial and cost effective role in reducing excess mortality, morbidity and disability and in promoting health lifestyles. It called for WHO to assist countries in optimizing their contribution.

Many countries are reporting that nurses and midwives are leaving the health services and, as a result, an increasing number of patients are receiving inadequate care or no treatment at all. In an attempt to reverse the declining numbers of nurses and midwives, the World Health Organization (WHO) is launching the 'Strategic Directions for Strengthening Nursing and Midwifery Services'. Studies report several causes contributing to the decline in the number of nurses and midwives; low pay, hazardous working conditions, lack of career development and lack of recognition of professional status and autonomy. These same factors can also contribute to a decline in new recruits to the two professions. "If the world's public health community does not correct this trend, the ability of many health systems to function will be seriously jeopardized", says Dr Go Harlem Brundtland, Director-General of WHO.

WHO's new Strategic Directions target five main areas where urgent intervention is needed: human resources planning and capacity building, management of personnel, evidence-based practice, education and stewardship. A highly concerted effort will be required from governments the world over to balance all five areas. Nine international partners, including the United Nations Population Fund, the International Labour Organization, UNICEF, the International Council of Nurses, the International Confederation of Midwives and the Global Network of WHO Collaborating Centres for Nursing and Midwifery, have already endorsed this new agenda.

Nursing and midwifery services are one of the main pillars of health care delivery. Failure to strengthen these services will seriously impair the quality of health care, access to services, the well being of nurses and midwives and achievement of national and global health goals.

#### **For more information contact:**

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## Annex 3

### Regional Reports: AFRO, AMRO, EMRO, EURO, SEARO, WPRO

**Mrs Magda Awases**  
**Regional Nursing/Midwifery Adviser**  
**WHO Regional Office for Africa (AFRO)**

The mandates for work in human resources for nursing and midwifery are the Regional Strategy for the development of human resources for health (HRH), Resolution AFR/RC48/R3, and Resolution WHA54.12 on strengthening nursing and midwifery. Despite efforts by countries to improve the utilization of human resources for health, including nursing and midwifery towards better health outcomes, the implementation of appropriate strategies has been slow, with variable outcomes in different countries. This is partly due to the lack of consistency in the way that human resources for health policies and strategies are developed and implemented, and also to the fact that the ongoing health sector reform programmes have had inconsistent and inadequate approaches towards HRH.

#### **Advocacy**

The Human Resources for Development (HRD) programme initiated advocacy activities to bring to the attention of the highest level of decision-makers the problems facing human resources development. Emphasis is placed on issues of remuneration, working conditions, motivation and retention as well as advocacy for valuing health workers.

Some of the activities included:

- The World Bank and WHO jointly organized a Consultative Meeting between health professionals, deans of medical and nursing institutions, government officials and other stakeholders, held in Addis Ababa, Ethiopia, and
- The Heads of States Summit of the African Union (AU) that took place in Durban, South Africa, discussed issues of human resources. The Heads of States during the AU meeting declared the year 2004 as the African Year of Human Resources for Health.

#### **Migration of skilled health personnel**

In response to the growing concern in the African Region regarding the effects of the 'brain-drain', WHO/AFRO conducted a study in six countries (Cameroon, Ghana, Senegal, South Africa, Uganda, and Zimbabwe) regarding the migration of skilled health personnel from countries in Africa. Based on the results, a paper/report on the "migration of nursing and midwifery personnel in the African region" to inform policymakers, stakeholders and the nursing and midwifery fraternity in general is being developed.

#### **Education and training development**

A number of countries attempted reforms in health sciences training, while others reported to have reviewed and updated their curricula. The HRD programme developed guidelines for evaluation of health sciences training programmes as well as guidelines for improvement of training quality. The latter is being pilot-tested through a project called "Evaluation for Development". Training institutions in twelve countries will be evaluated internally and externally over a period of three years.

The first phase of the project, under the leadership of the WHO CC at University of South Africa (UNISA), commenced in September 2002 with six institutions from six countries participating.

### **Strategic Directions for Nursing and Midwifery: perspective of the African Region**

The “Strategic Directions for Nursing and Midwifery: Perspective for the African Region” (SDNM) has been prepared as a response to resolution WHA54.12 to provide strategic directions to countries, partners and WHO in strengthening nursing and midwifery services. The Global SDNM was adapted to reflect the needs of the African Region; however, the 5 Key Result Areas were retained. Some of the objectives, expected results and activities have been changed to reflect the specific needs of the region.

The document was presented during of the Meeting of the Multi-Advisory Group (MAG) of Experts on human resources as part of the process of further consultation. In reviewing the SDNM document, the Experts proposed issues to be added. There was general agreement with the content of the documents and the MAG therefore endorsed the SDNM.

### **WHO Collaborating Centres (WCC's) for the Development of Nursing and Midwifery**

The Regional Office continued to strengthen the three African WCCs for the development of nursing and midwifery. The following are activities of the WCCs supported/initiated and funded by WHO/AFRO:

#### **WCC for the Development of Nursing and Midwifery, University of Natal**

Main activities focused on:

- Development of guidelines for a basic nursing and midwifery curriculum for the African region of WHO;
- The development of a brochure to assist countries wishing to develop a Regulatory Body for Nursing and Midwifery;
- Participation in the implementation of the “Evaluation for Development” Project in six countries (Nursing Training Institutions);
- Participation and involvement in the WHO pilot project for integrating Adolescent Health Development into the nursing and midwifery pre-service curricula, and functioning as a site for implementing the curriculum guidelines and writing a case study report on the experience.

#### **WCC for Postgraduate Distance Education and Research on Nursing and Midwifery Development, University of South Africa (UNISA)**

Main activities focused on:

- Publication of an *African Journal of Nursing and Midwifery* (AJNM). The journal received partial funding from WHO since its inception in 1999 and currently circulates among just over ten thousand individuals and institutions, mainly in Africa. An increasing number of subscribers outside Africa also receive the journal;
- With support from WHO/AFRO, distance education for nurses and midwifery has been extended *inter alia* in Angola, Swaziland and Eritrea as part of the strategy to strengthen the leadership capacity of nurses and midwives in the region. Process of introducing distance education in francophone countries has been initiated.

## **WCC for Development of Nursing and Midwifery and Community Home-based Care, University of Botswana**

Main focus:

- Development of a community home-based care model;
- Participation in the WHO pilot project for integrating Adolescent Health Development into pre-service curricula of nursing and midwifery, and functioning as a site for implementing the curriculum guidelines and writing a case study report on the experience.

### **Dr Sandra Land**

**Regional Adviser on Local Health Services HSO (Nursing Services)  
WHO Regional Office for the Americas (AMRO)**

### **Dr Silvina Malvarez**

**Regional Adviser on Nursing and Allied Health Personnel  
WHO Regional Office for the Americas (AMRO)**

## **Introduction and background**

The mandates for work in nursing and midwifery are resolution WHA54.12 on Strengthening Nursing and Midwifery (May 2001) and PAHO Resolution CD43.R6 on Development and Strengthening of Human Resources Management in the Health Sector (September 2001).

The Plan of Work for Nursing for the Region of the Americas was approved at a Regional Consultation in Washington, D.C. in 1996, which includes 6 objectives:

- Appropriate education for all categories of nursing personnel
- Strategic nursing workforce development
- Nurses participating in health plans and in reform processes
- Quality and coverage of nursing and health services
- Production and dissemination of knowledge and networks
- Leadership development in priority areas and populations.

There is currently no regional plan of work which covers midwifery at the Regional level.

Currently the work is carried out by two technical units – Human Resources Development (HSR) and Organization and Management of Health Systems and Services (HSO), both of which are in the Division of Health System and Service Development. There are 17 WHO Collaborating Centers for Nursing and Midwifery in the Region. Three Centers, two in mental health and one in nursing informatics, have been designated during the reporting period. Other partners include professional/educational nursing and midwifery associations, and institutions with special projects underway in the Region which have similar or complementary objectives.

## **Nursing and midwifery services technical cooperation**

The Plan, finalized in 2001 was reviewed with representatives from Ministries of Health and from the professional nursing associations. In the case of Colombia and Venezuela no representative of the Ministry of Health was identified. Several other countries (Guatemala, Costa Rica, Venezuela, Colombia, Peru, Chile, Ecuador, Bolivia and Argentina) have no unit or focal point responsible for nursing and midwifery including implementation of resolution WHA54.12. A number of countries

have midwifery as a direct entry profession instead of, or in addition to, it being a nursing specialty. An in-depth review of midwifery services is planned for 2002-2003.

Areas of work in the current plan are the following:

- Positioning of nurses to participate in the definition, execution, and evaluation of health policies and in decision-making about the health system and services
- Strengthening of public health/community nursing services
- Adaptation of education programs to meet the needs of the population and the health services
- Differentiation of roles and functions within the nursing team and between nurses and other professionals
- Development of a unified nursing information system that supports decision-making as well as the improvement of nursing practice.
- Strengthening of the different nursing specialties, in keeping with the advances in technology, the needs of individuals and communities, and the models of care.

### **Leadership and management of nursing and midwifery services**

- Workshop, Mexico, 2001 - report on Nursing Management which provides the basis for projects to be developed in countries to include analysis of management practices, tool-kit for nurse managers, basic and continuing training in administration and nursing service research.
- Support for the Central American and Caribbean Nursing Group in the implementation of their strategic plan
- Publication of a report prepared with the Pan American Federation of Nursing Professionals on Quality of Nursing Services in Latin America and the Caribbean: Challenges for Nursing. Work is underway on a project proposal to develop and implement standards of nursing care for pregnant women and children in 19 countries.
- Support for clinical guidelines development, implementation in South Cone countries, initial workshop 2002 with a train the trainer workshop planned for 2002 or 2003
- Work groups during the VII Pan American Colloquium for Nursing Research, 2002 on nursing service research including nurse staffing and health outcomes, culturally appropriate care.
- Public Health/Community Nursing Services
- Publication in four languages of the document, Public Health Nursing and Essential Public Health Functions: A basis for practice in the Twenty-First Century, developed in consultation with countries to provide a basis for involving nursing in the Region's Public Health Initiative.
- Annual public health nursing conferences in Washington, D.C. on topics primarily focused on essential public health functions and health disparities. The forum for 2001 was held in conjunction with a leadership development course at Georgetown University for European and Latin American nurse leaders and a meeting of representatives from schools of nursing involved in a special project supported by the Organization of American States on prevention and control of substance abuse.
- Adaptation of education programs to meet the needs of the population and the health services
- Differentiation of roles and functions within the nursing team and between nurses and other professionals
- Development of a unified nursing information system that supports decision-making as well as the improvement of nursing practice.

- Strengthening of the different nursing specialities, in keeping with the advances in technology, the needs of individuals and communities, and the models of care.

### **Human resources development in nursing and midwifery**

Nursing is transforming toward a scientific discipline and it is losing power and quality of nursing services at the same time. Nursing workforce is a strategic resource in order to improve quality of health and life of the societies. Human resources represent, at the same time, a big problem and a wide potential resource to improve health in the Region of the Americas.

### **Technical cooperation developed in the biennium**

Lines of work in the area of human resources in the current biennium are aimed at policy development, planning and regulation of human resources, particularly through the Human Resources Observatory. Programs include human resources management, in-service education, a virtual public health campus, and professional education including nursing. A summary of those actions include:

- Qualification of nursing personnel through projects of professionalization in many countries
- Continuing development of school of nursing accreditation process
- Development of nursing research multicentric projects related to changing of employment conditions coming from health sector reform, shortage in nursing work force and migration of nurses
- Edition of scientific publications on nursing and reorientation or PALTEX
- Coordination with Collaborating Centers for exchange of experiences and definition of best practices in nursing education and human resource development
- Development of a school of nursing database in the Region
- Development of a directory of nursing experts in the field of mental health.

### **Remaining critical areas to be focused**

The quality of nursing care and the capability of nursing to influence health system changes and dynamics are the focus.

Despite many efforts, the quality of nursing care remains low and is related to the low qualification of the workforce and the vertical, rigid and low impact of organization and management nursing models. The major portion of nursing care in the bigger countries in the Americas – excluding North America, Cuba and the English-speaking Caribbean Countries – is being delivered by personnel with minimum formal education, while educated nursing personnel remain in management positions.

- Following critical areas of nursing human resources (NHR) development persist:
- Lack of strategic thinking in the analysis of NHR
- Lack of policy, planning and regulation
- Deficit, bad distribution and inequities in the assignation of human resources
- Health nursing education process and institutions oriented mainly toward illness and cure, traditional pedagogic models and with poor analysis of social context. Inadequacy of education models to a changing epidemiological and health services profiles.
- Low level of knowledge production and dissemination in general and in regard to nursing workforce structure and dynamic, to labour conditions, and to basic, postgraduate and in-service education.

- Lack of information and information systems on NHR, including workforce, education, labour conditions, impacts on quality of services; weak and low process of network building.
- New labour conditions that produce a diversity of impacts in both quality of nursing care and health and quality of life conditions of nursing personnel.

### **Prior lines and strategies for technical cooperation on NHR development**

- Promote, among groups of manager nurses, strategic analysis of NHR; produce pro-active diagnosis, policies, planning and projects of development, with special emphasis on educational models, regulation and reduction of the inequities in the workforce.
- Strongly promote, generate and improve qualification of nursing personnel education, in particular those with the lowest level toward bringing the operating nursing workforce to at least a technical grade.
- Orient nursing education toward health needs and new models of health services, in particular toward primary health care, community health attention, mental and reproductive health and public health essential functions. The main cooperation should lead to basic curriculum transformation and convergence, distance, virtual and in-service education.
- Strongly promote production of information, generation of information systems, and creation of networks about NHR status and development, and its relation with improvement of health conditions and quality of health services.
- Promote research and disseminate knowledge both in general in order to enrich the education process, and specifically about NHR development.
- Give technical cooperation to projects and initiatives on nursing human resource development according to the needs of the countries.

**Dr Fariba Al-Darazi**

**Regional Nursing Adviser, Nursing and Allied Personnel**

**WHO Regional Office for the Eastern Mediterranean (EMRO)**

### **Strategic issues**

The Regional Committee for the Eastern Mediterranean in its Forty-fifth Session (1998) adopted a regional strategy on nursing and midwifery and resolution EM/RC45/R.12 on improving the quality of nursing and midwifery in the Eastern Mediterranean Region, which continue to be the guiding framework for developing nursing and midwifery services in the Region.

Changes affecting the health systems in the region have resulted in an increased demand on nursing education and services. The shortage of nurses and midwives in many countries of the region demands a critical review of the nursing human resources situation with respect to planning, development and management with a view to meeting the increased demand for nursing and midwifery services, both quantitatively and qualitatively.

### **Action taken in 2001–2002**

To enhance the process of educational reform, support was provided to countries to strengthen the human and material resources of educational institutions. This included national training activities to promote capacity-building for teachers, and provision of nursing and midwifery literature, audiovisual aids and equipment, and upgrading of teaching-learning materials. In addition, technical support was provided to countries to reorient curricula towards primary health care and initiate change in nursing education using the regional nursing education guidelines.

Nursing and midwifery education was strengthened in Afghanistan, Djibouti, Egypt, Iraq, Lebanon, Pakistan, Palestine, Qatar, Somalia, Sudan, Syrian Arab Republic and Tunisia. In addition, fellowships were awarded to teaching staff to increase their capabilities in educational methodology, community-oriented nursing curricula and clinical nursing subjects. The Regional Office assisted Khartoum University in implementing Masters degree programmes in medical-surgical nursing, maternal and child nursing, and community health nursing health. In the Syrian Arab Republic, a postbasic diploma-nursing programme in cardiac critical care nursing was developed with WHO technical support.

Technical support was provided to Sudan to operationalize the Sudan Declaration, which was signed by the Minister of Health, Minister of Higher Education and the Regional Director with reference to the articles pertaining to the reform of nursing, midwifery and allied health education. Somalia received help to re-establish the Institute of Nursing and Allied Health in Hargeisa, which was destroyed during twelve years of conflict. The Islamic Republic of Iran also received support to develop and strengthen the nursing and midwifery regulatory systems. In addition, support was given to countries to enact appropriate nursing and midwifery legislation within the context of health care reform and to build the capacity of nationals in the area of nursing and midwifery regulation through fellowships and national training activities.

Countries continued establishing and strengthening nursing units in the ministries of health. With technical support a new nursing unit was established in Iraq and the nursing unit in Syria was strengthened. Several countries have taken initiatives to develop their nursing and midwifery strategic plan; however, the plan needs to be incorporated into the national health plan, and both material and human resources need to be made available for implementation of these plans.

Establishment and further strengthening of a nursing information system, which is linked with other information systems in the ministries of health, is still a challenge in the region.

With regard to interregional, interagency, and interdisciplinary collaboration, in February 2001, EMRO hosted the Technical Meeting on Integrating and Strengthening Adolescent Health and Development in Pre-service Nursing and Midwifery Curriculum, which was a joint activity between the Nursing Unit at the Department of Organization of Health Services Delivery and the Department of Child Health in Headquarters. As an outcome of this joint meeting, the WHO Collaborating Centre in Jordan and the Jordan University of Science and Technology Faculty of Nursing have been involved in field-testing the implementation and integration of adolescent health content into the nursing and midwifery curricula.

The Regional Office and WHO Headquarters provided technical support to the first meeting of the Arab League Advisory Nursing Committee held in January 2002 in Abu-Dhabi during which a framework for Regulation of nursing and Midwifery in the Arab countries was developed. The Arab Ministers of Health adopted the regulatory framework for nursing and midwifery in March 2002. Technical support was also provided to the Fifth Gulf Cooperation Council Countries (GCC) Nursing Committee and Seminar on reforming nursing education and institutionalization of nursing regulation in the six GCC countries.

The Nursing and Allied Health Unit collaborated with the Unit of Health Care Delivery in the Consultation on Developing Guidelines for Accreditation of District Health Facilities, held in Riyadh in April 2001 and the Expert Group Meeting on Hospital Accreditation in September 2002 in the Regional Office. Joint work is continuing in this important area to develop regional guidelines for accreditation of health care facilities.

The Unit also collaborated with the programmes on Essential Drugs and Biologicals, and community-based initiatives in organizing the Fifth Meeting of the Regional Advisory Panel on Nursing and Consultation on Advanced Nursing Practice and Nurse Prescribing, in Bhurban, Pakistan, in June 2001. This was the first joint meeting between the disciplines of nursing, medicine, and pharmacy in the

Region. The meeting concluded that nurses should be authorized and prepared to prescribe an appropriate range of essential drugs within the scope of nursing practice.

A joint workshop organized by the three technical units, Human Resources Development, Nursing and Allied Health, and Essential Drugs and Biologicals for the Ministry of Health, Baghdad, Iraq, December 2001 brought together for the first time in the country, the main health care professions to discuss mechanisms to improve quality of health care through collaboration in education and service delivery. Representatives from all the governorates in the country participated in the workshop. The unit continues its collaboration with the HRD unit in implementing the Regional reform initiative of health professions education.

## **Results**

The regional strategy for nursing and midwifery development, adopted by the Regional Committee in 1998 and resolution EM/RC45/R.12 on improving the quality of nursing and midwifery services continue to be the guiding framework for developing nursing and midwifery services in the region. They also provide strategic direction for policy-makers and nursing leaders at the national level.

Among lessons learned through collaboration with countries have been strategies that include developing national strategic plans for nursing and midwifery development, strengthening nurses' involvement in policy-making, improving basic nursing and midwifery education, expanding continuing education activities, building management capabilities of nurse leaders in order to strengthen nursing services delivery, initiating quality improvement systems in nursing and midwifery, developing evidence-based practice, and institutionalizing a regulatory system of both nursing education and practice.

## **Future directions**

Developing the management and leadership capabilities of nurses and midwives to be able to manage change within the context of the health care reform is a major challenge in the Region and needs to be addressed in a systematic manner. In addition, national and regional trainers who are competent in implementing such a training programme are essential for the success and sustainability of such an endeavour. To meet this challenge, the Regional Office has negotiated with the International Council of Nurses (ICN) to implement its successful management training programme targeted for nurses and midwives and entitled " Leadership for Change" in the Region based on the needs of individual countries.

### **Ms Vilborg Ingolfsdottir Adviser Nursing and Midwifery Policy WHO Regional Office for Europe (EURO)**

The context in which nursing and midwifery in the Region has developed over the last two years has been heavily influenced by the guiding principles of both the Munich Declaration on Nurses and Midwives: A Force for Health (EU/00/5019309/6), from the Second WHO Ministerial Conference on Nursing and Midwifery in Europe, 2000, and the Resolution on Strengthening Nursing and Midwifery (WHA54.12), which was adopted by the World Health Assembly in May 2001.

Resolution WHA54.12 on Strengthening Nursing and Midwifery focuses on very similar key points to the Munich Declaration. This made it easier to introduce WHA54.12 in Europe and to assist countries in implementing the resolution. To provide the countries with strategic guidance, the Regional Director prepared a guidance document that raised the following:

- identify any changes required in legislation, education and training strategies and employment policies;

- anticipate any problems that might arise; and
- envisage the long-term outcome of the implementation process.

To get information on the implementation of the Munich Declaration, the Regional Office distributed two questionnaires, in October 2001, to the 51 countries of the WHO Regional Office for Europe, one to be completed by the Ministry of Health, and one to be completed by the national Nursing and Midwifery Association(s). The overview in this progress report was based on the replies to these questionnaires as well as on a technical evaluation of the people who have been responsible for Nursing and Midwifery in the European Region during the past two years.

### **KRA 1: Health Planning, Advocacy and Political Commitment**

Recruitment and retention of nursing staff is a major concern in most countries in Western Europe. Some countries have insufficient recruitment in training, and several report that nurses are seeking work abroad in neighbouring countries. Despite these problems, many countries have no national policies for recruitment and retention. No national register of nurses exists in some of the countries; some countries have no national workforce planning strategy, and others still have problems with workforce planning. Several have significant numbers of qualified staff who are not working in health care. There is a widespread concern about how to estimate future labour requirements.

In only very few countries in Central and Eastern Europe, as well as in Newly Independent States, nurses participate in decision-making at all levels; they are nowhere seen as having a key role. Their role and contribution is, in most of the countries, regarded as less important than those of doctors. Their public health contribution is not seen as significant or positive anywhere, though they participate in specific areas in some countries.

### **KRA 2: Management of Health Personnel for Nursing and Midwifery Services**

Pay and career prospects are poor throughout Central and Eastern Europe and the Newly Independent States. Wages are nearly always below the national average and only very few countries report career prospects in clinical work, management, and education or in research. In some countries of Western Europe salary levels are reported as a recruitment factor. Career prospects in health care management, in education, in clinical specialization and in research are offered in many of the countries.

### **KRA 3: Practice and Health System Improvement**

Most countries in Central and Eastern Europe, as well as in Newly Independent States, report serious obstacles to the recognition of nurses and midwives as fully functioning and independent professionals. Nurses make a decisive contribution to the health system in only part of these countries and play a secondary role in the others, where they only follow medical orders. In some of the countries there is a growing awareness among nurses themselves of the contribution they could make. They are not listened to in other spheres and rarely participate in wider debates. Their public image is generally poor, but improving.

In Western Europe only very few countries report that nurses and midwives work to their full potential as independent professionals. Serious obstacles are reported in some countries, including tradition, gender discrimination, lack of appropriate legislation and the dominance of the medical profession. The contribution that nurses and midwives can make to health is said to be fully understood in many of the countries, and the public perception of nurses is mostly positive.

### **KRA 4: Education of Health Personnel for Nursing and Midwifery Services**

The picture of education in Central and Eastern Europe is brighter than before, with expansion or improvement during the last two years. In this part of Europe there are institutions where research can

be pursued on a limited range of topics and some have international links to help develop their research capacity. But funds for research are very limited.

Most of the Newly Independent States say they now have university departments of nursing, with continuing education programmes being developed in some and management programmes in others. Changes in basic and post-registration education have recently been introduced in some countries. Most now have institutions that support nursing research, but some countries do not have any research funds.

In Western Europe many countries have established nursing faculties or departments in universities; some are moving to undergraduate entry as the only route into training. Recent changes include longer and better basic training programmes. Almost all have institutions supporting nursing research. Most attract limited research funds from a variety of sources, but some report no funding.

### **KRA 5: Stewardship and Governance**

Most countries in Central and Eastern Europe are improving their legislative frameworks through parliament and regulatory frameworks to implement resolution WHA54.12.

Only few of the Newly Independent States have nursing legislation and regulation frameworks and some have no nursing register, but plans to create or reshape legislation are under way in many of the countries. In many countries of Western Europe changes are needed in legislative and regulatory frameworks to strengthen nursing and midwifery, but changes are planned or under way in most.

### **Dr Duangvadee Sungkhobol Regional Adviser for Nursing & Midwifery WHO Regional Office for South-East Asia (SEARO)**

Principal challenges that confront the countries of the Region are:

- Inequity in health and health care
- Gender inequities
- Double burden of diseases
- Increased health care cost.

Furthermore, there are specific issues confronting nursing and midwifery in countries of the Region. These include:

- Shortage and maldistribution of nursing and midwifery personnel
- Not enough strong leadership in nursing and midwifery
- Limited involvement of nurses and midwives in health policy formulation and programme planning.

Major achievements from January 2001 include:

- \*Increased attention to nursing and midwifery workforce management:
- WHO/SEARO constituted a multidisciplinary Advisory Group in 2001 to address the problem of continuing shortage and maldistribution of nursing and midwifery personnel along with inappropriate professional skill mix. In-depth country assessment on management of nursing and midwifery workforce is being carried out in all countries of the Region. Work is in progress to prepare guidelines for effective management of the nursing and midwifery workforce.
- \*Enhanced nursing and midwifery contribution to national health development:

- A model for comprehensive community- and home-based health care, to enhance performance and productivity of nurses and midwives, is being developed and field-tested in selected countries of the Region. In addition, a regional consultation was convened to identify strategies, mechanisms and actions to enhance involvement of nurses and midwives in planning and management of national HIV/AIDS, TB and malaria programmes.
- \*Strengthened leadership in nursing and midwifery:
- In collaboration with the International Council of Nurses, a core group of nurses and midwives in selected countries were trained in nursing leadership and management. A core group of national trainers has been developed to implement this programme so that a larger number of nurses and midwives will be trained locally in order to create a critical mass of competent leaders to facilitate and bring about improvement in quality of nursing and midwifery care.
- \*Strengthened midwifery services for Safe Motherhood:
- Most countries of the Region have implemented Standards of Midwifery Practice for Safe Motherhood as a means for quality assurance in midwifery services. Consequently, supportive systems to enable midwives to effectively provide care according to the standards are strengthened. Countries are also paying greater attention to improve the quality of midwifery education in order to produce competent midwives.

### **Lessons learned**

- In countries where nurses and midwives contribute significantly to national health development, their roles and functions expand beyond curative care and include prevention and health promotion. Roles of nurses and midwives in the Region therefore need to be re-defined and they must be equipped with requisite knowledge, attitudes and skills for these roles so that their potential will be utilized to the fullest.
- Advanced education of nurse/midwives has been key in developing well-educated cadres to strengthen leadership and management capacity. Strategies to develop a group of nurse and midwife leaders competent in policy and planning are an essential government investment.
- A national strategic plan, evidenced-based and developed in partnership across the nursing/midwifery profession, approved by government, and implemented through strong nurse/midwifery leadership, is a key driving force for change in strengthening nursing and midwifery.

### **Future Directions**

WHO/SEARO will continue collaborating with Member States in the following priority areas:

- Strengthen the management of nursing and midwifery workforce including career development;
- Strengthen nursing/midwifery education to meet health service needs in the Region;
- Support the development of nursing/midwifery leadership and management in order to build national capacity for bringing about improvement in the quality of nursing and midwifery services and education and for involvement in the development of national health policy and plan;
- Support (or update) the development, implementation and evaluation of the national action plan for nursing and midwifery;
- Promote and support evidence-based practice in nursing and midwifery; and
- Support the conduct of research, particularly multi-centre/country studies, to demonstrate the contribution of nurses and midwives to national health development as well as for the development of an innovative approach in nursing and midwifery for equitable access to quality health care.

**Ms Kathleen Fritsch**  
**Regional Adviser for Nursing and Midwifery**  
**WHO Regional Office for the Western Pacific (WPRO)**

### **Regional issues and priorities**

Major demographic, epidemiologic, economic and social changes, along with massive health reforms, are taking place globally and across the Western Pacific Region. Health system effectiveness and health outcomes are strongly influenced by health workforce numbers, the skill mix, working environments and available funds. Improvements in health service efficiency and quality are an imperative if reforms are to effectively accommodate these changes.

A Western Pacific regional nursing and midwifery situational analysis, implemented in 2000, served as the foundation for further regional strategic planning and analysis of nursing and midwifery issues and needs.

In some countries, particularly in the Pacific, the migration of nurses, midwives, physicians and other health workers is already adding to shortages of skilled health professionals. The depletion of health workers is a costly loss of expensively trained human capital that affects national strategies for health sector development, creating problems for both health care and human resource planning and development. In many countries there is a gender imbalance in the workforce, particularly in terms of economic compensation. There are also significant gender imbalances in recruitment. In the field of human resources, management strategies in place during reform processes may be unable to address problems such as low morale, poor performance and chronic absenteeism. Recruitment of skilled staff to rural and remote areas and their retention is particularly difficult because of poor career prospects, salaries, incentives, isolation and working conditions

A nursing/midwifery strategic plan was formulated and integrated with the Western Pacific Regional human resource plan, in a follow-up to the preceding nursing/midwifery situational analysis. The key result areas of the plan include:

- working with Member States to improve their capacity to address health workforce imbalances;
- enhancing the quality of education and training of health professionals;
- formulating tools and guidelines to support countries' efforts to improve the quality and standards of education, training and practice of health professionals; and
- supporting the capacity-building of health professionals in identifying, analysing and addressing common health workforce and health system issues/problems through skill development in inquiry, planning, analysis, evaluation, research and advocacy.

### **Lessons learned and success stories**

Sustained approaches, building on longer-term technical support and involving phased in-country capacity-building and adequate domestic resource allocation, have a much greater chance of achieving change and actual health service improvements, than one-off approaches.

Networking and the establishment of longer-term partnerships with committed leaders, institutions and nongovernmental organizations within and outside the Region have facilitated and initiated educational and curricular change processes. The focused production of teaching manuals and tool-kits has been successfully aligned with changing epidemiological and demographic trends and the populations' health needs. Sustained improvements in educational teaching/learning methodologies necessitate concomitant faculty development and academic quality improvement programmes.

Models of care and service delivery in the Pacific Island countries have demonstrated the social responsiveness of nurses and midwives to evolving health needs and the provision of care to the elderly, marginalized and disadvantaged populations. Advanced nursing practice and the continued growth of the nurse practitioner role has greatly contributed to the provision of cost-effective comprehensive health care to rural and isolated communities and populations. The development of new, advanced or university-based nursing education programmes has equipped nurses and midwives with new knowledge and skills, increasing their competence, enhancing their self-confidence and contributing to improved health services and patient outcomes.

### **Future directions**

The Region will continue to promote inter-country and inter-institutional partnerships and collaboration. Plans are in place to develop guidelines and mechanisms to support academic quality improvement in nursing/midwifery, while procedures to assure the maintenance of competent and safe practice will continue to be supported. Leadership development, policy analysis, advocacy and enhancement of the evidence base for nursing/midwifery will be supported as a means of producing improvements in health care decision-making, programme planning and evaluation, and health service provision.

## **Annex 4**

### **Reports by partner organizations**

- International Council of Nurses (ICN)
- International Confederation of Midwives (ICM)
- Global Network of WHO Collaborating Centres for Nursing & Midwifery Development
- UNICEF
- International Labour Organization (ILO)
- UNFPA

## **Annex 4.1**

### **Response of ICN (International Council of Nurses)**

#### **Presentation to the WHO Global Advisory Committee on Nursing and Midwifery**

**October 2002**

The International Council of Nurses (ICN) was established in 1899. Our mission is to represent nursing worldwide, advancing the profession and influencing health policy. Our vision is one of healthy people in a healthy world.

Operated by nurses for nurses, ICN is the international voice of the world's 12 million nurses, and is the world's first and widest-reaching international organization for health professionals. ICN has member associations in 124 countries and is in contact with groups in another 30. Our national membership encompasses three kinds of organizations: regulatory bodies, unions, and professional associations. Our work therefore revolves around three main pillars of Regulation, Professional Practice, and Socio-economic Welfare.

ICN operates on a 3-year cycle and PRODUCTS FOR 2002–2003 include the following:

- International Nurses Day theme, publication and poster
- 2002: Caring for Families
- 2003: Fighting AIDS Stigma
- Common Nursing Language: Beta 2, cross mapping, ICNP Development Centres pilots, and research priorities.
- Leadership Courses, Manuals, Evaluation and new TOT programme
- Entrepreneurship Monograph
- Ethics textbook, 2nd edition
- Ethical Guidelines Nursing Research, revised
- WHO/ICN/ILO/RCN Migration Study
- Policy on Ethical Recruitment of Nurses
- ILO/WHO/PSI/ICN Violence in the Workplace Campaign
- Career Moves and Critical Questions
- Career Development Manual and Guidelines
- Mobile Libraries for Africa
- Accreditation of Providers of ICN Continuing Education Credits
- Standards: Generalist Nurse, Family Nurse, Tele-nursing
- Advanced Practice definition, characteristics, standards
- Issues and Trends in Nurse Prescribing, 2nd edition
- 2003 Conference on Excellence through Evidence
- Evidence and Effectiveness Fact Sheets Series
- Monographs
  - Home Care, Collaborative Practice, Self-Medication, Tobacco Cessation
  - Globalization and Health Care Reform, and Community Development
  - Medical Waste Guidelines and Monograph
  - Patient Safety Monograph and Fact Sheet series
- Other Fact Sheet series:
  - General topics

- Immunization
- HRD

Several ICN 2002–2003 ICN activities and products support the WHO Strategic Plan for Nursing and Midwifery. Examples are:

**KRA 1: Health Planning, Advocacy and Political Commitment**

- Policy on Ethical Recruitment of Nurses
- Negotiation in Leadership/Leadership for Change programme
- Globalization and Health Care Reform monograph
- Evidence and Effectiveness Fact Sheets Series
- Issues and Trends in Nurse Prescribing, 2nd edition
- HRD Fact Sheets.

**KRA 2: Management of Health Personnel for Nursing and Midwifery Services**

- Negotiation in Leadership/Leadership for Change programme
- Career development training and practice materials
- Collaborative practice monograph
- Database on working conditions
- ILO/WHO/PSI/ICN Violence in the Workplace Campaign
- Career Moves and Critical Questions
- Career Development Manual and Guidelines
- Globalization and Health Care Reform monograph

**KRA 3: Practice and Health Systems Improvement ICNP**

- Home Care monograph
- Evidence and Effectiveness Fact Sheets
- Entrepreneurship Monograph
- Ethics textbook, 2nd edition
- Ethical Guidelines Nursing Research, revised

**KRA 4: Education of Personnel**

- Mobile Libraries
- Various monographs and Fact Sheets
- TOT and Credentialling IFC providers
- Leadership
- Entrepreneurship monograph

**KRA 5: Stewardship and Governance**

- Generalist competencies
- Family Nurse competencies
- Tele-nurse competencies
- WTO/Trade-related Fact Sheets

## **Annex 4.2**

### **Response of ICM (International Confederation of Midwives)**

#### **Update on the activities of the ICM**

##### **Essential competencies**

At the meeting of the International Council (ICM's governing body) the results of the field-testing of the Provisional Essential Competencies for Basic Midwifery Practice were presented. The findings recommended a slight amendment of the Competencies. One example is that the active management of the third stage of labour is now listed as a single competency, but the three component parts – oxytocin, controlled cord traction, and early clamping of the umbilical cord – are also listed separately.

After extensive discussion in a working group, the Council adopted the amended Competencies. The next step will be to develop them into Standards of Midwifery Care.

##### **Position statements**

One of the actions of the International Council is to discuss and adopt position statements. Among those adopted are statements on:

- Post-abortion care
- Care for the newborn
- Positive action to reduce smoking and passive smoking in pregnancy
- Midwives, women and human rights
- Ethical recruitment and retention of midwives
- A framework for midwifery legislation and regulation
- Appropriate maternity services for normal pregnancy, childbirth and the postnatal period
- Debt cancellation.

Discussion took place on the International Definition of the Midwife and it was agreed to keep it as simple as possible though some wording could be modernized. This work will be done by the Executive Committee in March 2003.

##### **Advocacy and leadership**

As a direct result of the Meeting of the Minds in February 2001 (see report on ICM's activities 2001), advocacy and leadership workshops for midwives were held in Ghana in December 2001 and the Philippines in July 2002. The next one is scheduled for Peru in November 2002. Thirty-nine African midwives participated in the Ghana workshop and 30 Asian midwives in the one in the Philippines. This work is being done in collaboration with Policy Project, a US-based organization that is part of the Futures Group. The results of the first set of SDNM advocacy workshops will be evaluated to decide the content and frequency of the next round of workshops.

##### **Projects**

- ICM will hopefully soon initiate its HIV/AIDS project with the aim of strengthening the capacities of midwives' associations to seek, analyse, collate and disseminate the latest information on all aspects of the disease (including prevention of mother-to-child transmission). Fundraising for this activity is currently underway.
- In a follow-up of the advocacy workshops, a Young Midwifery Leaders project is being developed with the aim of providing eight midwives with a three-year leadership training programme. It is expected that these midwives will be able to take on regional and international leadership in

midwifery. They will be mentored by existing leaders in the field and by ICM Regional Representatives.

- The development of a midwifery database has been on ICM's wish-list for a long time. In collaboration with other agencies, it looks like it is becoming a feasible option. The last time any country-by-country information on midwifery was collected dates back to 1971.

### **Collaboration with other agencies**

\*WHO Reproductive Health and Research Department:

- Development and review of the Midwifery Modules.
- Development of the Strengthening Midwifery Toolkit.
- Development of Standards of Care for Making Pregnancy Safer.
- Development of a joint WHO/FIGO/ICM statement on the skilled attendant, focusing on the need for collaboration between all the health care providers involved in maternal and child care in order to provide a continuum of care.
- Collaboration in the 'Global Action for Skilled Attendants for Pregnant Women'.
- Collaboration in the work on the relation between maternal health and poverty.

\*WHO Healthy Environments for Children Initiative

\*WHO Department of Health Service Provision:

- Development of Strategic Direction and Plan of Action for Strengthening Nursing and Midwifery (SDNM-PA)
- Collaboration in activities within the Key Result Areas of the SDNM-PA.

\*Inter-Agency Group (IAG) for Safe Motherhood:

ICM is co-chair of the IAG together with the World Bank. Current members of the IAG are WHO, UNICEF, UNFPA, World Bank, IPPF, Population Council, International Federation of Obstetricians and Gynaecologists (FIGO), ICM, Nepal Safe Motherhood Network, Regional Programme for the reduction of Maternal Mortality (RPMM - Ghana).

- Development of Global Partnership for Safe Motherhood and Newborn Health
- Preparation for the Asia Conference to address Unwanted Pregnancy and Unsafe Abortion to be held in Kuala Lumpur, Malaysia, April 2003.

Check the website for more information: [www.safemotherhood.org](http://www.safemotherhood.org)

### **Dates for your diary**

*April 2004*

Mid-Triennium meetings in Trinidad & Tobago. This is comprised of several Board and Executive committee meetings. A 1-day Americas Regional Workshop on a Safe Motherhood issue and a 2-day Americas Regional Conference for and by midwives from the region on any subject.

*July 2005*

27th Triennial Congress for Midwives in Brisbane, Australia. This will be preceded by a meeting of the International Council and a collaborative Pre-congress Safe Motherhood Workshop.

*May 2008*

28th Triennial congress for Midwives in Glasgow, Scotland.

**Petra ten Hoop-Bender**  
**Secretary General**

## Annex 4.3

### Response of the Global Network of WHO Collaborating Centres for Nursing & Midwifery Development

#### Fourth International Conference, Chicago, 27 February to 4 March 2002

The Eleventh Biennial Business Meeting and Fourth International Conference of the Global Network was held in Chicago, USA, from 27 February to 4 March 2002, in conjunction with the annual conference of the Mid West Research Nursing Society (MNRS). The hosts were the nursing schools/WHO Collaborating Centers of the University of Illinois at Chicago and the University of Michigan.

Dr Naeema Al-Gasseer, WHO Senior Scientist for Nursing and Midwifery, facilitated a half-day session to set out the Strategic Directions for Strengthening Nursing and Midwifery in line with resolution WHA54.12. Small group work emphasized a collaborative approach between Collaborating Centres and across regions.

Projects were developed in eight of WHO's priority areas, aimed at building an evidence base for reporting to the World Health Assembly in 2003: Advocacy for policy; HIV/AIDS; Capacity-building; Tele-health/Distance Education; Adolescent Health; Evidence-based practice (service and nurses' and midwives' contribution to health of populations); Safe Motherhood; Mental Health.

The Global Network's Strategic Plan for 2000-04 was extensively reviewed to reflect accomplishments to date and emerging priorities. WHO's 11 health priority areas were specifically targeted for attention by WHO CCs: Malaria; TB; HIV/AIDS; Cancer; Cardiovascular Diseases; Diabetes; Tobacco; Maternal Health; Food Safety; Mental Health; Safe Blood.

A special one and half hour panel presentation on *Establishing a Global Agenda for Nursing and Midwifery* was given at the MNRS conference to familiarize conference participants with the goals of WHO and the Global Network, and to demonstrate the opportunity for advancing Health for All through excellence in nursing and midwifery worldwide. Panel members included the Senior Scientist for Nursing and Midwifery (Dr Naeema Al-Gasseer, WHO); the Secretary General of the Global Network (Dr Rita M. Carty, George Mason University); a Global Network Executive Committee member (Dr Barbara Parfitt, Glasgow Caledonian University); a Collaborating Centre Director (Dr Leanna Uys, University of Natal); and a Regional Nursing Adviser (Dr Sandra Land, PAHO).

#### Other meetings of the Global Network

Executive Committee meetings have been held by teleconference. The next in person Executive Committee meeting is scheduled for May 2003, to coincide with World Health Assembly. A venue for the next General Meeting in spring 2004 is to be determined.

The Secretariat for the Global Network will transfer from George Mason University in summer 2004, with the new Secretariat being chosen one year before.

#### News journal of the Global Network: Nursing and Midwifery Links

Copies of the inaugural issue of our News-Journal, *Nursing and Midwifery Links*, were distributed to GAG members in March 2002. We received excellent feedback on this publication and are very pleased with the response. The November 2002 issue will be distributed at this meeting. It contains articles from two Collaborating Centres: Case Western Reserve University featuring their HIV/AIDS

Nursing project in Uganda; and Glasgow Caledonian University featuring their Nursing Development programme in Tajikistan respectively. An article from Thelma Henry on Migration and its impact on Caribbean countries is also included. The next issue, to be published March 2003, will focus on safe motherhood.

In June 2001 we published a special edition Newsletter, *Constitutional Notes and Structural Guidelines*, as the first publication from George Mason University as Secretariat. This remains a valuable information and reference tool. Additional copies are available from the Secretariat at any time.

### **New members**

The Institute for Johns Hopkins Nursing, WHO Collaborating Center for Information Systems in Nursing Care, was accepted into membership of the Global Network (GN) in February 2002. Two new Collaborating Centres for Mental Health Nursing have been designated by WHO/PAHO: the nursing schools of the University of Maryland and the University of Alberta. They have been invited to apply for Global Network membership. There are now 32 WHO CCs for Nursing and Midwifery (30 currently in membership of GN).

### **NGO status**

We have applied for status as a nongovernmental organization in official relations with WHO. This initiative is supported by Dr Al-Gasseer and by Mr Orvill Adams.

### **Consultation for potential WHO Collaborating Centre**

The Secretary General is consulting with two potential new Collaborating Centres in Australia: the School of Nursing of the University of Canberra and the School of Nursing and Midwifery, Flinders University of South Australia.

### **Rural health research project**

In May 2002, faculty and staff at the George Mason University Collaborating Centre undertook an on-line international research study to identify major rural health needs and strategies in various regions of the world. Thanks to our position as Secretariat of the Global Network, we were able to reach a qualified cohort of respondents and, using the technology of Internetpollingservices.com, created and ran the on-line survey. The response rate was over 30%. The data were presented by the Secretary-General at the Third International Congress of Rural Nurses in Binghamton, New York, on 6 October 2002 and will be published in a nursing journal this fall.

## **Annex 4.4**

### **Response of UNICEF**

Statement from UNICEF at the Global Advisory Group for Nursing and Midwifery Services in WHO, Geneva, 9-11 October 2002.

“I would like to thank the Global Advisory Group for Nursing and Midwifery and the Secretariat, in particular, for providing UNICEF with the opportunity to make this short presentation.

As you may know, UNICEF is fully involved with other partners such as WHO in worldwide mobilization and efforts aiming to achieve the World Fit for Children (WFC) Objectives (resulting from the UN Special Session on Children) and the Millennium Development Goals. This implies, for example, that the international community and Member States committed themselves to:

- reduce under-five mortality by one third by 2010 and by two thirds by 2015
- reduce maternal mortality ratio by one third by 2010 and by three quarters by 2015.

This implies a huge effort to increase access to and improve the quality of health care services in developing countries, with a special emphasis on low and middle income countries. This also requires similar efforts to enable families and communities handling health problems, in particular, through their interactions with health care services.

Human Resources issues, if not addressed, will undermine these efforts in developing countries and, in particular, in the rural areas of developing countries. Making available and accessible qualified and skilled health staff who are able to provide, when needed, emergency obstetrical care (nurses, midwives and medical doctors) is critical to prevent maternal deaths and disabilities.

UNICEF, in several countries, is supporting the efforts of governments to make this a reality through partnership building, involving national counterparts and research/training institutions. For example in the ROSA region, six countries are implementing the woman’s right to live and health project. One component of the project is to improve the skills of health staff while managing emergency obstetrical care.

UNICEF welcomes the strategic directions for strengthening Nursing and Midwifery Services and is committed to provide its contribution to make them effective and adapted to specific country needs in order to generate appropriate actions and mobilize the political will that will permit us to reach the WFC objectives and the Millennium Development Goals.

Thank you for your attention”

**Dr Abdel Wahed El Abassi, Senior Health Officer**  
**Coordination with WHO**

## Annex 4.5

### Response of International Labour Organization (ILO)

Statement from ILO at the Global Advisory Group for Nursing and Midwifery Services WHO, Geneva, 9-11 October 2002

The ILO is pleased to address the Global Advisory Group for Nursing and Midwifery Services of WHO.

Health services are not only one of the sectors which are of concern to the ILO Sectoral Activities Programme, which I represent here, because the role and the responsibility of the health sector are vital to the growth and development of society as a whole. Moreover, access to universal health services is not only a human and social issue but also a factor affecting economic productivity. Since the ILO is committed to promote opportunities to obtain decent and productive work for all men and women, health services and the access to them are also a specific part of our work programme.

More specifically, the ILO considers the workforce vital for the performance of the health services and the outcomes for public health. Within the workforce of this sector the occupational group of nurses and midwives is a particularly important group, and often the biggest single occupational group. Hence the International Labour Conference adopted, in 1977, the Nursing Personnel Convention No. 149 and Recommendation No. 157, international labour standards that are specifically designed to highlight the special conditions in which nursing is carried out and to support nursing personnel's rights to:

- Appropriate education
- Attractive employment and working conditions
- Participation in the planning of nursing services
- Dispute settlement mechanisms
- Safe work environment.

Thirty-six countries have ratified the Nursing Personnel Convention 149, but also in other countries, employers and workers refer to the Nursing Personnel Recommendation and other policy instruments in the promotion of these services. The spirit of the Convention is consistent, as you will recall, with the World Health Assembly Resolution WHA54.12 on Strengthening Nursing and Midwifery.

In view of the Key Result Areas (KRA), as outlined in WHO "Strategic Directions" which the ILO has already endorsed, ILO contributes and cooperates with WHO particularly with a view to:

- **KRA 1:** Health planning, advocacy and political commitment (specifically 1.3.1), by promoting social dialogue in the health services, an area in which a major international ILO meeting will take place in 10 days from now.
- **KRA 2:** Management of health personnel for nursing and midwifery services (specifically 2.1.1), by addressing specific problems of occupational safety and health caused by workplace violence in the health sector through a joint programme with WHO, ICN and PSI; and moreover (specifically 2.1.3), by carrying out, since 1998, research and meetings on the impact of health reforms, decentralization and privatization of the workforce. Together with WHO and others, we developed a practical tool for action in processes of public service reforms.

The ILO particularly welcomes this opportunity to participate in WHO's Global Advisory Group for Nursing and Midwifery and is looking forward to continued good cooperation.

**Dr. Gabriele Ullrich**

**ILO Public and Private Services Team, Sectoral Activities Department**

**3 October 2002**

## **Annex 4.6**

### **Response of UNFPA**

UNFPA: statement submitted at the 8th meeting of the Global Advisory Group for Nursing and Midwifery Services, WHO, Geneva, 9-11 October 2002.

The UNFPA representative expressed appreciation for having been invited to participate in the GAG/NM meeting.

The meeting was reminded that UNFPA's support for nursing and midwifery development has been ongoing for many years. It started with family planning training of nurses and midwives and continued into other relevant areas of training.

The more recent emphasis is on skilled attendants for pregnant women, which will expand into greater involvement of nurses and midwives in relevant activities.

Members were assured of the continued support of UNFPA for efforts relevant to the strengthening of nursing and midwifery services.

## Annex 5

### List of background documents

- Draft summary report of meetings of partners on the Strategic Directions for Strengthening Nursing and Midwifery Services, 18-19 February 2002
- Discussion Paper: “Human Resources for health: developing policy options for change”.
- Discussion Paper: “Patient Safety Work Strategy”
- Global Advisory Group on Nursing & Midwifery - Report of the 7th Meeting, WHO HQ, Geneva, 27-29 November 2002
- "Macroeconomics and Health: Investing in Health for Economic Development - Report by the Commission on Macroeconomics and Health", 2001
- Meeting of Partners on Strategic Directions for Nursing and Midwifery Services, Geneva, 18-19 February 2002
- Nursing & Midwifery Services: Strategic Directions (2002-2008). Geneva, 2002
- Press release of joint ILO/ICN/WHO/PSI programme on workplace violence in the health sector
- Press Release WHO/37 –10 May 2002
- Report of the Scientific Peer Review Group on Health Systems Performance Assessment
- Reports by Regional Nursing Advisers:
  - AFRO
  - AMRO
  - EMRO
  - EURO
  - SEARO
  - WPRO

#### Reports by Partner Organizations:

- International Council of Nurses
- International Council of Midwives
- Global Network of WHO Collaborating Centres for Nursing and Midwifery Development
- International Labour Organization
- United Nations Population Fund
- United Nations Children’s Fund
- Resolution WHA55.18, "Quality of care: patient safety”
- Royal College of Nursing case study on the International Recruitment of Nurses in the UK
- The Advisory Committee on Health Research - Genomics and World Health, 2002
- WHO discussion paper entitled “Global movement for skilled attendants in pregnancy”
- World Health Assembly resolution WHA54.12 - Strengthening nursing and midwifery
- World Health Assembly document WHA54/77 - Strengthening nursing and midwifery: Report by the Secretariat
- 55th WHA Agenda item A55/13: Quality of care: patient safety -Report by the Secretariat
- 55th WHA Agenda item A55/DIV/5: Ministerial round tables: Risks to health
- 55th WHA Agenda item A55/DIV/6: Ministerial round tables: Risks to health - Report by the Secretariat

## Annex 6

### **Report on the Visit by Her Royal Highness Princess Muna Al-Hussein, Patron of Nursing and Midwifery in the Hashemite Kingdom of Jordan, to the World Health Organization, Geneva - Saturday 12 October 2002**

Her Royal Highness Princess Muna Al-Hussein, accompanied by Her Excellency Dr Roweida Al-Maitah, Minister of Social Development, Jordan and Mrs Rima Alaa Dean, Jordanian Mission, was hosted by Mr Orvill Adams, Director of Health Service Provision, WHO and Dr Naeema Al-Gasseer, Senior Scientist for Nursing and Midwifery, during a meeting with representatives of WHO and GAG/NM.

A synopsis of the presentations that were made during the meeting is given in this report.

**Mr Orvill Adams, Director of Health Service Provision, WHO**, gave an overview of the goals of the health system, referring specifically to health, responsiveness and fair financing. In addition, the functions of the health system, which include stewardship, financing, provision and resource generation, as well as instruments such as the World Health Survey that are required to fill the knowledge gap were discussed. A synopsis of the WHO strategy was also presented. In conclusion, Mr Adams stressed the importance of inter-country sharing of experiences and collaboration based on a common understanding.

**Dr Paul Van Look**, WHO Director, Department of Reproductive Health and Research, addressed various aspects relevant to reproductive health. He referred to paragraph 7.2 of the ICPD Programme of Action which states that “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes”. The ICPD Programme of Action further states that “All countries should strive to make accessible through the primary health-care systems, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015.”

The challenges facing WHO and Member States in achieving the Millennium Development Goals with regard to sexual and reproductive health were alluded to. Dr Van Look stated that the strategic partners in this regard include health care professionals, donor agencies and WHO, national authorities, civil society, as well as women, families, communities and traditional birth attendants (TBAs).

Various strategic actions necessary to achieve success were mentioned, including the mobilization of resources, health sector readiness, specific norms, standards and interventions, available human resources, and appropriate monitoring and evaluation of activities.

**Dr Claudia Garcia Moreno, Co-ordinator, Gender and Women’s Health, WHO** presented a paper that addressed the issue of integrating gender considerations in the work of WHO and indicated that the vision of this process was to contribute to better health for women and men through the promotion of gender equity and equality in health. She referred to specific differences in the factors determining health and the burden of ill-health for women and men, and indicated that gender analysis, i.e. an understanding of how differences in the roles of women and men and unequal gender relations, together with other social and economic factors, can explain differentials and inequitable patterns between women and men in different aspects of health and ill health.

The importance of gender analysis was discussed, including how it contributes to better health for both women and men. This could be achieved through *inter alia* improved performance by health systems, more relevant research, better health policies and interventions that promote equity and equality

between women and men and contribute to social justice, and the introduction of health policies that respond to people's needs.

The WHO Policy: Integrating gender considerations into the work of WHO at global, regional and country levels, which was approved by Cabinet in March 2002, was alluded to. Specific mention was made of the WHO Gender Tool Kit, as well as of various research studies regarding women's health.

## **Discussion**

In response to a question by Her Excellency Dr Roweida Al-Maitah, Minister of Social Development, Mr Adams indicated that WHO would assist Jordan as required in identified areas. With regard to the role of NGOs and the private sector, Mr Adams stressed the importance of involvement of all sectors of civil society in meeting health care and related needs, and indicated that the entire system, not only the Ministry, needs to become involved. He stated that WHO is bound, as the advocate of the Ministry, to act as required, but reiterated that there is also a need to interact with civil society at various levels.

**Her Excellency Dr Rowaida Al-Maaitah**, the Jordanian Minister of Social Development gave a brief presentation regarding the current state of the nursing profession in Jordan.

The Ministry of Health employs 40% of all nurses in Jordan, the majority of whom function within the hospital setting. Seventy percent of Jordanian nurses are female. Currently there are 20 universities (8 governmental and 12 private) in Jordan, and 7 of the universities teach nursing at the Baccalaureate level, while two universities offer a Master's degree in nursing. In addition, there are ten colleges that teach nursing at the Associate Degree level.

It was indicated that the Jordanian nursing and midwifery professions face various challenges including, amongst others, the escalating cost of health care, poor workplace policies and unsatisfactory conditions of service. The increased demand for nursing and midwifery services highlighted the need for accurate data about nursing and midwifery in the country, and the importance of increasing the contribution of nurses at the national health policy and decision-making levels.

The Minister acknowledged the valuable support provided to the nursing and midwifery professions in Jordan by Her Royal Highness, Princess Muna El-Hussein, chair of the Jordanian Nursing Council. The Council aims to develop the nursing profession in Jordan and ensure public protection and improved health status of Jordanians by regulating the profession and developing the scientific knowledge and practice of nurses in compliance with the current rules and laws of the country.

**Dr Linda Haddad**, Director of the WHO Collaborating Centre in Jordan outlined the role and contribution of the Collaborating Centre to the strengthening of Nursing and Midwifery in Jordan, whilst **Ms Da'ad Shouka**, Secretary-General of the Jordanian Nursing Council, briefed the meeting on the activities of the Council.

**Presentation by RNAs, ICN and ICM:** The WHO Regional Advisors for Nursing and Midwifery who were present at the meeting gave a brief synopsis of the nursing and midwifery situation in their respective regions. This was followed by a short overview of the activities of the International Council of Nurses and the International Confederation of Midwives by their respective representatives.

In conclusion, **Her Royal Highness Princess Muna El-Hussein** expressed her appreciation for the work done by nurses globally, and ensured the meeting of her continued support for the nursing and midwifery professions in her country and further afield.

## **Annex 7**

### **List of Participants in the Eighth GAG/NM Meeting,**

**9-11 October 2002, Geneva**

#### **GAG/NM members:**

Dr Enaam Abou-Youssef , Nursing and Midwifery Expert, Alexandria, Egypt

Dr Peggy Chibuye , PRIME II Program Manager, PRIME/Intrah, Nairobi, Kenya

Ms Josephine Cooper, Director, Centre for Health, Law, Ethics and Policy, University of Newcastle, Australia

Dr Ascobat Gani, Chairman, Centre for Health, Economic & Policy Analysis, University of Indonesia

Professor Rachel Gumbi, Chairperson of the GAG, Chief Director, Human Resources, Ministry of Health, South Africa

Professor Andrew Green Head of International Department, Nuffield Institute for Health, Leeds, United Kingdom

Professor Daniel Kadja, Professor of Sociology, University of Abidjan, Côte d'Ivoire

Professor Ilta Lange, Rapporteur, Director, School of Nursing, Pontificia Universidad Catolica de Chile, Santiago, Chile

Dr Sawsan Al-Majali, Director of Nursing Program, Dar Al Hekma College, Saudi Arabia

Mr Pham Duc Muc, Head of the Nursing Office, Department of Therapy, Ministry of Health, Hanoi, Viet Nam

Dr Wichit Srisuphan, Associate Professor, Department of Public Health Nursing, Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand

Mrs Kirsten Stallknecht, Former President, International Council of Nurses, Allerød, Denmark

Dr Joyce Thompson, Vice-chairperson of the GAG, Bronson School of Nursing, West Michigan University, Michigan, USA

Ms Grazyna Wójcik, Consulting Services Enterprise Know-how, Warsaw, Poland

#### **Observers:**

Dr Rita Carty, Global Network of WHO Collaborating Centres for Nursing/Midwifery Development, George Mason University, Virginia, USA

Dr Denise Geolot, Director, Division of Nursing, Bureau of Health Professions, Health Resources Services Administration Department of Health and Human Services, Maryland, USA

Ms Petra ten Hoope-Bender, Secretary-General, International Confederation of Midwives, The Netherlands

Professor Laetitia King, Facilitator, Head, WHO Collaborating Centre Department of Advanced Nursing Sciences, University of South Africa (UNISA)

Ms Judith Oulton, Chief Executive Officer, International Council of Nurses, Geneva

**UN Partners:**

Dr Abdel Waheed El Abassi, Senior Health Officer, UNICEF Office for Europe, Geneva

Ms France Donnay, Chief a.i, Reproductive Health Branch, UNFPA, New York

Dr Peter Piot, Executive Director, UNAIDS, Geneva

Dr Gabriele Ullrich, Team Leader, Public and Private Services and Sectoral Activities Department, ILO, Geneva

Mr Angelo Gnaedinger, Director-General, International Committee of the Red Cross

**WHO Staff from Regional Offices:**

Mrs Magda Awases, Regional Nursing Adviser, WHO Regional Office for Africa

Dr Fariba Al-Darazi, Regional Nursing Adviser, WHO Regional Office for the Eastern Mediterranean Region

Dr Sandra Land, Regional Adviser in Local Health Services (Nursing Services), WHO Regional Office for the Americas

Dr Silvina Malvarez, Regional Adviser on Nursing and Allied Health Personnel, WHO Regional Office for the Americas

Ms Vilborg Ingolfottir, Regional Adviser Nursing and Midwifery Policy, WHO Regional Office for Europe

Dr Duangvadee Sungkhobol, Regional Adviser for Nursing & Midwifery, WHO Regional Office for South-East Asia

Ms Kathleen Fritsch, Regional Adviser for Nursing & Midwifery, WHO Regional Office for the Western Pacific

**WHO Secretariat:**

Dr Gro Harlem Brundtland, Director-General, World Health Organization

Dr David Nabarro, Executive Director, Office of the Director-General

Dr Naema Al-Gasseer, Senior Scientist of Nursing and Midwifery, WHO/OSDNM

Mr Orvill Adams, Director, Health Services Provision, WHO/OSDNM

Dr Bocar Diallo, Director, WHO Reproductive Health Programme

Dr Miriam Hirschfeld, Director, Long-term/Palliative Care Initiative, WHO/NMH/CCL

Dr Mario Dal Poz, Coordinator, Human Resources for Health Team, WHO/OSDNM

Dr Yunkap Kwankam, Scientist, Patient Safety Group, WHO/OSDNM

Dr Pascal Zurn, Labour economist, Human Resources for Health Team, WHO/OSDNM

Ms Virginia O'Dell, Technical Officer, WHO HIV/AIDS Programme

Ms Della Sherratt, Technical Officer, WHO Reproductive Health Programme, Making Pregnancy Safer Team

Ms Vena Persaud Technical Officer, Nursing and Midwifery Group, WHO/OSDNM

Dr Miklos Zrinyi Technical Officer, Nursing and Midwifery Group, WHO/OSDNM