



Report

Ninth meeting of the Global Advisory Group on Nursing and Midwifery

3–4 May 2005, Geneva

The Global Advisory Group on Nursing and Midwifery (GAGNM) was established in response to concerns for ensuring effective nursing and midwifery services worldwide. GAGNM is responsible for advising the Director-General on matters relating to the further development of nursing and midwifery and the effectiveness of their policies, as specified in resolution WHA 54.12.

The objectives of the meeting were to:

- explore mechanisms to accelerate implementation of the Strategic Directions for Strengthening Nursing and Midwifery Services 2002–2008 (SDNM);
- advise WHO on scaling up nursing and midwifery services in selected priority areas and on linking the monitoring of nursing and midwifery services with health systems performance and the Millennium Development Goals;
- determine progress on preparations for the update of resolution WHA54.12 in 2006;
- review progress in implementing recommendations of the Global Forum of Government Chief Nurses, May 2004.

The ninth meeting of the Global Advisory Group on Nursing and Midwifery was opened by the Chair, Rachel Gumbi. Many participants had also been present at the stakeholder meeting of the previous day. Brief opening remarks were made by both Tim Evans (Assistant Director-General, Evidence and Information for Policy) and Abdelhay Mechbal (Director, Department of Human Resources for Health). Both noted that they were looking forward to the outcome of the group's deliberations.

Two new Regional Nursing and Midwifery Advisers were introduced: Lis Wagner from the European Regional Office and Prakin Suchaxaya, acting adviser for the South East Asia Regional Office. Also introduced were first-time attendees Susan Maybud of the International Labour Organization and Kathy Herschderfer, Secretary General of the International Confederation of Midwives.

Some initial discussion ensued about the agenda and the decision was made not to work in small groups. Rachel Gumbi urged the group to be more engaged than in past years. It was noted that the GAGNM was to review the effectiveness of actions taken in recent years, with the need to report on resolution 54.12 for the next World Health Assembly.

Regional Nursing Advisers' update on Strategic Directions for Nursing and Midwifery Services

Kathy Fritsch presented a summary of regional reports on nursing and midwifery strategic directions. The group was impressed by the amount of activity and progress that had taken

place between 2003 and 2004, considering the under-resourced conditions (both in personnel and finances) with which the Regional Advisers are faced.

Issues and challenges for all regions included migration, recruitment and retention, human resource management, education and capacity building, nursing leadership, knowledge management and research. While in some regions particular challenges were more acute, no regions were immune from these challenges.

Following a more detailed overview of progress in individual key result areas, Kathy Fritsch made an analogy between sailing conditions and nursing and midwifery: whatever the conditions, we manage to find a way forward.

During discussion of the presentation, several questions were raised: What can the GAGNM do to help the work in the regions? How can resources be leveraged for the regions? What are the real problems (not just the successes)? What do we mean by appropriate education? What is being done to scale up activities related to HIV/AIDS? Further discussion ensued on the difficulties of data collection, on the need for both quantitative and qualitative data.

Meetings held between the regional offices were deemed highly useful, with the Regional Advisers expressing their appreciation for learning from their colleagues. Some programme areas were considered to be more successful than others: for example, the success of nursing and midwifery efforts in making pregnancy safer in the Americas.

Concerns were raised for the future of nursing and midwifery in the Americas with the impending retirement of the Regional Adviser. Posts have been vacated and not filled; committed and enthusiastic individuals have not been replaced. It was important to have committed focal points in each country in a region. Having committed non-nursing personnel who are supportive to nursing and midwifery was noted to be crucial. Lack of personnel and poor to non-existent budgets were agreed to be a common concern.

Sandra Black acknowledged that she would be working with Jean Yan to develop a workplan to address HIV/AIDS issues. The need to have country programme officers sensitive to nursing and midwifery issues and concerns was reinforced.

WHO Chief Scientist for Nursing and Midwifery

Jean Yan noted that indeed, the Nursing and Midwifery Office (NMO) at WHO headquarters shares the same challenges as the regions. She suggested three common ways to move forward: mainstreaming of activities, use of the collaborating centres and country-led support.

Judith Oulton noted the importance of linking key result areas to priority programmes at WHO. She voiced concern that if we are losing ground at WHO headquarters in terms of personnel, what might be the situation at country level?

Rachel Gumbi reported that she and Joyce Thompson had had discussions with the Director of HRH and assured the group that support for the Nursing and Midwifery Office would continue. Some concern was expressed by the group that as past commitments had not translated into action, that this could well be the case again.

WHO Forum for Chief Nursing Officers, 2004

Sandra Land (WHO/PAHO) provided a presentation on last year's WHO Forum for Chief Nursing Officers (CNOs). She covered the seven action areas identified in the meeting:

- leadership

- human resources
- strengthening health systems
- maternal and newborn health
- HIV/AIDS
- making, monitoring and reporting progress
- strengthening government nurses' networks.

Lessons learnt included the need to focus on actions impacting the MDGs, and the utility of bringing country personnel into the regional offices to exchange ideas and experience.

While this was felt not to be an impediment to working together, it was acknowledged that there were times when nursing and midwifery needs and goals varied. Tensions arising between nursing and midwifery should be openly addressed.

The role of nursing councils and the need to improve management and partnership skills was raised and discussed. The Honourable Ann David Antoine, Minister of Health from Grenada, shared her experiences and views on the importance of developing partnerships. She urged members of the group to consider government and public service as a means to using nursing and midwifery experience and skills for the public good.

ICN was commended on the leadership programme for nurses. It was felt that this programme was advantageous to the individuals participating – as well as to the profession as a whole.

International Council of Nurses (ICN)

In her presentation on ICN activities, Judith Oulton described the varied activities currently under way, ranging from work on the issue of counterfeiting, to the orphaned girl child, as well as the leadership programme. Choosing partners and issues and innovating was noted to be crucial in moving the work forward.

International Confederation of Midwives (ICM)

Kathy Herschderfer, Secretary General of ICM, provided an overview of the organization's activities. These fell under the headings of addressing women, strengthening midwives and promoting ICM internationally. Key areas of work included prevention of postpartum haemorrhage, safe motherhood projects and the ICM Young Leaders programme. She summed up her initial experiences as learning the importance of collaboration, communication and cohesion.

International Labour Organization (ILO)

The last presentation of the day was made by Susan Maybud of the ILO. She described the tripartite nature of the ILO's work (working with governments, employers and employees), the process of social dialogue and the current work being undertaken with WHO on ensuring a safe work environment for health care workers. Future work will focus on international migration, with nurses and midwives figuring prominently.

Global nursing and midwifery database

Miklos Zrinyi spoke on the need to monitor progress on the Nursing/Midwifery Strategic Directions. The Nursing and Midwifery Office at WHO has done some exploratory work on the establishment of a global nursing database. The need to develop and implement systems and uniform performance indicators at country, regional and global levels to monitor, measure

and report progress in achieving these goals (WHA resolution) was underscored, as was the need to standardize indicators and deal with challenges in defining “nurses” and midwives. The EUROSTAT project initiated by the European Commission, with input from WHO, to collect standardized data regarding the various nurses in Europe was discussed. This project concluded that there were three major categories pertaining to nursing and midwifery, which could be relevant to all other regions as well. These categories were:

- nursing and midwifery professionals
- nursing and midwifery associate professionals
- care workers.

This conclusion coincided with the existing ILO classification, which was found appropriate and supported by the NMO to collect aggregated global nursing and midwifery health workforce information.

Miklos Zrinyi also discussed how nursing and midwifery information could be bolstered using available resources – for example, using other United Nations sources or data collected by the International Nursing Foundation of Japan, to contribute to the nursing and midwifery database. It was further noted that the information presented in the United Nations data sets was not sufficiently descriptive for predictions to be made on the impact of nursing and midwifery services on the MDGs or other health outcomes.

As regards the MDGs, Linda O'Brien-Pallas discussed how better leadership, stronger education and increased capacity led to better outcomes – with the nursing component being a significant indicator. Getting the nursing- and midwifery-specific data will help show the contribution of nurses and midwives to improvements in the MDGs.

Presentation by Health Canada on health workforce planning

In collaboration with HQ, experts from Health Canada were invited to present to GAGNM a health workforce analytical framework and were commended for their expert technical support and for their input into the development of global performance indicators. The presentation by Linda O'Brien-Pallas and Gale Tomblin included discussion of the need to plan and forecast human resource deployment and use, and the subsequent impact on health, provider and system outcomes.

It was noted in the ensuing discussion that health workforce indicators should be:

- policy-relevant
- consistent over time
- feasible
- affordable
- valid
- reliable
- simple
- able to be either aggregated or disaggregated.

In further discussion, Rachel Gumbi and others noted that evidence is available to link numbers and outcomes: distribution, educational background, and hours worked are examples of data that can be linked to provider and system outcomes. (Linda O'Brien-Pallas noted that the best patient outcomes are apparently when productivity is at 80%: increasing productivity to 90% leads to more stress on the health care worker and poorer patient outcomes. One Canadian study showed that with more full-time personnel and a higher ratio of BSN nurses there would be declines in mortality. It could be demonstrated that with increasing nursing

productivity/use, there are shorter hospital stays without poorer outcomes.) The question was raised as to how to link such modeling to community-based care.

It was felt that WHO should take the initiative to set minimum data sets to ensure standardized approaches to monitoring and evaluation of global progress in nursing and midwifery achievements to help Member States implement the SDNM and report back on resolution WHA 54.12 to the next Health Assembly, in 2006.

Challenges regarding varying data definitions and data collection methods were discussed. Abdelhay Mechbal informed GAGNM about the ongoing efforts to map varying definitions and minimize duplication of data sources. Efforts must be made to have better data sources and analysis, given the varying figures reported. He raised the question of how WHO and partners can develop long-term efforts to improve data sources. There is a clear gap between data availability at country level and what is accessible globally. Further discussion touched the topics of incentives and distance education (to keep people where they work). The need for government and public support for basic professional education was highlighted and the consequences if graduates do not meet the required conditions were underscored.

Discussion ensued on the equitable use of resources and personnel: How can poor areas have and retain workers? There is the need to build in retention strategies – that is, making it worth workers' while to stay working in the health system, particularly where health worker populations are nearing retirement age – i.e. retaining them from age 55 to 65, for example.

Rachel Gumbi led a discussion on the progress made with respect to recommendations from the eighth meeting of the GAGNM in 2002. It was felt that progress, particularly in WHO HQ, had not been sufficient, despite the commendable work being undertaken in the regions (see Annex 1: *Recommendations of the eighth meeting of the Global Advisory Group on Nursing and Midwifery*).

With regard to the actions WHO has taken in commissioning papers, raising the image of nurses, etc., it was noted that some members of EIP/HRH did not agree conceptually with the HQ nursing unit's developing these papers. This was considered to be an important issue that must be addressed.

Further discussion centred on key issues concerning the midterm progress report of the secretariat to the Health Assembly in 2006 on strengthening nursing and midwifery. Miklos Zrinyi recalled the structure of the report submitted in 2003 and highlighted the main chapters:

- health workforce planning policy and capacity-building
- impact of staffing conditions on the quality and safety of patient care
- establishing a monitoring system
- involvement of nurses and midwives in policy and decision-making
- establishing the evidence base for nursing /midwifery practice.

The GAGNM members were asked to consider the following key questions for the 2006 report:

- Should the report use the same structure (following the outline of the key result areas (KRAs))?
- Should the report use the same chapters/headings?
- What will be the key messages of each chapter in this report?
- What additional sources of input does the NMO need to inform this report?

Suggestions from members of the GAGNM included the following:

- emphasize MDGs early in the report;
- point out how the nursing and midwifery shortage/crisis will affect the attainment of the MDGs;
- consider the additional health system constraints if the health workforce is not adequately addressed;
- the potential for an expanded role of nurses/midwives (and discrepancies between practice and the regulatory basis for practice);
- the need to ensure responses of good quality from all countries, especially in developing countries where the nursing and midwifery shortage has reached crisis proportions;
- note the adoption of SDNM at country level and ask for more support to implement the KRAs;
- note that the implementation of SDNM is moving ahead and that there is a more coordinated effort among HQ, RNAs and the GAGNM to help implement the SDNM at country level;
- address the points raised in the resolution and how they best come together with the KRAs (as KRAs alone may not be sufficient);
- NMO will need more core data (e.g. hard evidence, numbers) to substantiate claims in the report;
- report the alarming trend of diminishing nursing representation/leadership in WHO structure;
- highlight the continued shortage of resources for nursing and midwifery programmes in WHO;
- emphasize the contribution of nursing and midwifery to priority programmes (HIV/AIDS, mental health, making pregnancy safer, etc.);
- underline the strengths of the global network of collaborating centres and reinforce the need to increase WHO collaborating centres in developing countries.

Recommendations to the Director-General from GAGNM

Background

Rachel Gumbi convened a small group to decide on recommendations to the Director-General on key issues WHO should tackle to improve nursing and midwifery services globally. The final recommendations were built in part on the key messages of the GAGNM meeting.

Recommendations were drafted and presented to the representative of the Director-General, who received the recommendations, commended the group for its hard work and advice, and took genuine interest in the issues raised by the chair and vice-chair of GAGNM. GAGNM was assured of continued support; it will likely reconvene in the second half of 2005.

Recommendations

Recognizing that:

regulated nursing and midwifery practice has been demonstrated to have a positive impact on the attainment of favourable MDG outcomes;

there is a critical and growing shortage of human resources for health, particularly nurses and midwives;

there are significant implications for the optimal use of nurses and midwives in achieving priority programme area goals;

there are important functions and service delivery by nurses and midwives at all levels of the health system, focused on population health needs at the country level,

GAG recommends that WHO:

- in consultation with Member States and key global partners ensures the development and implementation of nursing and midwifery service/programme standards and competences, quality assurance mechanisms and monitoring and evaluation indicators, beginning with a focus on priority programmes;
- ensures that there are appropriate nursing and midwifery resources at headquarters, regional and country level, to provide policy and technical guidance related to the key priority programmes;
- work with Member States and partners in policy development and strategy implementation to ensure adequate numbers, distribution and use of human resources for health, especially nurses and midwives, to meet population health needs,
- support the continuing development of WHO Nursing and Midwifery Collaborating Centres, particularly in developing countries, in their contribution to priority programmes at the country level;
- employ examples from nursing and midwifery to illustrate key health workforce issues, policy options and solutions in the *World health report 2006*.

Pursuant to the long-term mandate of the GAGNM to support the Director-General, it intends in the short term to continue regular communications and meet in October 2005 to:

- review the progress of the nursing/midwifery office in the development of an implementation plan to address the recommendations set out above;
- review the ongoing evaluation of the Strategic Directions 2002–2008 in Nursing and Midwifery (SDNM);
- review the progress report on WHA resolution 54.12;
- provide inputs to the draft of the *World health report 2006*;
- review the stakeholder taskforce progress report.

Annex 1

Recommendations of the Eighth meeting of the Global Advisory Group on Nursing and Midwifery

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 2

Key messages of the meeting

Key messages of the meeting of the Ninth Global Advisory Group on Nursing and Midwifery included the following:

- Nursing and midwifery shortages will continue to be present unless clear action is taken to support both professions.
- The Millennium Development Goals will be difficult to achieve unless the nursing and midwifery shortage is adequately addressed.
- Countries are using the Strategic Directions framework 2002–2008 for setting development goals in nursing and midwifery. WHO support is essential for action at country level for the SDNM to be effective.
- Nursing and midwifery professionals in developing countries are struggling to provide essential services within the context of severe resource constraints.
- While more nurses and midwives are necessary, more nurses and midwives with high-quality education and skill sets are required to address global health needs.
- The coordinated effort between GAGNM, the Office of Nursing and Midwifery, regions and partners around the world to implement the Strategic Directions must continue.
- The needs of the health system as a whole must receive attention, with nursing and midwifery serving as an important bridge between programmes and the overall health system.

The way forward

GAGNM raised concerns that while some progress has been made related to appointments of personnel in WHO (e.g. in the HIV/AIDS department, Making Pregnancy Safer, etc.) the overall use of nurses in the organization is lacking. The GAGNM found it alarming that the total number of nurses and midwives employed in the WHO structure has diminished since the last GAGNM meeting. Clearly, gains have not been made with respect to nursing and midwifery personnel. GAGNM has been concerned that despite recommendations and by the clear call in resolution WHA54.12 to include nurses and midwives in all levels of policy making, there has been very limited progress since the last GAGNM meeting in October 2002.

Chief among the concerns of the group is how to achieve action at country level – and how to prevent further declines in nursing and midwifery workforce and supportive policies. Discussion among attendees made it clear that the difficult conditions with which nurses and midwives are faced, coupled with frequent lack of support, has contributed to the current workforce crisis.

Discussion in the meeting underscored the importance of the Global Advisory Group on Nursing and Midwifery and the need to convene regularly. Further, clarity regarding the terms of reference of the GAGNM, and its relationship to a nursing and midwifery stakeholders group, was felt to be of extreme importance.

Clearly, nursing and midwifery services are crucial to the success of priority programme areas, not only at WHO but globally. The effort to integrate the nursing and midwifery input into WHO priority programmes must be strengthened and continued.

A five-member Nursing and Midwifery Task Force to follow up on the recommendations made by the Stakeholders Meeting was set up to present its first report to GAGNM, most probably in autumn 2005. Members of this Task Force are Peggy Chibuye, Sawsan Majali, Barbara Parfitt and Jean Yan. Additional members would be identified shortly.

A communication strategy between GAGNM and NMO has been agreed upon. This strategy is found in Annex 3.

The next GAGNM meeting has been tentatively set for October 2005.

Annex 3

Communication plan for GAGNM and NMO: 4 May 2005, WHO headquarters

Process

- regular telephone conferences (at least three times a year)
- electronic mail and postal correspondence
- annual GAGNM meeting.

GAG responsibilities

- identify additional stakeholders and communicate with NMO
- review and comment on materials sent by NMO in a timely manner
- collaborate with regional offices and provide requested advice or support
- lobby national health policy-makers to support N&M at the national, regional and global level
- network with national, regional and international professional organizations to promote N&M
- inform NMO of resources, evidence and links concerning N&M
- use web sites to disseminate N&M information.

NMO responsibilities

- maintain regular contact with GAGNM members
- provide information in a timely manner
- request assistance from GAGNM members as needed.

Information sharing

- update on the Strategic Directions and their implementation
- update on regional activities
- update on partnerships and health workforce stakeholder activities
- update on resolution WHA54.12
- update on MDGs.

Annex 4

Terms of reference

Global Advisory Group for Nursing and Midwifery

To advise the Director-General on nursing and midwifery as an important resource for improving the health of all people, increasing equity of health outcomes and ensuring the right of all people to health.

- to guide the development of the Strategic Directions for Nursing and Midwifery within the health agenda;
- to provide policy advice on how the responsiveness of health systems to peoples' health needs can be optimized through the effective use of nursing and midwifery services that are based on research as scientific evidence;
- to support the development and use of nursing and midwifery outcome indicators in relation to health gains and health status;
- to participate in resource mobilization and efforts for the effective implementation of the Strategic Directions for Nursing and Midwifery;

to collaborate in establishing mechanisms for monitoring the progress of nursing and midwifery contributions to the health agenda and to the implementation of the Strategic Directions for Nursing and Midwifery.

Annex 5

List of participants

Global Advisory Group on Nursing and Midwifery (GAGNM)

Professor Rachel Gumbi, Chairperson, Global Advisory Group for Nursing and Midwifery, University of Zululand, Kwanlangezwa, SOUTH AFRICA

Dr Joyce Thompson, Vice Chair Global Advisory Group for Nursing and Midwifery, Professor of Community Health Nursing, Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, UNITED STATES OF AMERICA

Dr Enaam Abou-Youssef, Alexandria, EGYPT

Dr Sawsan Al Majali, Director of Nursing Programme, Dar Al Hekma College, Jeddah, SAUDI ARABIA

Dr Peggy Chibuye, Country Representative, Elizabeth Glaser Paediatric Aids Foundation, Mbabane, SWAZILAND

Dr Ascobat Gani, Centre for Health, Economic and Policy Analysis, Faculty of Public Health, University of Indonesia, Depok, INDONESIA

Professor Andrew Green, Professor and Head of Centre, Nuffield Centre for International Health and Development, University of Leeds, Leeds, UNITED KINGDOM

Professor Ilta Lange, Coordinator International Affairs, School of Nursing, Catholic University of Chile, Santiago, CHILE

Mrs Grazyna Wojcik, Consulting Services Know How, Warsaw, POLAND

Observers

Ms Kathy Herschderfer, Secretary General, International Confederation of Midwives, The Hague, NETHERLANDS

Dr Susan Maybud, Health Services Specialist, Sectorial Activities Department, International Labour Organization, Geneva, SWITZERLAND

Capt Kerry Nesseler, Associate Administrator, Bureau of Health Professions, Health Resources Service Administration, Rockville, Maryland, UNITED STATES OF AMERICA

Dr Linda O'Brien-Pallas, Faculty of Nursing, University of Toronto, Toronto, Ontario, CANADA

Mrs Judith A. Oulton, Chief Executive Officer, International Council of Nurses, Geneva, SWITZERLAND

Professor Barbara Parfitt, Secretary-General, Global Network of WHO Collaborating Centres, Glasgow Caledonian University, Glasgow, SCOTLAND

Mrs Kirsten Stallknecht, Former President, International Council of Nurses, DENMARK

Dr Gail Tomblin Murphy, Associate Professor, Dalhousie University, Halifax, Nova Scotia, CANADA

World Health Organization

Regional offices

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

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

Mrs Silvina Malvarez de Carlino, Regional Adviser on Nursing and Allied Health Personnel Development, WHO Regional Office for the Americas

Mrs Margaret Loma Phiri, Regional Adviser for Human Resources, Nursing, Division of Health Systems and Services Development (DSD), WHO Regional Office for Africa

Dr Prakin Suchaxaya, STP-Nursing and Midwifery Adviser, WHO Regional Office for South-East Asia

Dr Lis Wagner, Manager, Nursing and Midwifery Programme, WHO Regional Office for Europe

Headquarters

Dr Timothy Evans, Assistant Director-General EIP

Dr Abdelhay Mechbal, Director HRH a.i.

Dr Jean Yan, Chief Scientist Nursing and Midwifery EIP/HRH

Dr Miklos Zrinyi, Technical Officer EIP/HRH

Rapporteur

Ms Virginia O'Dell, Technical Officer EIP/SPO

Secretariat

Ms Mandy Budd, Secretary EIP/HRH