

The background of the cover is a dark blue-grey. It features several concentric, multi-colored arcs (yellow, orange, red, purple, blue) that are fragmented and arranged in a circular pattern. In the lower-left corner, there is a faint, stylized illustration of a calculator with the number '100' on its display. The main title is centered in the lower half of the image.

WHO NURSING AND MIDWIFERY

PROGRESS REPORT

2008–2012



World Health
Organization



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FOREWORD

The *Progress Report on Nursing and Midwifery* highlights the contributions of the World Health Organization (WHO) and its partners to the strengthening of nursing and midwifery services in response to the relevant World Health Assembly resolutions.

The pivotal role played by nurses and midwives in re-vitalizing primary health care and people-centred care is well recognized. WHO's two SDNMs (2002–2008 and 2011–2015) provide policy-makers, practitioners and other stakeholders at every level of the health-care system with a flexible framework for broad-based, collaborative action to enhance the capacity of nurses and midwives to contribute to universal health coverage.

Nurses and midwives are on the front line of service delivery. In many countries they are either leaders or key actors in multiprofessional, interdisciplinary health teams. They provide a full range of nursing and midwifery services at all levels of the health system. This ensures that care is delivered to where it is most needed, and offers the flexibility to address the increasing burdens of communicable and noncommunicable diseases, in both stable and conflict-torn countries worldwide.

To achieve universal health coverage, the quality, quantity and relevance of the nursing and midwifery workforce must be assured. In this respect, WHO plays an important role by providing effective technical support to Member States; for example, developing standards and norms, guiding policy and practices, and promoting collaborations and synergetic partnerships to potentiate available resources, all of which contribute significantly to the strengthening of nursing and midwifery. WHO is currently developing policy guidelines on transforming and scaling up health professional education. These guidelines will provide a reference point for improving the education and training of health workers, thus contributing to better health service provision.

In order to strengthen health systems, reliable data is needed to efficiently and effectively develop and implement appropriate, timely, cost-effective and supportive interventions. WHO works with many partners to support the critical role of nurses and midwives in health system strengthening. This includes publishing evidence on what works best. WHO also promotes information sharing and advocacy to help nurses and midwives keep pace with rapidly changing technologies and means of communication.

The report aims to share this valuable collective contribution to enhancing nursing and midwifery's roles in health system strengthening, demonstrating WHO's commitment to the relevant World Health Assembly resolutions on human resources for health. A more comprehensive report will be prepared following the completion of the next phase of the strategic directions for strengthening nursing and midwifery (2011–2015) and will form the basis for further strategic planning..



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ACRONYMS

AFRO	Regional Office for Africa
AMRO	Regional Office for the Americas
ASEAN	Association of Southeast Asian Nations
AusAID	Australian Aid
BSc	Bachelor of Science
CDC	Centres for Disease Control and Prevention
CPD	continuing professional development
EMRO	Regional Office for the Eastern Mediterranean
EU	European Union
EURO	Regional Office for Europe
GHWA	Global Health Workforce Alliance
GPW	Global Programme of Work
HRH	Human resources for health
HQ	headquarters
ICM	International Confederation of Midwives
ICN	International Council of Nurses
ILO	International Labour Organization
IMCI	integrated management of childhood illness
IOM	International Organization for Migration
Jhpiego	Johns Hopkins Program for International Education in Gynaecology and Obstetrics
JICA	Japan International Cooperation Agency
MDG	Millennium Development Goal
MoH	Ministry of Health
NCD	noncommunicable disease
NGO	nongovernmental organization
NZAID	New Zealand Aid
OECD	Organisation for Economic and Social Development
PALTEX	Expanded Textbook and Instructional Materials Program
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	primary health care
SDNM	strategic directions for nursing and midwifery
SEARO	Regional Office for South-East Asia
SRH	Sexual and reproductive health
TB	tuberculosis
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
WHA	World Health Assembly
WHO	World Health Organization
WPRO	Regional Office for the Western Pacific

EXECUTIVE SUMMARY

Background

Developments in nursing and midwifery are taking place in the context of growing demands for accessible and affordable high-quality care, and the need for improved access to care and universal coverage. The World Health Organization (WHO) has responded to this urgent need, and several resolutions on strengthening nursing and midwifery services have been passed by the World Health Assembly, most recently in 2011, resolution WHA64.7.

Nurses and midwives are among the front-line service providers seeking to renew primary health care (PHC) and achieve universal health coverage. However, the workforce shortage compounded by the prevailing global economic and funding constraints, pose serious challenges to the nursing and midwifery workforce, and to service delivery globally. WHO has, for some years been responding to the changes in nursing and midwifery taking place within Member State health systems. Overcoming these challenges remains a common priority for all.

This report presents WHO's work on nursing and midwifery globally. The first section describes the major activities and progress globally towards WHO's strategic directions for nursing and midwifery services (SDNM) key result areas. The next section addresses activities and progress in the six WHO regions during the period 2008 to 2012. Reference is also made to relevant key activities preceding this period. The extensive collaborative efforts undertaken with key partners and stakeholders globally are also highlighted.

The implementation of the SDNM is supported by the regional advisers for nursing and midwifery in all six WHO regional offices, as well as the Global Advisory Group on Nursing and Midwifery and the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development and key partners such as the International Council for Nurses.

Purpose

The key objective of this report is to highlight the contribution of WHO and its partners to strengthening nursing and midwifery services in response to the relevant WHA resolutions.

This involved gathering extensive information from stakeholders on progress made in key result areas of the strategic directions in nursing and midwifery during the period 2008–2012, as well as making linkages to the most recent WHA resolutions on strengthening the nursing and midwifery workforce, and the health workforce in general.

Key challenges

While there is much diversity across the world in how nursing and midwifery services are provided, the challenges to health service provision are shared throughout all six WHO regions, although the scale of each challenge varies from region to region.

Key challenges to strengthening nursing and midwifery services include:

- inadequate human resources at all levels of the health-care system;
- difficulty in retaining health-care workers in rural areas after completion of training;
- increased migration within countries, regions and globally;

- low salaries, lack of career incentives, an ageing workforce, poor professional image;
- poor working conditions/environments;
- difficulties implementing and reinforcing existing policies;
- lack of high-quality local education programmes;
- delayed or inadequate responses to crises and/or disasters;
- limited access to information and communication technologies;
- funding and training resource constraints exacerbated by the global economic situation.

WHO's response

In order to contribute effectively to the strengthening of health systems and services, nursing and midwifery have mounted clear strategic responses to the challenges facing their professions. These responses are described in detail in the report, together with examples of country-specific and regional activities. The importance of monitoring and evaluation is also highlighted.

STRATEGIC FRAMEWORK

Engaging key partners and stakeholders is crucial in order to develop global strategies that address universal health care delivery constraints. The Global Programme of Work (GPW) 2008–2009 and the SDNM 2002–2008 and 2011–2015 were developed and implemented to operationalize WHA resolutions and declarations on nursing and midwifery. The SDNM 2011–2015 has five key strategic areas:

- strengthening health systems and services;
- nursing and midwifery policy and practice;
- education, training and career development;
- nursing and midwifery workforce management;
- partnership for nursing and midwifery services.

The GPW provided impetus to scale up nursing and midwifery's capacity to contribute to the Millennium Development Goals (MDGs) and served as a bridge between the SDNM of 2002–2008 and 2011–2015. The SDNM continues to offer stakeholders an overarching framework for collaborative action to improve health outcomes for individuals, families and communities. Its implementation is being achieved through focused activities in all six WHO regions.

WHO regional reports highlight the diversities in the nursing and midwifery professions, not only between but also within regions. Reforms of the delivery framework for PHC over the past 30 years have typically included changes in the roles of nurses and midwives, who have moved from task-based junior positions within doctor-dominated health-care hierarchies, to autonomous high-level roles as equal partners in multidisciplinary PHC teams.

Common goals shared by the nursing and midwifery professions in all six WHO regions include:

- developing and implementing effective strategies to recruit and retain nurses and midwives in order to achieve a critical professional mass and overcome human resource for health deficits;
- standardizing nurse/midwifery pre- and postgraduate entry requirements to ensure quality of education;
- ensuring a sufficient number of nursing and midwifery educators competent to train nursing and midwifery researchers and global leaders for the future;
- promoting greater multidisciplinary integration into health-care delivery teams at all levels of the care continuum;
- developing new and advanced practice roles with established career pathways from the outset;
- making effective use of available education and training resources.

Key achievements

WHO's response to the need to strengthen nursing and midwifery services continues to evolve. An overview of key global achievements is provided below.

PHC AND PEOPLE-CENTERED CARE

- Nurse/midwife-led PHC models have been established in community-based health centres, using multi-professional and interdisciplinary teams.
- Nurses' and midwives' roles have been maximized by using community health and family nurse models.
- The diversity of nurse/midwife roles has been enhanced through continuous education.
- Nurses and midwives have become more responsive to the needs of persons with disabilities, chronic conditions and noncommunicable diseases (NCDs) and those requiring palliative care.
- Capacity building in emergency/disaster response, infection control, mental health and substance abuse has increased.
- Health promotion practices have been implemented to address the increasing challenges of ageing populations and NCDs.

WORKFORCE POLICY AND PRACTICE

- Strategic planning for national nursing and midwifery human resources has been developed and implemented.
- New nursing and midwifery boards and councils have been established, to oversee the implementation of regulations and legislation.
- The mobility of nursing and midwifery professionals has been increased to build capacities where they are most needed.
- Nursing and midwifery regulation has been mapped at the country and regional levels.
- The image of the professions has been improved.
- Research-based evidence about nursing and midwifery practice has been collected and published.

EDUCATION AND TRAINING

- A universal agreement has been achieved to adopt competence-based training.
- The trend towards specialist and advanced nursing/midwifery education has increased.
- More partnerships and collaborations have been formed to strengthen education and faculty development.
- Education programmes at all levels are being standardized and accredited.
- Education policies and guidelines have been reviewed and upgraded.
- The development of leadership skills at all levels of nursing and midwifery education and practice has produced a dynamic and positive response.

CAREER DEVELOPMENT

- A gradual improvement has been observed following the introduction of bridging programmes which enable students to upgrade from associate to bachelor degrees.
- More nurses and midwives have adopted advanced practice roles which offer defined career paths.
- Investment in the development of leadership skills has increased.
- Education programmes are becoming more standardized, which helps in monitoring and evaluating the quality of education.
- The use of communication technology to disseminate best practices has increased.
- The involvement of nurses and midwives in policy- and decision-making has increased.

WORKFORCE MANAGEMENT

- The scaling up of nursing and midwifery capacities, in both numbers and quality, has accelerated.
 - Employment conditions and job descriptions have been re-evaluated.
 - More Member States have ratified ILO resolution C149.
 - Performance incentive schemes and initiatives have been developed and implemented.
 - Positive practice environments have been implemented.
 - Data has been collected and published to improve strategic planning and create national workforce profiles for nursing and midwifery.
-

PARTNERSHIPS

- Synergistic partnerships have been created to provide grants and address faculty needs.
- Fellowships have been created through South-South and North-South partnerships to enhance faculty development.
- Collaborations and partnerships have been formed between educational institutions to improve resource capacity and quality.
- The number of WHO collaborating centres in nursing and midwifery practices and research has been increased.

Conclusion

As the nursing and midwifery professions “reach out and reach further”, their people-centred approach, activities and achievements to date have without doubt contributed significantly to the progress being made towards the MDGs. However, while nurses and midwives can be proud of their achievements, they must not become complacent.

As the global community moves towards and beyond the MDGs, more work is needed. By far the largest group of health providers — the nursing and midwifery workforce — remains understaffed, undertrained and poorly deployed. Accelerating progress towards the MDGs and pursuing an ambitious post-2015 development agenda requires governments, civil society and professional associations to work with educational institutions, nongovernmental organizations and a range of international and bilateral organizations to ensure that the input of nurses and midwives is more actively sought and acknowledged, and that a post-2015 slow-down is avoided.

In order to maximize the contribution of nursing and midwifery to health system strengthening, there is need for action in three areas.

First, ensuring people are at the centre of health-care policies. Member States must continue to help nurses and midwives to maximize their roles, not only as practitioners but also as leaders, in order to empower the profession to cope with the evolving health and demographic changes in society at large.

Second, continuing to support the implementation and improvement of effective information systems and policy instruments. This is vital to anticipate and improve strategic planning for nursing and midwifery services, education and workforce.

The third area is establishing effective ways of enhancing and sustaining investments in nursing and midwifery services. These need to be widely published and disseminated globally to ensure consistency and innovation in nurses’ and midwives’ contribution to health system strengthening.

BACKGROUND

Global mandate

Member States have long acknowledged the essential contribution of nurses and midwives to improving the health outcomes of individuals, families and communities. World Health Assembly resolution WHA62.12 (1) on primary health care (PHC), including health system strengthening, recognized them as front-line service providers engaged in the efforts to renew PHC, based on the core values of equity, solidarity, social justice, universal access to efficient and affordable services, multisectoral action, decentralization and community participation. (2)

Several resolutions on nursing and midwifery which have been passed demonstrate the importance that the World Health Organization (WHO) Member States attach to nursing and midwifery services in achieving better health for communities. The most recent resolution is WHA64.7 (3) which was passed in 2011.

Current developments in nursing and midwifery are taking place in the context of growing demands for accessible and affordable high-quality care and the need for improved access to care and universal coverage. The call to train and retain adequate numbers of health workers with appropriate skill mixes was reiterated in resolutions WHA62.12 (1) and WHA64.7. (3) Nurses and midwives play a pivotal role in all areas of health service delivery: promotion, prevention, treatment and rehabilitation. (2) However, the expanding complexities in health-care provision, the increasing number of health professionals at different levels, and the need to assure more equitable access to health care, all call for action on commitments to scale up the development and implementation of high-quality nursing and midwifery education and practice.

In March 2008 the First Global Forum on Human Resources for Health in Kampala, Uganda, issued 12 calls for urgent action to strengthen the health workforce in the 57 crisis countries. (4) Two years later the United Nations (UN) Secretary-General launched the Global Strategy for Women's and Children's Health, highlighting the need for stronger health systems with sufficient skilled health workers at their core. (5) While recruiting and retaining health workers in rural and remote areas is a challenge for all countries, the situation is worse in the 57 countries that have an absolute shortage of health workers. (6)

Challenges to strengthening nursing and midwifery services

The worldwide shortage of well trained, properly educated health workers, including nurses and midwives, remains a core challenge to achieving universal health coverage. It is estimated that over 2 million more doctors, nurses and midwives are required to address the shortage and to strengthen health systems. (6,7) Acknowledging both human and funding resource constraints, the Director-General of WHO, Margaret Chan, urged countries to focus, not on how to cut health-care spending, but on how to improve health service efficiency, to achieve better use of resources worldwide. (8)

The existing health workforce shortage, compounded by the prevailing funding constraints, poses many challenges to the nursing and midwifery workforce and to service delivery globally. Nursing and midwifery services have for some years been responding to the changes occurring within Member State health systems. Solving these shortages remains a priority for all. (9)

As life expectancy and thus the proportion of older persons increase, changes in health-care services and workforce are necessary, to address not only communicable diseases but also

the growing burden related to noncommunicable diseases, (NCDs). Furthermore, conflict and disaster/crisis situations can stretch health services and workforce systems beyond the limits of their capacities and resources. (8)

These increasing challenges, coupled with rising public demands and the prevailing economic crisis, require the revitalization of PHC, focusing on improved delivery of patient-centred services where they are most needed and increased community participation. (6) However, the largest workforce at the forefront of care delivery globally – nurses and midwives – simultaneously face major concerns about workforce recruitment, retention and skill mix, including increasing demands for high-quality standards and competence in service delivery. (10,11)

Investing in the nursing and midwifery workforce

Greater investment in attracting and sustaining nurses and midwives is urgently needed to enable equitable access to health-care services. (11) This will involve establishing practical and sustainable approaches/mechanisms to accelerate the scaling up of nursing and midwifery services. Systemized, coordinated strategic planning, implementation, monitoring and evaluation are central to reaching this objective and to ensure the most efficient and effective use of available financial and human resources. (12)

Pre-service and continuous education programme standardization, development and access, guidelines, regulation and policy legislation, faculty development, better use of communication and technology to disseminate best practices, enhancing of collaborative and sustainable relationships and much more is paramount for protecting national investments in nursing and midwifery professionals. (8,10,11)

Within a context of austerity, it is important that health policy-makers have access to good information systems for accurate data collection, together with effective policy instruments, in order to anticipate and mitigate the negative health effects of the global financial crisis. This means that nurses and midwives must proactively adopt more decision-making roles at all levels of health systems. (3,10,13,14)

WHO's response

WHO is actively responding to the call for universal health coverage and people-centred care. Its implementation of the strategic directions on strengthening nursing and midwifery services (SDNM) 2002–2008, the Global Programme of Work (GPW) 2008–2009 and the SDNM 2011–2015 continues to provide stakeholders with a flexible framework for collaborative action to achieve the common goal of improved health outcomes for individuals, families and communities through the provision of competent, culturally sensitive, evidence-based nursing and midwifery services. (11,13,14)

WHO regional reports highlight the diversity in the nursing and midwifery professions, not only between, but also within regions. Reforms of the delivery framework for PHC over the past 30 years have typically included changes in the roles of nurses and midwives, who have moved from task-based junior positions within doctor-dominated health-care hierarchies, to autonomous high-level roles as equal partners in multidisciplinary PHC teams.

The WHO Secretariat regularly reports progress on the operationalization of the relevant WHA resolutions. In order to demonstrate in detail the achievements accomplished by WHO and to ensure clarity for the future, a comprehensive report on nursing and midwifery was commissioned.

Nurses and midwives, acting as individuals and as members and coordinators of interprofessional teams, bring people-centred care closer to the communities where they are needed most, thereby helping to improve health outcomes and the overall cost-effectiveness of services. The SDNM (13,14) provides stakeholders with an overarching framework for collaborative action to achieve the common goal enshrined in the 2011–2015 SDNM vision statement:

...IMPROVED HEALTH OUTCOMES FOR INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH THE PROVISION OF COMPETENT, CULTURALLY SENSITIVE, EVIDENCE-BASED NURSING AND MIDWIFERY SERVICES.

Greater participation of nurses and midwives

Nurses and midwives must have an evidence-based education that enables them to meet changing health-care needs, working both on their own and in teams with other professionals along the entire continuum of health and illness. (11) In addition, their work needs to be systematically evaluated to show its efficiency and effectiveness, and they need to be involved in decision-making for health policy, for which preparation must begin in the initial education programme. (15,16,17,18,19)

Those implementing nursing and midwifery services are actively responding to the challenges, which is evident from the new ideas and ways of thinking that are gradually taking root and leading to innovative nursing roles and practices.

To meet the challenges facing the nursing and midwifery professions, necessary steps include the following:

- developing and implementing effective strategies to recruit and retain nurses and midwives to achieve a critical professional mass, making good HRH deficits;
- standardizing entry requirements for pre- and postgraduate education and qualifications to ensure professional mobility;
- building a critical mass of competent educators to train the researchers and global leaders of the future;
- promoting greater multidisciplinary integration into health-care delivery teams at all levels of the care continuum;
- developing new and advanced practice roles with established career pathways from the outset;
- making effective use of available education and training resources.

While there is no “magic bullet” for achieving universal health access, the wide range of nursing and midwifery activities and achievements described in this report of WHO’s experiences, both regionally and globally, offers evidence-based knowledge and serves as a launch pad from which countries, governments, organizations and individuals can draw in their committed efforts to move forward, faster and more efficiently and effectively, with health-care investments.

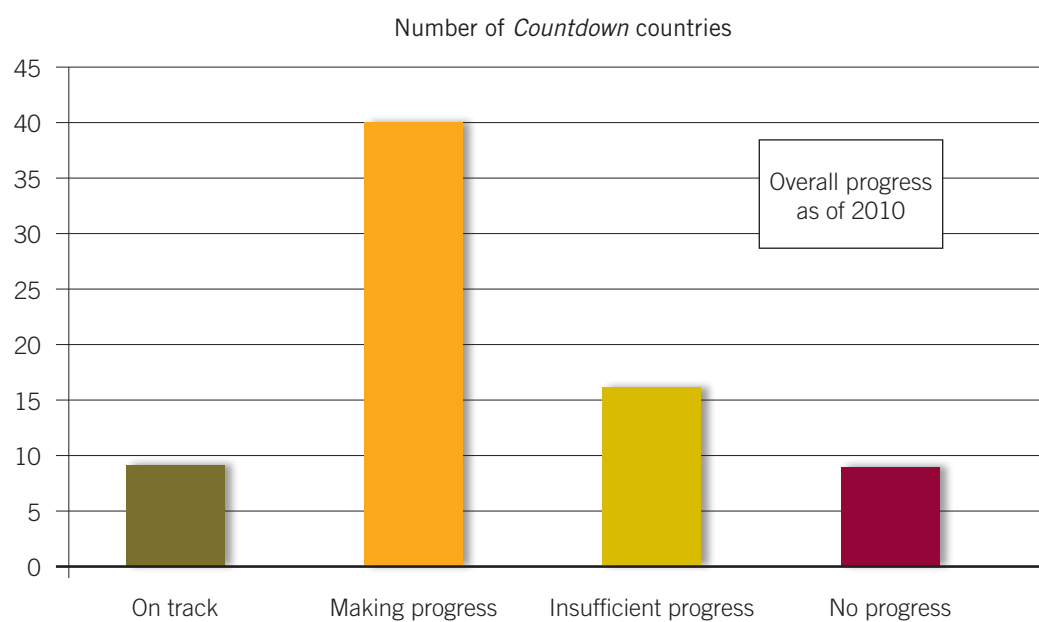
Future perspectives

As the nursing and midwifery professions “*reach out and reach further*” they can certainly be proud of their commitment to a “people-centred health care approach”: the enormous achievements already made by nurses and midwives globally have significantly contributed to the progress towards achieving the Millennium Development Goals (MDGs). (20)

Aiming for universal health coverage offers a basis on which to build future progress, to 2015 and beyond, to ensure consistency and innovation in the contribution of nursing and midwifery services to health system strengthening.

In September 2010 the Secretary-General to the United Nations, Bank Ki-moon, launched the *Global Strategy for Women's and Children's Health*, with goals to save the lives of 16 million women and children by 2015 and to accelerate progress to achieve MDGs 4 and 5. (5) Evidence shows that remarkable progress towards these goals is being made by countries (see Figure 1); this in turn is laying groundwork for future sustainable achievements in this area.

Figure 1. Progress towards MDG 5 in *Countdown* countries



Source: *Countdown to 2015*, analysis based on WHO, UNICEF, UNFPA and World Bank, 2012.

INTRODUCTION

Accelerating progress towards the MDGs and pursuing an ambitious post-2015 development agenda will require governments, civil society and professional associations to work with educational institutions, NGOs and a range of international and bilateral organizations to ensure that nurses and midwives are more actively sought and retained, and that the value of existing staff is better recognized, to avoid the risk of a post-2015 slow-down.

WHA resolution 64.7 underlined the importance of nursing and midwifery:

...RECOGNIZING THE CRUCIAL CONTRIBUTION OF THE NURSING AND MIDWIFERY PROFESSIONS TO STRENGTHENING HEALTH SYSTEMS, TO INCREASING ACCESS TO COMPREHENSIVE HEALTH SERVICES FOR THE PEOPLE THEY SERVE, AND TO THE EFFORTS TO ACHIEVE THE INTERNATIONALLY AGREED HEALTH-RELATED DEVELOPMENT GOALS, INCLUDING THE MILLENNIUM DEVELOPMENT GOALS AND THOSE OF THE WORLD HEALTH ORGANIZATION'S PROGRAMMES...

It is therefore timely to publish the contribution made by nursing and midwifery within WHO, in collaboration with partners, towards the achievement of the relevant WHA resolutions: this is the key objective of this report.

The report presents information gathered from stakeholders on progress as defined in the key result areas of the SDNM 2011–2015, with reference to other recent resolutions on strengthening nursing and midwifery.

Scope and methodology

An open-ended questionnaire was developed to facilitate information gathering. The questionnaire was designed to provide a simple, user-friendly method of gathering rich information on the progress of nursing and midwifery globally. During consultations with the regional advisers at WHO's *Global Consultation on Producing and Developing an Appropriate Midwifery Workforce for Low and Middle Income Countries* in December 2012, it was decided that regional reports should be prepared, then amalgamated at WHO headquarters, in order to gather comprehensive and accurate information within the time-frame required.

The feedback and suggested changes were integrated into the questionnaire, which was emailed to the six WHO regional offices for completion within the time-frame for submitting reports.

Contributors were invited to provide information on progress made in the SDNM key result areas during the period 2008–2012. The five SDNM 2011–2015 key result areas used are:

- strengthening health systems and services;
- nursing and midwifery policy and practice;
- education, training and career development;
- nursing and midwifery workforce management;
- partnership for nursing and midwifery services;

The SDNM 2011–2015 is illustrated in Figure 2.

Particular consideration was given to: activities undertaken or planned, specific achievements, involvement of partner organizations (if relevant), and the outcomes/results expected to be achieved. Monitoring and evaluation approaches were also reviewed. Participants were invited to provide evidence to support responses. The final version of the questionnaire, entitled *WHO nursing and midwifery development – a tool for gathering information on progress*, is set out in Annex 1.

Figure 2. Strategic directions for nursing and midwifery 2011–2015

Source: Adapted from the Strategic directions for strengthening nursing and midwifery services 2011–2015. Geneva, World Health Organization, 2010.

Target audience

The WHO nursing and midwifery programme works with a broad range of partners at global, regional and country levels, all of whom are engaged in health policy development, nursing and midwifery services, development of standards and/or research. These partners are crucial for strengthening nursing and midwifery services, to help nurses and midwives cope with advancing technology and deliver high-quality, evidence-based care.

The report

This report presents WHO's work in nursing and midwifery, viewed from both the global and the regional perspectives. The first section focuses on major activities and progress in the SDNM key result areas globally; the next section addresses activities and progress in the six WHO regions during the period 2008–2012. Reference is made to key activities preceding this period where relevant. Collaborative efforts undertaken with key partners and stakeholders globally are also featured.

The report highlights the contribution of WHO and its partners to the strengthening of nursing and midwifery services in response to the relevant WHA resolutions. Emerging challenges are acknowledged and ways to implement the UN development agenda beyond 2015 are considered.

The report has been peer reviewed by all relevant partners, including the International Council of Nurses (ICN). Summaries of WHO headquarters, regional and country-specific activities and achievements can be found in Tables 1–7. The table in Annex 4 provides an overview of WHO priorities for 2011–2012 including selected indicators.

The background features a dark blue gradient. On the left, a series of concentric, semi-circular arcs in a rainbow color palette (purple, blue, teal, yellow, orange, red, maroon) curve towards the center. On the right, a light blue silhouette of a person wearing a cap and holding a device is visible. The title text is centered in the lower half of the image.

A: WHO'S GLOBAL NURSING AND MIDWIFERY PROGRAMME

Activities concerning nursing and midwifery in WHO are directed towards:

- achieving universal coverage
- provision of people-centred health care
- policy development affecting their practice and working conditions
- the scaling up of national health systems to meet global goals and targets.

WHO's activities in nursing and midwifery are aimed to provide evidence relevant to global health policy and to the development of guidelines on planning for and managing human resources. It also works to:

- build and maintain workforce databases;
- identify and support priority programmes (such as HIV/AIDS, maternal and child health, TB, malaria and mental health);
- provide direction to and chart global trends in nursing education and practice;
- pursue and foster research (for example, on worker migration, shortages and retention, interprofessional education and collaborative practice);
- establish linkages;
- build capacity;
- develop care standards and identify best practices in care.

The overall objective of nursing and midwifery work at WHO headquarters is to contribute to and support the implementation of the SDNM (see Box 1 for a list of key activities). The programme is directly supported by the regional advisers for nursing and midwifery in the six WHO regional offices, as well as the Global Advisory Group on Nursing and Midwifery and the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development.

Box 1. WHO's nursing and midwifery key global activities

Planning and coordinating the biennial Global Forum of *Government Chief Nursing and Midwifery Officers*

Planning and coordinating the biennial *TRIAD* meeting (WHO, ICM, ICN)

Supporting and coordinating the work of the Global Advisory Group on Nursing and Midwifery Development

Collaborating with international partners on common work areas, e.g. with the Centres for Disease Control and Prevention (CDC) on regulation of health professionals, with UNFPA on maternal and child health, and with Jhpiego on health workforce training

Documenting progress in implementing nursing and midwifery activities as outlined in WHA resolutions

Conducting operational research in support of strengthening nursing and midwifery services to ensure universal coverage at community levels

Serving as a focal point for all nursing and midwifery technical issues for WHO at the global level

1. CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES

WHO with the support of its key partners is seeing real progress in strengthening both the professions and health systems. (8)

THE GLOBAL PROGRAMME OF WORK

In December 2007, WHO convened a global consultation in Lusaka, Zambia which identified scaling up of nursing and midwifery services as a priority intervention and resulted in the development of the GPW 2008–2009. (11) The overall aim of the GPW was to strengthen and facilitate mechanisms for scaling up the capacity of nursing and midwifery services to contribute to the achievement of the MDGs.

Building on resolutions WHA59.23 and WHA59.27, the Islamabad Declaration 2007, (21) the Kampala Declaration, the 2006 World Health Report, the Human Resources for Health Work Plan and the Agenda for Global Action, the GPW formed a common framework and strategy to kick-start the scaling up of nursing and midwifery activities across the world in 2008–2009. The GPW was a bridge between the two versions of the SDNM, for 2002–2008 and 2011–2015.

The GPW was implemented in a flexible, dynamic and collaborative way, seeking to enhance human resources for health development, while recognizing diverse country situations and priorities. Countries from six WHO regions were selected to participate in programme implementation: Bhutan, China, Nicaragua, Serbia, Somalia and Zambia. The GPW supported the renewal of PHC, sought to enhance the commitment to health, and called for active engagement by actors from other sectors as participants, partners and otherwise, to ensure quality and safety in nursing and midwifery. Although this project was coordinated from WHO headquarters, there was a concerted collaborative effort by all six WHO regions, especially on site monitoring and follow-up.

The 2008–2009 Global Programme of Work: Summary of implementation demonstrates significant achievements in all six countries with activities providing an impetus to scaling-up the capacity of nursing and midwifery services to contribute to the MDGs. (22)

1.1 Integrating nursing and midwifery services into PHC

30TH ANNIVERSARY OF THE ALMA ATA DECLARATION

During the 30th anniversary of the Alma Ata Declaration (23) that launched the PHC movement, WHO hosted the *International Conference on New Frontiers in Primary Health Care: Role of Nursing and Other Professions* in Chiang Mai, Thailand (2008). Professionals from 33 countries across all six regions working in health-care organizations, communities, universities, government, non-governmental organizations and the private sector unanimously endorsed the Chiang Mai Declaration on Nursing and Midwifery for Primary Health Care. (24) Other key global policy agreements, including the Bangkok Platform for Action: Healthy People for a Healthy World, (25) was also endorsed by governments, health professionals, health-care organizations, academic institutions, NGOs and private sector actors from across all six WHO regions.

COMPENDIUM OF PRIMARY CARE CASE STUDIES

The compendium of primary care case studies includes 38 case studies submitted by 29 countries from all six WHO regions. The project entailed:

- review of the contributions past and present made by nurses and midwives to PHC worldwide;
- identification and dissemination of care models, examples of best practice and the common elements of successful primary care service delivery;
- recognition of the contribution of nurses and midwives to PHC worldwide, and provision of incentives to facilitate the recruitment, motivation and resilience of front-line staff.

These case studies offer guidance on scaling up nursing and midwifery's contribution to leadership and policy-making in PHC and are available at http://www.who.int/hrh/nursing_midwifery/documents/en/index.html

THE STATE OF THE WORLD'S MIDWIFERY 2011: DELIVERING HEALTH, SAVING LIVES

Expanding midwifery capacities to confront the current challenges requires leadership, education and research. *The state of the world's midwifery 2011: delivering health, saving lives*, coordinated by the United Nations Population Fund (UNFPA), is the result of collaborative efforts by 30 agencies and organizations (including WHO) and hundreds of individuals working at national, subnational, regional and global levels. (26)

The report presents a body of knowledge intended to promote the availability of high-quality midwifery services for women and newborns; it aims to make a valuable contribution both to strengthening the midwifery workforce around the world and to the critical planning that is needed to achieve the health MDGs. (26)

Synergistic collaborations are increasingly achieving positive results within WHO's core PHC priority programmes, including HIV/AIDS, maternal and child health, TB and mental health. These synergies have been effective in scaling up new PHC roles in emerging critical health risk factors, such as alcohol and other psychoactive substances, NCDs and emergencies/disasters. (27,28,29)

THE JOINT WHO/ILO/UNAIDS POLICY GUIDELINES FOR IMPROVING HEALTH WORKERS' ACCESS TO HIV AND TB PREVENTION, TREATMENT, CARE AND SUPPORT SERVICES

The health sector is responsible for prevention, diagnosis, treatment and care and can contribute to reducing stigma and discrimination in the context of health services. Countries must protect the health and rights of their health workers by optimizing their working conditions. By protecting health workers, countries can ensure that those providing health services are themselves healthy. This will in turn facilitate people's access to high-quality health services.

These guidelines offer a basis for countries to protect health workers, including nurses and midwives, by making their work environment safer. They are available at http://www.who.int/occupational_health/publications/hiv_tb_guidelines/en/

MENTAL HEALTH AND PSYCHOACTIVE SUBSTANCE USE

Partnerships have been established within priority programmes which integrate nursing and midwifery services into PHC.

For example, *The Atlas: nurses in mental health* is a project that was launched in 2007, followed by a two-week web-based global discussion involving 615 participants from over 80 countries on the challenges and successes in providing mental health care in resource-poor settings. (30)

This led to the development of a regional study on mental health education involving 19 Latin American countries.

Another example is the involvement of nurses and midwives in screening and brief interventions for hazardous and harmful use of alcohol and other psychoactive substances. A literature review resulted in a publication which concluded that nurses and midwives can significantly reduce the hazardous and harmful use of psychotic substances (<http://www.who.int/hrh/resources/substances/en/index.html>). This input can be further enhanced, for example through the development of nationally agreed training programmes in screening and brief interventions. Again this work recognizes the important role of nurses and midwives in this area in primary care settings.

INVOLVEMENT OF NURSES AND MIDWIVES IN NCD CARE AND PREVENTION

NCDs have now overtaken all other causes of morbidity and mortality. Their impact is greatest among the poor and vulnerable and greatly increases demands on health systems. Nursing and midwifery involvement in NCD management at community level includes not only screening/early detection and treatment, but also health promotion and disease prevention; such sustainable interventions contribute to the global priority in the battle to reduce the risk of NCDs. (28) Documentation on the role of nurses and midwives in NCDs is an important contributor to the WHO HRH Observer series.

The document *Enhancing nursing and midwifery capacity to contribute to the prevention, treatment and management of noncommunicable diseases* is available at <http://www.who.int/hrh/resources/observer12/en/index.html>. This document describes the roles of nurses and midwives in policy, advocacy, research, education and practice concerning NCDs. The evidence and intervention options outlined provide an important reference point for policy-makers, researchers, educationalists, nurses and midwives, and other health-care workers. The WHO Global Forum for Government Chief Nursing and Midwifery Officers 2012 statement supports this recommendation, highlighting the need for nurses and midwives to participate in all policy discussions and decision-making bodies that define a country's strategy to deal with NCDs. (15)

NETWORKING AND CAPACITY BUILDING

Communities of practice were established by the WHO Secretariat as a means of bringing together human resources and using them effectively to improve health practices as part of the Global Alliance on Nursing and Midwifery. WHO's work on communities of practice is a collaborative effort with Johns Hopkins University's Faculty of Nursing, USA.

Challenges remain in implementing community health nurse models, particularly where PHC nurse specialists/advanced nurse practitioners work in hospitals. This can lead to conflict in role performance as hospitals tend to be more focused on length of stay and early discharge, leaving health promotion activities de-prioritized and compromised. This dichotomy needs to be more intensively addressed at national policy and planning level.

Despite the global diversity of ways in which nursing and midwifery contributions can be implemented, the need for their integration into primary health-care services and practice is undisputed.

The focal points for nursing and midwifery in all six WHO regions share a desire to accelerate the revitalization of PHC programmes, through:

- multi-country research on the roles of nursing and midwifery in the context of PHC;
- increasing commitment to strengthening nursing and midwifery services through community-based care models, i.e. community health nursing, to respond to the needs of persons with disabilities, chronic conditions and NCDs, and those needing palliative care;

- a concerted drive to enhance capacity building for emergency and disaster responses, infection control and mental health;
- maximizing nursing and midwifery functional distribution through implementation of practice standards and improved models of service;
- increasing collaborative models of care in PHC, using multidisciplinary and multiprofessional teams (integrating other health sector specialists, e.g. environmental health specialists etc.);
- increasing the diversity of nurse/midwife roles through continuous education programmes and the enhancement of community nurse/midwife roles in safe midwifery services;
- increasing the implementation of health promotion practices; ageing populations and the burden of NCDs are a catalyst for these interventions at community-based service level;
- reassessing nursing core competencies in the context of revitalized PHC, leading to more specialist and advanced nurse/midwife practitioner roles;
- creating synergistic collaborations/partnerships with international stakeholders and institutions, linking nursing and midwifery services to WHO's priority PHC programmes.

Critical to the development of global strategies to address the universal health care challenges is the engagement of key partners and stakeholders. This is being achieved through focused activities in all six WHO regions.

1.2 Leadership for health

COMMITTED NURSING AND MIDWIFERY LEADERSHIP

Empowering nurses and midwives to provide leadership at every level of the health system remains key to health system strengthening. Government chief nursing and midwifery officers located in Ministries of Health are professional leaders who perform strategic, management and policy formulation functions.

WHO, ICN and ICM organize biennial global forums involving these leaders, as well as regulatory and professional association leaders, to discuss matters affecting nurses and midwives. This helps to ensure their inclusion in World Health Assembly deliberations. It also ensures that critical health issues affecting nursing and midwifery are taken into consideration in operational planning.

In May 2008, WHO convened its third Global Forum with over 80 delegates and observers in attendance, (over 50% more than at the 2006 inaugural event). (31) The Forum stimulated positive input, and its outcomes supported interventions to strengthen nursing and midwifery capacity:

- final drafts were developed of the GPW 2008–2009 and the SDNM 2011–2015;
- partnership and resource mobilization strategies were formulated;
- a network of government chief nursing and midwifery officers was established.

Building on the success of these outcomes, the WHO Secretariat convened a fourth Forum in May 2010 (WHO/HRH/HPN/11.1) to update the status of health system strengthening within the context of PHC and MDGs 4 and 5, with a focus on leadership practice to ensure successful implementation. (32) Through the global forums of government chief nursing and midwifery officers, WHO empowers nurses and midwives to provide leadership at every level of the health system.

In recognition of the important contribution and crucial role of nurses and midwives as members of multidisciplinary and multiprofessional teams tackling global health concerns, two key meetings were held in 2012 on this issue. The Global Forum focused on strengthening the roles of nurses and midwives in NCDs. The meeting of the International Confederation of Midwives (ICM), International Council of Nurses (ICN) and WHO (collectively referred to as “the Triad”)

focused on contributions made by nursing and midwifery concerning NCDs. Following these discussions, nursing and midwifery leaders committed to address NCDs in the areas of policy, advocacy, research and education.

Both meetings produced statements supporting the need for changes in policy, research and education to better prepare nurses and midwives to tackle the NCD epidemic (<http://www.who.int/hrh/nursing-midwifery/en/> and <http://www.en.ch/nurs/triad-meeting-2012>).

CAPACITY BUILDING

Leadership capacity building models are being implemented in all six WHO regions, ranging from support to countries to develop nursing and midwifery national strategies (which include leadership development at all service delivery levels, implementation of leadership courses, and fellowship award programmes to enhance skill and competence), continuing through to the appointment of nurse leaders at decision-making levels in policy, service provision and faculty.

Leadership training programmes are being offered by ICN worldwide and are supported by all WHO Regions. Continuing to scale up these activities is imperative to ensure a sufficient number of nursing and midwifery leaders at all levels in the health system, particularly at the national level.

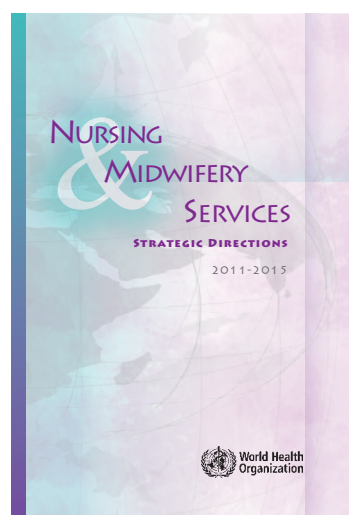


2. NURSING AND MIDWIFERY POLICY AND PRACTICE

WHO'S STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY

Nurses and midwives worldwide are playing a proactive part in ensuring that the health policies, plans and decisions affecting their professions are country-specific and in keeping with the principles of inclusive leadership, effective governance and regulated practice. (14) WHO is guiding this process through technical support to its six regions for operationalizing the SDNMs for 2002–2008 and 2011–2015. Implementation activities and achievements are set out in Section B.

The SDNM action framework was developed to operationalize the WHA resolutions and declarations on strengthening nursing and midwifery. Building on and complementing the SDNM (2002–2008) and the GPW (2008–2009), the SDNM 2011–2015 draws on several key WHA resolutions that are underpinned by the associated global policy recommendations and codes of practice, and offer an overarching framework for collaborative action. (11,13,14)



Strategic directions for strengthening nursing and midwifery services 2011–2015

The SDNM seeks to provide policy-makers, practitioners and other stakeholders at every level of the health-care system with a flexible framework for broad-based, collaborative action to enhance the capacity of nurses and midwives to contribute to:

- universal coverage
- people-centred health care
- policies affecting their practice and working conditions
- scaling up of national health systems to meet global goals and targets.

KEY RESULT AREAS

The key result areas defined in the SDNM are spheres of activity intended to tackle factors impacting the nursing and midwifery professions from achieving the common goal to contribute effectively to primary health care renewal and the WHO global health agenda. (32) Those factors include: poor working conditions, lack of participation in decision-making, limited opportunities for career mobility and excessive workloads, all of which lead to internal and external migration, resulting in shortages of health workers in remote and rural areas, even in high-income countries. (33)

Furthermore insufficient investment in pre-service, in-service and post-basic education and training results in understaffed educational institutions and inadequate skills among leaders, managers and practitioners, leading to poor planning and lower quality health services. Consequently, special attention is being paid to the need to build a reliable database on the health workforce, especially nurses and midwives. (34)

The SDNM provides both a framework for WHO action to support countries in improving the quality of nursing and midwifery services, and a possible guide for action at national levels.

The global survey on monitoring progress in nursing and midwifery based on the SDNM 2002–2008 showed that 60% of the respondent Member States indicated they had tools in place to work with communities and policy stakeholders to enhance the awareness of contributions made by nurses and midwives towards achieving health targets. (34) Provision of technical support for the development of the SDNM in the African and Eastern Mediterranean regions was identified as a priority for 2011–2012. Currently, the six WHO regions are at various stages of SDNM implementation, which most regions have adapted to meet their own specificities.

2.1 Enhancing the professional standing of nursing and midwifery

THE GLOBAL ADVISORY GROUP ON NURSING AND MIDWIFERY

Ensuring that nursing and midwifery policies are an integral part of overall health policy-making, a multidisciplinary group of professionals, the *Global Advisory Group on Nursing and Midwifery Development* (the Advisory Group), provide the WHO Director-General with policy advice on strengthening nursing and midwifery within the context of WHO's programmes and priorities. The creation of the Nursing and Midwifery programme area at WHO headquarters is one of the positive actions resulting from the Advisory Group's recommendations.

Advisory Group members include nursing and midwifery leaders along with multidisciplinary health experts and senior policy-makers from ministries of health. A minimum of 50% of the members are nurses and midwives. Advisory Group meetings are a platform for members to discuss technical issues affecting nursing and midwifery; their views are reflected in the policy advice submitted to WHO.

Until 2010 the Advisory Group met biannually. During the 11th Advisory Group meeting (17–18 March 2008) participants reviewed the draft GPW to scale up the capacity of nursing and midwifery services and discussed related issues: PHC, the strengthening of the health system and strategic directions for strengthening nursing and midwifery. (16) A broad range of topics pertaining to PHC served as a basis for future deliberations on the integration of nursing and midwifery into PHC.

The 13th Advisory Group meeting (17) focused on the key areas of: interprofessional collaboration, accelerated human resources for health response to maternal newborn health (MDG 5), scaling up nursing education, as well as strengthening nursing and midwifery based on WHA resolution 59.27.

Key recommendations from the 13th Advisory Group meeting include the operationalization and monitoring of the *Framework for action on inter-professional education and collaborative practice*. (35)

The Advisory Group is currently being reviewed in order to strengthen its role.

SCALING UP THE CAPACITY OF NURSING AND MIDWIFERY

The MDGs, WHO priorities, programme requirements and the growing human resource crisis, particularly the nursing and midwifery shortages, all point to the need for sound policy advice and action. (7,33,34)

Resolutions WHA59.23 (10) and WHA59.27 (12) call on Member States to support countries in strengthening nursing and midwifery and in scaling up production of the health workforce. In response, WHO headquarters in collaboration with the Ministry of Health of Zambia and the WHO

Regional Office for Africa, held a global consultation in December 2007 on scaling up nursing and midwifery capacity. (18) <http://www.who.int/hrh/hpn/081>

Over 55 participants representing a broad range of partners attended the consultation (including Anglophone, francophone and lusophone) from global and regional levels. This global consultation was a key step in the implementation of the 2007 Islamabad Declaration (21) which focuses on three main areas:

1. scaling up nursing and midwifery capacity;
2. skill mix of existing and new cadres of workers;
3. positive workplace environments.

The achievements of the consultation included further development of the framework for the global scale-up of nursing and midwifery capacity, sharing and documentation of lessons learned and the production of a draft programme of work for the scale-up for 2008–2009. (18)

POSITIVE PRACTICE ENVIRONMENTS

Responding to the responsibility to protect the health and rights of their workers by optimizing their working conditions, ILO, UNAIDS and WHO continue to work together to find common solutions to health challenges for health workers. The joint WHO, ILO and UNAIDS policy guidelines for improving health workers' access to HIV and TB prevention, treatment, care and support services is an example, promoting the protection of health workers and ensuring that those providing health services are themselves healthy. (36) This will in turn facilitate people's access to high-quality health services and promote positive practice environments for health workers.

2.2 Nursing and midwifery evidence base

ADVANCING PROFESSIONAL DEVELOPMENT

Establishing legislative frameworks that support better health system conditions, and implementing a system for advancing nurses and midwives to higher educational levels, are prerequisites for enabling nurses and midwives to participate equally and effectively in decision-making, to play a role in public health and community development, and to contribute to knowledge generation and the expansion of the evidence base for professional practice. (14)

The engagement and empowerment of both staff and communities has been identified as a key requirement for success.

The *Compendium of Primary Care Case Studies* (37) was part of a year-long project led by the WHO Office of Nursing and Midwifery. The project aimed to maintain, improve and scale up the contribution of nurses and midwives to PHC worldwide within the context of interprofessional teams.

DATA COLLECTION

A critical factor in HRH planning is the collection of accurate data. (10) Without this, planning is no more than a futile and time-consuming exercise. WHO has supported the creation of Human Resources for Health (HRH) Observatories in four regions. These observatories involve networks of all stakeholders in health workforce development and are a resource for producing, sharing and utilizing information and evidence to support the development of policies and strategies and the monitoring of policy implementation. In the WHO Region of the Americas more than 25 countries have established national HRH observatories.

WHO has developed tools to help countries to approach human resource planning in a systematic manner. The Workload Indicators of Staffing Need is one such tool.

PROMOTING RESEARCH

Between 2010 and 2012 WHO conducted a multinational study of the practice of community health nursing. The goal of the study was to determine the existing education and scope of practice of community health nursing, with emphasis on countries experiencing a critical shortage of human resources for health. Specific objectives were to:

- a) identify factors in the training of community health nurses that influence the optimization of their practice at community level;
- b) determine the roles of community health nurses at PHC level in developing countries;
- c) identify policies, regulatory mechanisms, standards and guidelines of practice that are key to maximizing the role of community health nurses at PHC level;
- d) document feasible strategies for human resource development for the optimization of community health nursing practice.

FINDINGS

- A total of 22 countries from all six WHO regions participated in the study. All responding countries had clear policy frameworks for managing nursing and midwifery services, and considered community health nursing to be an important category of the health workforce. Eight of the 18 countries had specific regulations for community health nursing practice, while all the others based their practice on general nursing.
- In 20% of the countries surveyed, community health nursing was considered a specialization (post-basic level). Although the practice differed from country to country, in all participating countries community health nurses had broader functions than registered nurses.
- All countries had established professional associations. However, only 56% addressed community health nursing issues for its members. All participating countries consider a weak community health nursing profession has contributed to gaps in health service delivery at community level.
- Constraints in education and training, management, and career pathways have directly influenced this outcome. Support for community nursing programmes can be a way of improving their effectiveness taking into account the health team approach and thereby playing a pivotal role in supporting other community-based health workers.

Analysis of study findings is still in process.

In a joint effort to improve the health of women and children, WHO and partner programmes, UNAIDS, UNFPA, UNICEF and the World Bank, are working together to accelerate progress towards achieving MDGs. Over the past year WHO has actively participated in the H4+ midwifery workforce assessments being carried out in four High Burden Country Initiative countries: Afghanistan, Bangladesh, Ethiopia and Tanzania. The core question is:

“WHAT IS THE APPROPRIATE MNH [MATERNAL AND NEWBORN HEALTH] WORKFORCE, AND HOW IS IT BEST DEPLOYED, TO EQUITABLY DELIVER ESSENTIAL MNH INTERVENTIONS AT SCALE AND QUALITY, AND WHAT (INCLUDING COSTS) NEEDS TO BE PUT INTO PLACE TO ACHIEVE UNIVERSAL ACCESS?”

The aim of these assessments is to provide governments, development partners and stakeholders with a set of costed scenarios to help increase the midwifery workforce within the specific context of their country. The assessments take into consideration the future population needs (expected pregnancies) up to 2020 and assess the health system, medical and midwifery education system, labour market dynamics, policy surroundings and financial situation of a country to derive a set of policy options that can realistically be implemented to achieve better coverage of MNH services. Assessments have been performed and reports will soon be available for the four countries mentioned above. Policy dialogue with the government is being initiated by the H4+ country offices to finalize the endorsement and to begin policy implementation. New assessment processes will start soon in Mozambique and Nigeria. Several francophone countries are beginning the process with the support of French Muskoka funds. Further details and country updates can be found at <http://integreare.es/h4-high-burden-countries-initiative-the-reports/>



3. NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT

EDUCATION DEVELOPMENT

WHO is committed to enhancing institutional capacity for suitably skilled practitioners to provide comprehensive people-centred services. This involves providing technical support for the development of national plans to scale up competency-based education/training programmes to meet workforce shortages and new health-service needs.

In most developing countries nursing, midwifery or health professional educational institutions are often without national formal accreditation mechanisms. Intensive action is being taken to improve educational standards, faculty capacities and curricula.

Countries and networks globally are implementing a variety of mechanisms to improve the quality, relevance and availability of nursing and midwifery education and training. Educational strengthening initiatives are taking place within many developing, less well- resourced countries, combined with cross-border partnerships with educational institutions in more developed countries and as part of regional and sub-regional education networks.

3.1 Nursing and midwifery workforce supply

STRENGTHENING THE NURSING AND MIDWIFERY WORKFORCE

At a time when the world is facing a shortage of health workers, policy-makers are looking for innovative strategies that can help develop policy and programmes to bolster the global health workforce. The call to train and retain adequate numbers of health workers with an appropriate skill mix was reiterated in resolutions WHA62.12 and WHA64.7. (1,3) The need for global standards is due to several reasons: the increasing complexities in health-care provision, the increasing number of health professionals at different levels, and the need to ensure more equitable access to health care.

The Global Programme of Work on Scaling-Up Nursing and Midwifery Capacity to contribute to the MDGs was introduced during the Meeting of Focal Points on the Implementation of the Global Programme, 23–24 March 2009. (11) The meeting highlighted a major collaborative effort, with the attendance of over 80 delegates representing 55 countries from the six WHO regions, observers from WHO Headquarters and regional office staff, members of the WHO Global Advisory Group on Nursing and Midwifery, the Global Health Workforce Alliance (GHWA), the Global Network of WHO Collaborating Centres, ICM, ICN, ILO, the *American Journal of Nursing* and the Victorian Order of Nurses of Canada.

The key outcome of this meeting was to support and stimulate initiatives to strengthen nursing and midwifery capacities.

The WHO Human Resources for Health Department and the President's Emergency AIDS Relief Fund (PEPFAR) convened a joint meeting in Geneva, Switzerland in October 2009. The goal of this international collaboration was to support the new efforts of governments and development partners with sound policy and technical guidance and implementing mechanisms to help scale up the number of health-care workers, specifically doctors and nurses. (38) Supported by ICN

as part of the Guidelines Core Development Group, guidelines were developed to increase the numbers of health professionals being educated and contribute to improving the quality and relevance of health-care graduate education globally.

This international initiative envisages a process of policy development to link different sectors (such as health, education, labour and finance) in the effort to increase the numbers of doctors and nurses; it foresees growth and transformation of institutional and clinical capacity in accordance with national HRH plans and specific country health needs; it also places medical and nursing education in the context of the health system so that education, training, research, and service delivery work in synergy. The work aims to facilitate implementation from the start by strengthening country and regional technical partnerships to operationalize selected interventions in certain countries.

This work is building on the previous WHO/PEPFAR collaborations and will involve a wide range of other partners including academic and training institutions from around the globe, professional associations, UN agencies, multi-lateral and bilateral development partners, civil society and implementers.

POLICY DEVELOPMENT

WHO continues to engage with stakeholders and experts to inform policy guideline development. A number of consultations have been held to identify key issues and to build consensus around the need for educational and policy reform. The process of guideline development, including the data generated, is being reviewed and analysed by appropriate peers and stakeholders.

The WHO based Secretariat has established a body of experts who are engaging with and informing the work on a regular basis. Five reference groups have been formed, on: medical education; nursing and midwifery education; regulatory bodies and professional associations; policy-makers; and community.

In July 2010 the first meeting of the technical reference group on nursing and midwifery education informed participants about the goals and objectives of PEPFAR's Nursing Education Partnership Initiative (NEPI). (38) Building on this foundation, the dynamic synergy between the WHO departments for Health Systems Policies and Workforce (HSS/HPW) and for Maternal, Newborn, Child and Adolescent Health (FWC/MCA) has contributed greatly to the scaling up of nursing and midwifery education. (39)

In December 2012, WHO convened a global consultation in Geneva, Switzerland, on the *production and development of an appropriate midwifery workforce for low- and middle-income countries*. Participants included specialists from WHO headquarters, the WHO Secretariat, regional nursing advisers, WHO collaborating centres, nursing and midwifery directors from Member States, and a wide range of global experts and representatives from ICM, ICN, CDC, UNFPA and Jhpiego.

The consultation represented a critical step in the scaling up of nursing and midwifery education with significant outcomes achieved in the updating of midwifery competences for faculty and the status of evidence established on benchmarks for the planning of midwifery services.

3.2 Training resources

GLOBAL STANDARDS FOR INITIAL NURSING AND MIDWIFERY EDUCATION

The global variation in the levels of initial education for professional nurses and midwives can no longer be ignored. Many countries still consider initial education programmes at secondary school level to be sufficient, while others require university-level education for entry into the

nursing and midwifery professions. Education and training overcome issues including the shortage of nurse educators and poor quality education and training. It can contribute to the introduction of global standards and the upgrading of infrastructure, as well as increasing resources.

The goal of “*Global standards for initial education of professional nurses and midwives*” establishes education criteria and assures outcomes that are evidence- and competence-based, promoting the professional nature of education and life-long learning and ensuring the employment of practitioners who are competent and who by providing high-quality care promote positive health outcomes in the populations they serve. (19) Implementation of global standards could also simplify recruitment practices.



GLOBAL STANDARDS FOR THE INITIAL EDUCATION OF PROFESSIONAL NURSES AND MIDWIVES 2009

In developing global educational standards, close attention has been paid to practice differences and the essential education components required for high-quality service provision. Implementation of the standards is facilitating progress towards the highest level of education attainable in a country or region, assuring equitable and appropriate placement of nurses and midwives.

It is the task of policy-makers in each country to determine time frames for the implementation of global standards. Some countries may adopt a step-wise approach choosing to first implement programmes to meet urgent country needs and build on them subsequently.

INTERPROFESSIONAL COLLABORATION

The “*Framework for action on interprofessional education and collaborative practice*” highlights the current status of interprofessional collaboration worldwide, identifies the mechanisms that shape successful collaborative teamwork and outlines a number of actions that policy-makers can apply within their local health system. (35) The framework provides strategies and ideas to assist health policy-makers establish the elements of interprofessional education and collaborative practice that will be most beneficial in their own jurisdiction. Member States in all regions are implementing a variety of mechanisms to improve the quality, relevance and availability of nursing and midwifery education and training.

TOOLKIT FOR STRENGTHENING MIDWIFERY

Efforts have been made over the past several decades to review effective interventions for improving pregnancy and childbirth outcomes. A clear consensus has emerged from these analyses that providing skilled care at every birth is an essential component of interventions to reduce maternal and perinatal morbidity and mortality. Well trained, competent midwives are a primary cadre of skilled birth attendants. Increasing the number of midwives available to provide high-quality maternity care is critical to achieving the skilled attendant objective. (40) The WHO *Strengthening Midwifery Toolkit* provides nine modules which focus specifically on strengthening the central role and function of the professional midwife in the provision of high-quality care during pregnancy and childbirth, and in other reproductive and sexual health services. (41)

INNOVATIVE APPROACHES

Other innovative approaches are being developed, evaluated and disseminated on all aspects of education, with a particular emphasis on optimizing the use of technology. Guidelines for evaluating basic nursing and midwifery education programmes are being translated from English into French and Portuguese in an effort to address variations in education and training through standardization, identifying and bridging existing ‘theory-practice gaps’.

Mapping of nursing and midwifery education and regulatory situations is being implemented, with findings reflecting regional and country variations in type and quality of nurse education. Institutional capacities are being strengthened through the twinning of nursing and midwifery schools, and partnerships with WHO collaborating centres. South-South and North-South collaborations are being identified and implemented in all six WHO regions to support faculty development and sustainable academic quality improvements through accreditation. Funding constraints are leading to increasing exploration of partnerships to provide grants and address faculty and equipment needs.

3.3 Career development

PROMOTING NURSING AND MIDWIFERY PROFESSIONS

Nursing and midwifery expertise continues to be developed through post-basic education, mentoring and other career development activities. Increasingly, approaches and programmes are being more efficiently implemented so that nurses and midwives can build on their qualifications and experience to become effective leaders and managers.

A series of seminars on *“Professionalism and prestige: perspectives on international nursing”* took place in 2008 to highlight the contribution of nursing and midwifery within the context of PHC renewal. Utilizing PHC as a framework, a video *“Nurses and midwives: now more than ever for a healthy world”* was jointly produced by WHO and the Nightingale Initiative for Global Health. (42) The video demonstrates the involvement of nurses and midwives in PHC from the 1950s to 2009 and was made available in English, Portuguese Mandarin and Russian language versions.

A key outcome of the global consultation on *“producing and developing an appropriate midwifery workforce for low- and middle-income countries”* in Geneva, Switzerland in December 2012 was the draft of a common platform for strengthening national midwifery service planning, education and training capacities. Recommendations on midwifery educator competencies are currently under review in preparation for publication and dissemination.

NURSES AND MIDWIVES AT WHO HEADQUARTERS

In 2008 the WHO Secretariat conducted a review of the recruitment of professional staff at WHO headquarters, focusing on the nursing and midwifery professions from 2003 to 2008. Nurses then represented 1.04% of the WHO workforce at its headquarters. Only four positions were specific to nursing and midwifery. Consequently, strategies have been developed to disseminate WHO professional vacancies to a broader nursing and midwifery constituency. As the leader in global public health issues, WHO is committed to help train future health-care leaders. Despite these efforts, the numbers of nurses and midwives at WHO continue to decline.

Intern/scholarship programmes continue to attract individuals to experience international public health. These scholars work on projects in support of the WHO nursing and midwifery programme for up to 3 months.

NURSES AND MIDWIVES GLOBALLY

Institutionalized programmes are in place for continuous professional development, including advanced clinical practice, mentoring and talent management. Regionally, adaptation of core competencies in post-basic nursing programmes is being introduced and extension of roles within the PHC context is being developed, such as family health nursing and advanced nursing practice. In countries where educational facilities are lacking, links are being developed with neighbouring countries' educational institutions, resulting in cross-border synergies which benefit both countries.



4. NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

WORKFORCE CHALLENGES

Policy-makers create an enabling environment for the nursing and midwifery workforce to meet challenging health needs. While the global demand for greater human resources for health planning is an established fact, to be as efficient and cost-effective as possible such planning must be carried out with care and based on up-to-date and reliable data on populations' health-care needs and available resources. (10) Workforce distribution imbalances are prevalent and pose challenges within all regions.

GLOBAL CODE OF PRACTICE

Migration of the health workforce remains a critical issue in both developed and developing countries. A WHO Technical Group on Migration in collaboration with GHWA and Realizing Rights conducted a literature review of existing codes of practice, bilateral agreements and memoranda of understanding as a basis for developing a framework for the *Global Code of Practice on International Recruitment of Health Personnel*. (43) The WHO Code of Practice, comprising 11 articles, has been ratified and is a basis for promoting voluntary principles, standards and practices, improving legal and institutional frameworks, formulating and implementing bilateral agreements, as well as engaging in international discussions and advance cooperation on issues relating to international migration.

During the 1970s, ILO and WHO jointly developed standards for adequate nursing personnel policies and working conditions. The ILO's *Nursing Personnel Convention (C149)* and the *accompanying Recommendation (R157)* were adopted in 1977. (44) To date 37 countries have ratified C149 (see Figure 3). Many other countries, employers, workers' organizations and professional associations have referred to and drawn inspiration from R157.

Competitive international health worker migration will have a significant impact on the workforces of lower-income countries; this requires effective and timely intervention to avoid even greater workforce imbalances in the future.

Developed countries are being encouraged to adopt binding codes of conduct governing ethical recruitment practices, to compensate countries from which health professionals are being recruited and to commit to official policies of health workforce self-sufficiency at the national level. WHO continues to work with Member States to improve working conditions for nurses and midwives and other health workers.

Figure 3. Countries that have ratified the ILO nursing personnel convention 1977 (c149)

COUNTRY	RATIFICATION YEAR	COUNTRY	RATIFICATION YEAR
Azerbaijan	1992	Kyrgyzstan	1992
Bangladesh	1979	Latvia	1993
Belarus	1979	Malawi	1986
Belgium	1988	Malta	1990
Congo	1986	Norway	1989
Denmark	1981	Philippines	1979
Ecuador	1978	Poland	1980
Egypt	1982	Portugal	1985
Finland	1979	Russian Federation	1979
France	1984	Seychelles	1993
Ghana	1986	Slovenia	2003
Greece	1987	Sweden	1978
Guatemala	1995	Tajikistan	1993
Guinea	1982	Tanzania	1983
Guyana	1983	Ukraine	1979
Iraq	1980	Uruguay	1980
Italy	1985	Venezuela	1983
Jamaica	1984	Zambia	1980
Kenya	1990		

Source: ILO, ILOLEX database; available at www.ilo.org/ilolex

4.1 Performance enhancement

PERFORMANCE MANAGEMENT POLICY

Performance management has the potential to increase the productivity of health workers significantly, by improving knowledge and skills, changing attitudes, and ensuring workers feel appropriately recognized as valued members of the wider health system. (45) Performance management can include many elements, such as supportive supervision, job descriptions, continuous education and performance appraisal. Fostering positive work environments in this way can significantly improve recruitment and retention. (45)

WHO global survey findings on nursing and midwifery suggest there is a relationship between the effectiveness of policies to improve working conditions for nurses and midwives and certain MDG indicators. (34) Improvements in HRH not only enhance the working conditions of nurses and midwives, but also have a direct impact on population health outcomes.

One of the other conclusions is that, while it may be important to develop national human resource policies for nurses and midwives integrated into the national HRH plans, their establishment alone is not sufficient to effect positive changes in working conditions. Regulatory bodies that monitor working conditions and set standards appear to be even more important.

The study indicated a clear need for global improvements in nursing and midwifery human resource practices, particularly related to training, recruitment and retention initiatives. (34)

PROMOTION OF SAFE AND POSITIVE PRACTICE ENVIRONMENTS

The development of positive practice environments is a growing strategy to enhance equitable, gender-sensitive working conditions with appropriate levels of compensation, social protection, and respect of health and safety standards and practices. (46) There is a positive trend to vaccinate nurses, midwives and other health workers against hepatitis B. Health and safety training workshops have been held encouraging participants to share their experiences and increase their knowledge and skills on infection control procedures. While the levels of implementation and enforcement differ from region to region, efforts are being made in less developed countries to ensure that infection control measures are being applied in line with existing strategies in national health-care systems. (47)

Such practices contribute to developing a modern, robust human resource management system. Progressive positive employment policies enhance nurse and midwifery recruitment and retention. (11)



5. PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

Health system development needs to be driven not only by outcomes but also by shared values, in order to obtain better health, fairness and responsiveness. Progress is directly linked to how well health systems carry out four key functions: stewardship, financing, service provision and resource generation.

5.1 Stewardship and governance

Stewardship and governance of nursing and midwifery services require the involvement of governments, civil society and the professions to ensure high-quality care. Both individually and collectively, health-care practitioners can play a major role in regulating the professions and setting standards for care. As responsible and accountable stakeholders in the delivery of care, health personnel (especially nurses and midwives) must engage with the forces that drive health care and become more involved in policy-making.

GOVERNANCE STRATEGIES

Key strategies being used to help governments strengthen their health systems (especially nursing and midwifery services) are:

- fostering partnerships to sustain investments to strengthen national HRH governance capacities;
- enabling nurses and midwives to partner with government departments in multisectoral efforts to integrate health into all relevant health policy-making;
- maximizing the contribution of nurses and midwives to health and development goals through interprofessional and multisectoral collaboration;
- developing tools to improve partnerships among health services, professional associations, government departments, research/educational institutions and communities.

Supporting the work of priority WHO programmes demonstrates how interdepartmental synergies and community collaboration can best work to support stewardship and governance through efficient and effective use of resources.

The SDNM 2011–2015 offers guidance on key mechanisms in partnership for nursing and midwifery services. (14) Multi-year plans for strengthening the capacity of nursing and midwifery services are being developed for each region coordinated by WHO with partner organizations taking the lead on specific objectives and activities identified in the plan. These focus on:

- developing models for joint planning, implementation, monitoring and evaluation of sustainable nursing and midwifery services;
- disseminating successful collaboration models among nursing/midwifery services and other disciplines;
- identifying and enhancing current networks to foster close working relations between governments, professional associations, unions and educational institutions for the ongoing development of nursing and midwifery services ;
- developing close networks to support the design and implementation of health programmes capable of meeting new and future challenges;

- facilitating networks through practice communities to help improve the quality of nursing and midwifery services;
- enhancing interprofessional collaboration to promote education, research and practice, especially at postgraduate level or within the framework of continuing education.

Regions are reporting progress on aligning work plans with partners, networks and WHO collaborating centres, potentiating opportunities in many countries to achieve more with the same resources. (11) Successful partnerships benefit all involved, increase the chance of long-term sustainability and offer examples of best practice which can be applied in future initiatives.

5.2 Collaborative activities with partners

Active, systemic collaboration with community-based organizations, health professional groups and governments is encouraged among nursing and midwifery organizations. WHO collaborates with a broad range of partners, as evidenced in this report.

THE GLOBAL NETWORK OF WHO COLLABORATING CENTRES

The Global Network of WHO Collaborating Centres (the Global Network) is part of an institutional collaborative network set up by WHO to support its technical work. The Global Network also aims to maximize the visibility of members' collaborative activities and disseminate relevant information on nursing and midwifery globally. There are 44 WHO collaborating centres for nursing and midwifery services worldwide. Specific information about activities supported by the collaborating centres is described in the Section B. The WHO Collaborating Centre for Nursing Research Development at the University of São Paulo at Ribeirão Preto College of Nursing, Brazil is coordinating the Global Network.

PROMOTING PARTNERSHIPS

It cannot be ignored that developing and sustaining partnerships and collaborations is challenging, time-consuming, and calls for individual and team innovation, resourcefulness and transparent communication. Nurses and midwives are responding to these challenges and steadily increasing capacities to reduce and overcome resource obstacles through careful planning and networking during the exploration phase of partnership development.

Other active WHO internal collaborative partnership examples are seen in work being undertaken on PHC community-based interventions for pandemic influenza as part of the WHO global influenza programme. Building on the training programme facilitated in Geneva, Switzerland in September 2008, a further meeting was convened in Shandong, China where over 180 participants attended a course on *Training of trainers: Infection control of pandemic/epidemic-prone acute respiratory diseases in health care including home and community care*. (47)

The programme developed training materials to help mitigate the transmission of epidemic/pandemic-prone respiratory pathogens within community- or facility-based health care. Training sessions were carried out in Mandarin and English. As part of the collective agreement between WHO and the participating countries, the WHO Collaborating Centre for Research and Training for Nursing Development in China, and Yonsei University College of Nursing in Korea were nominated to monitor the implementation of acute respiratory disease activities in participating countries (China and Hong Kong, Thailand, Korea, Bahrain, Egypt and Jordan).

A key outcome of this collaboration was that the centre would create a website specific on acute respiratory diseases. (47)

Synergistic partnerships are created using available resources more efficiently and effectively, thus benefiting all teams and individuals involved and increasing the chance of successful and sustainable outcomes. Examples of such synergies are seen in WHO headquarters' collaborations with the Department of Human Resources for Health, the Global Influenza Programme, and the Safe Injection Global Network. Examples at the regional level include the Nursing and Allied Health Personnel Unit in the WHO Regional Office for the Eastern Mediterranean. Through regional workshops, e.g. the Infection Prevention and Control workshop conducted in Beirut, Lebanon (48), WHO is building the capacity of front-line workers, especially nurses, midwives and health programme managers, on control of acute respiratory disease infection, as well as injection safety. Action plans were drafted and key partners identified to support recommendations on acute respiratory diseases, injection safety, and infection control. (48)

Chief nursing and midwifery officers networking has improved in all six WHO Regions, and ranges from informal networks as seen in the WHO Region of the Americas (where language variation is an issue) to formal agreements with charters established in the WHO Region of the Western Pacific. Sustainability concerns in all regions are under active consideration. Figure 4 illustrates the most significant obstacles to strong partnerships.

Figure 4. Summary of obstacles to strong partnerships



WHO's extensive regional collaborative activities are highlighted in Section B: WHO Reports from Regional Offices. Table 1 summarizes WHO headquarters' achievements.

Table 1. WHO headquarters: Summary of Activities and Achievements

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES				
Contribute to people centred-care	Strategic directions for nursing and midwifery 2002–2008	Global	Development and implementation support to WHO's six regions	ICN, ICM and WHO regional offices. ILO, UNICEF
	Global Programme of Work (GPW) 2008–2009	Bhutan, China, Nicaragua, Serbia, Somalia, Zambia	Development and implementation in WHO's six regions	WHO regional nursing advisers for nursing and midwifery and , implementing country focal points
	GPW evaluation	Global	Publication of <i>Scaling-up the capacity of nursing and midwifery services to contribute to the MDGs</i> (2010)	Six implementing country focal points
	Role maximization	Sudan, Zambia	Publication of <i>The role of nurses and midwives in polio eradication and measles control activities: a survey in Sudan and Zambia</i>	WHO HQ, Global Polio Eradication Initiative, Federal Ministry of Health Sudan, WHO country offices in Sudan and Zambia
	PHC integration (infection control in communities)	China	Training of trainers: infection control of pandemic/ epidemic-prone acute respiratory diseases in community settings (2008) 180 participants	WHO HQ, trainers from participating countries (Bahrain, China/Hong Kong, Egypt, Jordan, Malaysia, Republic of Korea)
	Strengthening evidence on mental health nursing workforce	Global	Launch of <i>Atlas: nurses in mental health 2007</i>	WHO priority programmes (mental health and substance abuse)
	Documenting the contribution to PHC		<i>Now more than ever</i> series since 2007	Nightingale Initiative for Global Health
	Strengthening the roles of nurses and midwives in noncommunicable diseases		Contribution of nurses and midwives to NCD management – publication	University of San Francisco, faculty of nursing, WHO priority programmes (department of non communicable diseases and health promotion, Tobacco Free Initiative, Interventions for Healthy Environments)
	Emergency/disaster response	Global	Support the development of competencies in disaster/post-conflict settings	WHO South-East Asia and Western Pacific regions, WHO priority programme (Health action in crisis)

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
	Community health nursing	Global	Two-year study 2010–2012	22 Member States (government chief nursing officers, registrars of nursing councils, professional associations and regional advisers), WHO regional Offices
Strengthen leadership	Policy and strategy in nursing and midwifery	Geneva, Switzerland	Global Forum (2008) on strengthening nursing and midwifery capacities	Government chief nursing and midwifery officers, delegates from Member States
		Geneva, Switzerland	Global Forum (2010) on leadership practice to strengthen health systems towards achievements of MDGs 4 and 5	Government chief nursing and midwifery officers, ICN, ICM
		Geneva, Switzerland	Global Forum (2012) on management of NCDs in the community	Government chief nursing and midwifery officers, delegates from Member States
	Leadership training programmes	Global	Collaboration with ICN and support to WHO regions in leadership programme implementation	WHO regional nursing and midwifery advisers, ICN

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
NURSING AND MIDWIFERY POLICY AND PRACTICE				
Promote nursing and midwifery policy development	Strategic planning	Global	Collaboration with UNFPA-led study <i>The state of the world's midwifery 2011: delivering health, saving lives</i>	WHO, UNFPA, UNICEF and other international agencies
	GPW Implementation		Supporting WHO regional advisers with GPW and SDNM implementation	WHO regional advisers
	Monitoring and evaluation	Global	Evaluation of SDNM 2002-2008 implementation	WHO regions and Member States governments
	Strategic planning	Geneva, Switzerland	Bi-annual meeting of Global Advisory Group on Nursing and Midwifery (2008) focus on scaling up capacity of nursing and midwifery in PHC	Global Advisory Group on Nursing and Midwifery
	Policy and technical meetings	Geneva, Switzerland	Bi-annual meeting of Global Advisory Group on Nursing and Midwifery (2010) focus on inter professional collaboration, accelerating HRH response to MDG 5 and scaling up nurse education	Global Advisory Group on Nursing and Midwifery
	Global consultation on implementation of Islamabad Declaration (2007)	Geneva, Switzerland	Scaling up the capacity of nursing and midwifery (2007) – draft programme of work for 2008 developed	WHO Regional Office for Africa, Ministry of Health, Zambia, ICN, ICM, Global Advisory group members
Strengthen regulatory frameworks	Enhancing standing of nursing and midwifery	Global	Collaboration with partners on the development of guidelines to enhance standing of nursing and midwifery	Member States
		Global	Operationalization and monitoring of the <i>Framework for action on inter-professional education and collaborative practice (2010)</i>	Global Advisory Group on Nursing and Midwifery, educational institutions, Network for Interprofessional Collaborative Practice
Establish evidence base	Contribution of nursing and midwifery to PHC – WHO 'Now More Than Ever' series	Global	Collaboration on the development of the 'Compendium of Health Care Studies'	WHO regional advisers, Member States, nursing and midwifery organizations
	HRH observatories	WHO regions	Collaboration on data collection	WHO regional offices, stakeholder networks

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT				
Develop educational standards		Geneva, Switzerland	Global standards for the initial education of nurses and midwives developed (2009)	ICM, ICN, WHO collaborating centres
	Global consultation on producing and developing an appropriate midwifery workforce for low- and middle- income countries (December 2012)	Geneva, Switzerland	Midwifery competency review for faculty	WHO , key stakeholders (ICN,ICM,UNFPA, Jhpiego, educational institutions, WHOCCs)
	Technical support to WHO regions	Geneva, Switzerland	<i>Framework for action on Interprofessional education and collaborative practice</i>	WHO regions
Identify training resources	Enhancing quality of midwifery practice	Geneva, Switzerland	<i>WHO's strengthening midwifery toolkit –nine modules</i>	WHO priority programme (Maternal, Child and Adolescent Health)
	Technical support to regions	Geneva, Switzerland	Support on finalization and implementation of the regional action framework on infection prevention and control	WHO Regional Office for the Eastern Mediterranean
Support activities for career development	Technical support to regions	Geneva, Switzerland	Support to develop Family Health Nursing programme	WHO Regional Office for the Eastern Mediterranean, ICN, Gulf Cooperation Council countries

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
NURSING AND MIDWIFERY WORKFORCE MANAGEMENT				
Strengthen workforce management	Global HRH strategy planning	Global	Supporting WHO regions on HRH strategic planning development and implementation	WHO 6 regions, Member States (regional adviser for nursing and midwifery, regional advisers for human resources for health)
	Technical support to regions	Global	Support to regional offices/Member States on ratification/ adoption of Nursing Personnel Convention 1977 (C149)	ILO, Member States, WHO regional offices
	Technical support to regions	Global	WHO global code of practice on international migration and retention	GHWA, Realizing Rights, WHO regional offices
	HRH capacity building	Geneva, Switzerland	Development of guidelines on scaling up number of health professionals being educated (2009)	PEPFAR, ICN, educational institutions, regulatory bodies
		Geneva, Switzerland	Collaboration on establishment of communities of practice tool	Global Alliance on Nursing and Midwifery
	Global consultation on producing and developing an appropriate midwifery workforce for low- and middle- income countries (Dec 2012)	Geneva, Switzerland	Benchmarks and faculty development in the six high burden countries	WHO HQ, ICM, ICN, UNFPA, CDC, Jhpiego, international experts and consultants
	HRH infection control and safety management	Global	Development of guidelines to improve health workers' access to HIV and TB management services	ILO, UNAIDS
Support erformance enhancement	HRH practice evaluation	Geneva, Switzerland	Publication of <i>Global survey monitoring progress in nursing and midwifery</i> (2010)	University of Toronto, faculty of nursing, Member States

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES				
Strengthen stewardship and governance	Annual TRIAD meeting (WHO, ICM, ICN)	Geneva, Switzerland	Close collaboration and coordination with ICM and ICN	Government chief nursing and midwifery officers, regulators and presidents of national nurses associations
	Strategy and policy	Geneva, Switzerland	International partnerships for advocacy on nursing and midwifery strategy, policy and practice globally	Global Advisory Group on Nursing and Midwifery, government chief nursing and midwifery officers, ICN, ICM
Develop strategic directions for nursing and midwifery / implementation and monitoring	GPW implementation	Global	Major collaborative effort on stewardship and governance. Meeting of focal points, March 2009.	Global Advisory Group on Nursing and Midwifery, GHWA, WHOCCs, ICM, ICN, ILO, American Journal of Nursing, Victorian Order of Nurses, Canada
	SDNM 2002–2008 and 2011–2015	Global	Support and collaboration with WHO regions and relevant stakeholders on development and implementation of strategic frameworks	WHO regional advisers, WHOCCs, Member States
	Development of SDNM monitoring tool	Global	Strengthening stakeholder participation and increasing awareness and advocacy on priority issues	WHO regions, WHOCCs, ICM, ICN, other relevant stakeholders
	Technical support	Global	Strengthening nursing and midwifery services globally	WHO regional nursing officers
Establish effective networking and partnerships	Collaborative activities	Geneva, Switzerland	Synergy partnerships developed between WHO HQ departments and regions on priority programmes	WHO HQ, Polio Eradication Initiative, Global programme on pandemic response, HIV/AIDs, mental health and substance abuse, maternal child and adolescent health, WHO regions
	Partnership development	Brazil	Enhancing networking with relevant stakeholders through WHOCCs	WHOCCs, Global network of WHOCC secretariat
	Improving communication and promoting sustainability	Geneva, Switzerland	Use of new technology platforms for more effective communications i.e. translation of SDNM into the six WHO official languages, use of advocacy materials, teleconferencing, email, web-based communities of practice	Relevant stakeholders

The background features a dark blue gradient. On the left, there are several concentric, semi-circular arcs in shades of purple, blue, yellow, and red, resembling a stylized rainbow or a signal. On the right, there is a faint, light blue silhouette of a person wearing a hard hat and holding a clipboard, suggesting a field worker or inspector.

B: WHO REPORTS FROM REGIONAL OFFICES

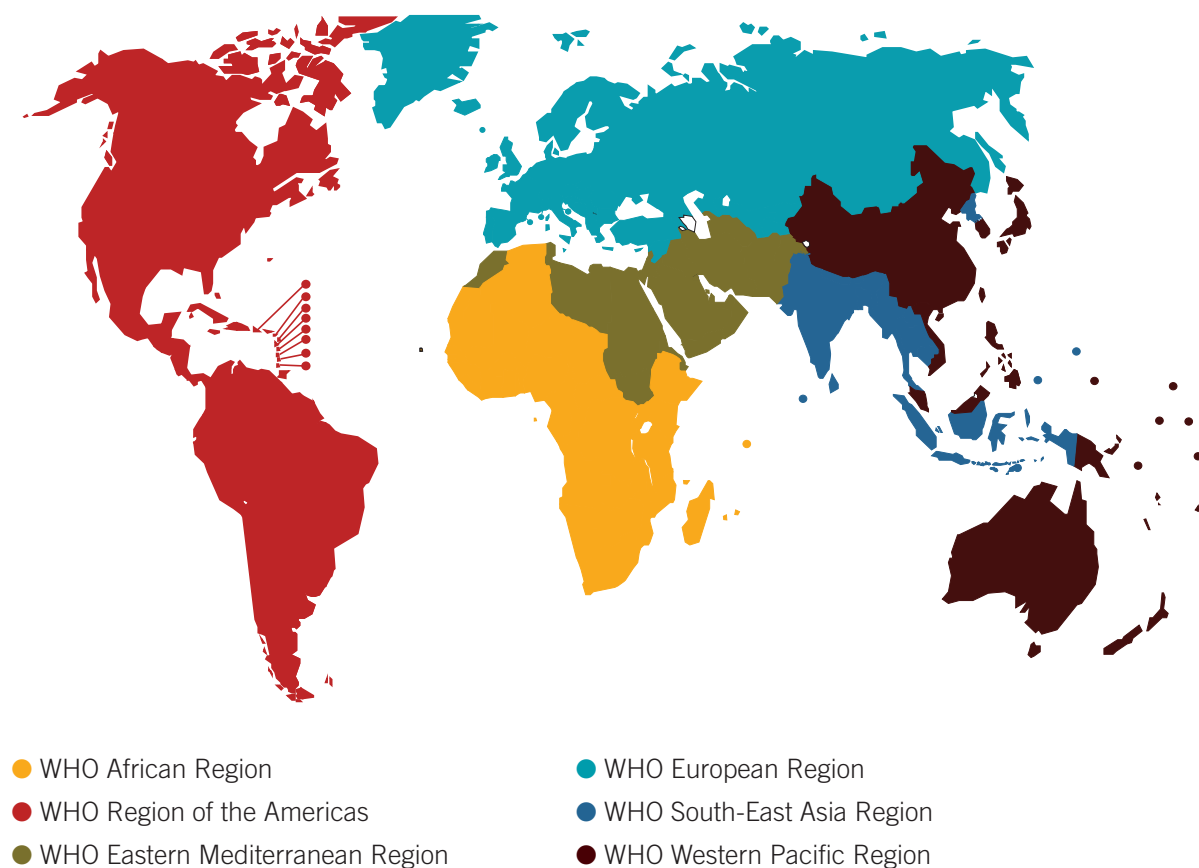
WHO REGIONS

WHO Member States are grouped into six geographical regions: Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia and the Western Pacific, (see Figure 5).

Nursing and midwifery work in the six WHO regional offices takes into account the diverse cultures, varied socioeconomic and political situations and demographic and epidemiological trends in each region. Depending on the region, some countries are experiencing rapid improvements in the health status of populations, lifestyles, technology and economic capabilities, while others remain isolated, remote and relatively untouched by technological advances. (49)

A summary of achievements by WHO Regions is provided in the tables at the end of the next sections.

Figure 5. WHO Regions



Source: <http://www.who.int/about/regions/en/index.html>

6. WHO REGIONAL OFFICE FOR AFRICA

6.1 Background

With over 730 million inhabitants in 46 countries, the WHO African Region accounts for about one seventh of the world's population and has 46 Member States. The region continues to implement activities outlined in the regional guidelines for implementing the SDNM 2007–2017, (50) and the 2008 Ouagadougou Declaration on primary health care and health systems in Africa: Achieving better health for Africa in the new millennium. (51) Strengthening legislation and regulatory processes is critical in many African countries due to task shifting and weak regulatory systems.

There are significant challenges for education strengthening, including curricula which are not competence-based, unclear distinctions between nursing and midwifery especially in francophone countries, shortages of teachers and inadequate teaching materials and infrastructure. (52) Action to strengthen nursing and midwifery education is in process, particularly to review and strengthen regulation to support the educational changes.

6.2 Activities and achievements

(I) CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES

PRIMARY HEALTH CARE RENEWAL

All Member States in the African Region adopted the 1978 Alma Ata Declaration, using the PHC approach to improve access, equity and coverage of health care to the population. Member States' commitment was renewed by the adoption of the 2008 Ouagadougou Declaration on revitalizing PHC within a health systems framework.

A meeting to review efforts to scale up health, nursing and midwifery service delivery in the context of PHC renewal was held in April 2009 in Kenya. This orientation and capacity building meeting on the use of tools and guidelines was attended by over 100 representatives of government chief nursing officers, nursing and midwifery regulatory bodies, presidents of nursing associations from 21 Anglophone countries as well as relevant WHO priority programmes. A major outcome of this meeting was an agreement on the development of country-specific strategic plans on nursing and midwifery.

RESPONSE TO HIV/AIDS

One of the major constraints to tackling both the HIV/AIDS pandemic and global access to essential health-care services is a serious shortage of health workers. Globally, at least 57 countries have a critical shortage of health workers; 36 of those are in Africa. (53)

Task shifting is one way the public health community and national governments can address this issue head on. Task shifting is a rational means of delegation within a given legal framework. Several countries are already using task shifting to strengthen their health systems and scale up access to HIV/AIDS treatment and care. (54)

WHO, together with PEPFAR and UNAIDS, has developed global guidelines for task shifting which were formally launched during the first global conference on task shifting in Addis Ababa, Ethiopia in January 2008. (55)

The nursing and midwifery professions are responding to the call for better integration of HIV/AIDS management into PHC, focusing on increasing nursing and midwifery recruitment for preventive nursing, and community care. In several countries, nurses and midwives as front-line workers are spearheading service-led models, including community and home-based care programmes and village health worker programmes (Botswana, Cameroon, Kenya, Liberia, Mauritius, Malawi, Nigeria, Tanzania, Uganda, Swaziland, South Africa, Zambia, Zimbabwe). Typical PHC teams include two to four primary care nurses, an environmentalist, village health workers, a counsellor, a nurse aid/assistant, a public health nurse, a laboratory technician, a pharmacy technician and possibly a physician and support staff.

PROMOTING MENTAL HEALTH AWARENESS

Mental health management remains a serious and often unaddressed problem in low-income countries. Acknowledging that nurses are essential human resources for mental health care, steps are being taken to scale up HRH capacities with the introduction of a mental health component into basic and post-basic nurse training programmes. (30)

LEADERSHIP DEVELOPMENT

Leadership in nursing and midwifery is critical for responding to the SDNM, ensuring that global and regional mandates are adopted and adapted to strengthen the pre-service education of nurses and midwives. (14) This also requires that the knowledge and skills of nursing and midwifery faculties are updated and strengthened. (38)

The Leadership for Change programme is aimed at building strategic leadership capacity among nurses at the national and organizational levels. In collaboration with ICN, the WHO Regional Office for Africa has been supporting the preparation of nurses from several countries to scale up capacities in leadership skills, empowering nurses to shape change today and in the future. Some of the achievements of the Leadership for Change programme are:

- delivery of phase I in Kenya, Mauritius and South Africa;
- delivery of the training of trainers phase in Kenya and Mauritius;
- monitoring visits to Kenya and Mauritius in 2010–2011.

(II) NURSING AND MIDWIFERY POLICY AND PRACTICE

THE OUAGADOUGOU DECLARATION

The Ouagadougou Declaration on primary health care and health systems in Africa: Achieving better health for Africa in the new millennium (51) provides a framework for implementing necessary activities in each of the WHO priority programme areas. The Declaration proposes recommendations for consideration by Member States in the development of their own country frameworks. All 46 Member States have national health sector development policies and plans which provide a platform for the national health agenda. A number of countries have developed HRH policies and plans.

AFRICAN REGION SDNM

The WHO African Region developed the strategic action plan for strengthening nursing and midwifery (2007–2017) to operationalize the 2002–2008 global SDNM in Africa. The guidelines provide a framework for WHO action to support countries in improving the quality of nursing and midwifery services and for action at national and local levels. In Zambia the GPW resulted in the development of the National Nursing Strategic Plan, with the participation of relevant stakeholders. (22)

REGULATORY FRAMEWORKS

The African Region is taking major steps to improve regulatory practices across the continent. Most Anglophone countries have regulatory bodies and frameworks including a code of ethics, scopes of practice, frameworks for professional disciplinary measures, and standards of practice. A key challenge is to reinforce the existing frameworks. Some countries have developed country-specific national human resources for nursing and midwifery service policies within the broader context of national health and HRH policy strategic directions.

A professional regulatory framework is being used to make the necessary changes at country level (especially in Francophone and Portuguese-speaking countries). Collaboration with ICN is supporting activities in francophone countries. Joint plans on strengthening nursing and midwifery regulation for Benin, Cameroon, Ghana and Sierra Leone have been developed. A roadmap for strengthening the Nursing and Midwifery Council in Botswana has been elaborated.

Regulatory boards such as nursing councils are mandated to regulate nursing practice. Strategic engagement of regulatory boards in health initiatives is being encouraged to ensure reforms are included in an up-to-date, national regulatory framework that defines the standard scope of practice, credentialing, training, accreditation and continuing education requirements.

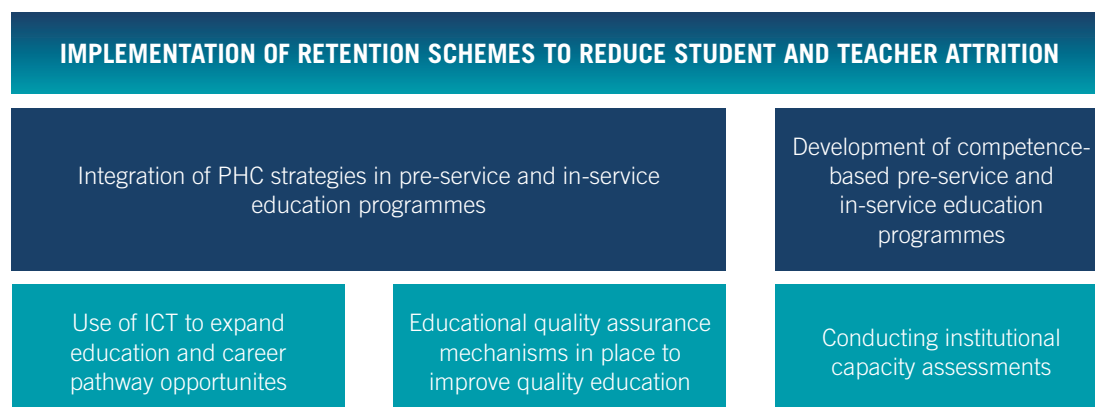
A West African sub-regional network on strengthening nursing and midwifery regulation was established in 2010. In addition, the African Health Profession Regulatory Collaborative was launched in 2011 with support from the Centres for Disease Control and Prevention, Atlanta, USA. Participating countries receive dedicated support from an expert group which is providing mentorship and facilitation throughout the project. Key achievements since its launch in 2011 are:

- showcasing regulatory improvements made in 2011, including the development and advancement of CPD programmes in Lesotho, Swaziland and Malawi in 2012;
- awarding of regulatory improvement grants to:
 - (a) Botswana, Lesotho, Malawi, Swaziland, Tanzania and Zimbabwe to support the development and strengthening of national CPD programmes;
 - (b) Mauritius and Seychelles to support nursing legislative reform;
 - (c) Uganda to support the review and revision of the scopes of practice for nurses and midwives;
 - (d) Kenya to support decentralization of nursing council services (i.e. licensure renewal) in four pilot zones.

(III) NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT

The African Region is also focusing on standardizing guidelines and curricula competence-based training for nurses and midwives, from pre-service through to faculty education levels. Despite challenges, progress is being made. Some countries are implementing the strategies to enhance institutional capacity and the production of suitably skilled practitioners (see Figure 6).

Figure 6. Strategies to improve retention, strengthen education and build capacity



Source: Adapted from *Strengthening Nursing and Midwifery Services in National Health Systems. Final Report 2006*. Brazzaville. WHO Regional Office for Africa, WHO 2007.

Achievements include the following.

SCALING UP EDUCATION CAPACITIES

Scaling up of nursing and midwifery education is accelerating in all six WHO Regions. In the African Region, curriculum evaluations for pre-service nursing and midwifery education programmes have been conducted in West and East African countries. Challenges identified include: curricula that are not competence-based; unclear distinctions between nursing and midwifery especially in francophone countries; shortage of teachers; inadequate training and teaching materials and infrastructure.

South-South and North-South partnerships are being fostered particularly in the area of faculty development to address these challenges and overcome resource and capacity obstacles. Two examples are given below.

- WHO/PEPFAR meeting in April 2009 on Scaling up Nursing Education. The meeting focused on gathering evidence on existing innovative and ground-breaking educational approaches and practices which seek to shift conventional and traditional paradigms of delivery of nursing and midwifery education to new approaches which would scale up high-quality education.
- A partner consultation on strengthening pre-service education in West Africa was held in Ghana in November 2009. Participants included UNFPA, World Bank, ICN, ICM, Federation of European Nurse Educators, regional and national professional associations, WHO priority programmes, (HIV/AIDS, Maternal Child and Adolescent Health and IMCI) educators and directors of training from seven countries, (Benin, Burkina Faso, Gambia, Mali, Niger, Nigeria and Senegal). All of these Member States requested WHO and other partners to support faculty development in their respective countries. The outcome of this meeting was that a specific action plan to address the identified challenges was developed in collaboration with partners.

CURRICULUM DEVELOPMENT

Curriculum evaluations for pre-service nursing and midwifery education programmes have been conducted in Benin, Burkina Faso, Cap Verde, Gambia, Mali, Niger, Sierra Leone and Zambia. WHO is supporting curriculum updates in Sierra Leone and Zambia with competence development being introduced for the different categories of nursing and midwifery education programmes. Standards for midwifery education and practice have been developed in Swaziland.

Capacity building for nursing and midwifery leadership, faculty development and strengthening of pre-service education is ongoing. Four main programmes for nurse and midwifery education are being implemented in the African Region:

- direct entry to general nursing programme;
- integrated nurse-midwifery programme;
- direct entry to midwifery programme;
- post-basic midwifery programme following training as registered nurse.

Regional prototype curricula for these three basic programmes have been developed to support educational institutions in developing nursing and midwifery educational standards.

TRAINING RESOURCES

In an effort to address resource deficits, the WHO Regional Office for Africa has developed a project to mobilize resources to support faculty development in six West African countries, (Benin, Burkina Faso, Gambia, Mali, Niger and Senegal). The proposal is currently under consideration with potential funders. Meanwhile, Malawi's Kamuzu College of Nursing has been successfully established as a WHO Collaborating Centre for Nursing and Midwifery Development, and a master's degree programme in nursing and midwifery is now being taught.

The WHO Regional Office for Africa has supported the establishment of ICN/nursing mobile libraries in English, French and Portuguese on the African continent. Distance learning opportunities are also being explored where feasible. (56)

(IV) NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

The *2006 World Health Report* identified 57 countries facing a health workforce crisis. (6) Each of these countries has fewer than 23 health workers (doctors, nurses, midwives) per 10 000 people, the minimum required to achieve an 80% coverage rate for deliveries by skilled birth attendants or for measles immunization.

SCALING UP HUMAN RESOURCE CAPACITIES

The WHO Regional Office for Africa in collaboration with headquarters initiated a project to scale up production of nursing and midwifery tutors in the African Region. The programme is implemented in partnership with the East, Central and Southern African College of Nursing and the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development. Funding to support project activities was given by GHWA and involves four phases: (i) conducting a country situational analysis in relation to nursing and midwifery tutors (2006-2007); (ii) supporting training of nurse and midwifery tutors; (iii) evaluating training programmes; and (iv) expanding the project activities to other countries based on initial success.

Additionally, assessments of the capacity of training institutions to undertake tutor training were performed in five countries (Kenya, Uganda, Malawi, Tanzania and Zambia). These assessments confirmed the critical shortage of nursing and midwifery tutors.

PROMOTING A KNOWLEDGE BASE

The Africa Health Workforce Observatory promotes, develops and sustains the knowledge base on HRH in the African Region. It provides evidence for policy decisions to strengthen health systems and improve health service delivery. The Observatory monitors and shares both positive and negative practices and experiences. Information disseminated helps keep the issue of HRH on the agenda at national, sub-regional, regional and global forums.

(V) PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

The WHO Regional Office for Africa is responding to the need to strengthen governance capacities in order to address health workforce challenges, and to facilitate mechanisms for sharing experiences, information and evidence to support policy decision-making.

ACADEMIC PARTNERS

Given the various resource and capacity restraints, nursing and midwifery services are making major efforts to develop collaborations and partnerships through networking initiatives such as South-South and North-South partnerships, twinning with educational institutions and considering distance learning approaches to provide more equitable access to training and education. (56) Almost all institutions of higher learning (university level) have external academic partners; partner countries include the USA, the United Kingdom, Australia, Sweden and Israel.

The GPW was implemented in Zambia with the General Nursing Council of Zambia, the Zambia Union of Nurses Organization, the National Institute of Public Administration, UNFPA, the Health Services and Systems Programme, Jhpiego, university teaching hospitals and schools, Kitwe School of Nursing and Midwifery, Kasama Provincial Health Office and Chainama Hills College Hospital of Health Sciences. (22)

COLLABORATIVE PARTNERSHIPS

The African Health Profession Regulatory Collaborative for nurses and midwives is one such innovative South-South partnership. The Collaborative is funded by CDC/PEPFAR and implemented in partnership with Emory University Nell Hodgson Woodruff School of Nursing, the Commonwealth Nurses Federation, the East, Central and Southern Africa Health Community, and the Commonwealth Secretariat.

Most partnerships for service delivery at country level involve international NGOs that are mandated to improve service delivery. For example, Jhpiego (development of service standards) supports Kenya, Malawi, Uganda and Zambia, and Save the Children US (strengthening standards for neonatal care) supports Malawi.

As noted above there is a strong collaboration with ICN on Leadership for Change programmes in several countries. WHO is supporting professional regulation development in collaboration with ICN, ICM, UNFPA, JICA, representatives of regulatory bodies, ministries of health and other regional nursing and midwifery bodies such as the West Africa Health Organization, the East, Central and Southern College of Nursing, as well as ministries of health.

Table 2 presents a summary of achievements from the African region.

Table 2. WHO African Region: Summary of Activities and Achievements

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES				
Contribute to people centred-care	Capacity building	21 Anglophone countries in the African Region	Country specific nursing and midwifery strategic plans developed	Chief nursing officers, nursing and midwifery regulatory bodies, nursing associations, WHO priority programme experts, West African Health organization, East, Central and Southern African College of Nursing
	Scaling up capacities to contribute to the MDGs	Zambia	Implementation of GPW	General Nursing Council, Zambia Union of Nurses Organization, National Institute of Public Administration, UNFPA, Jhpiego, University teaching hospital, Chainama Hills College Hospital of Health Sciences
	Case studies on primary care models	Botswana, Eritrea, Malawi	Case studies published on maternal and child health and HIV/AIDs (2009)	Ministries of health and priority programmes in member States
Strengthen leadership	Empowering nurses and midwives through leadership for change programmes	South Africa, Kenya, Mauritius	<ul style="list-style-type: none"> Leadership for change phase I programme delivered in all three countries Leadership for change training of trainers in Kenya and Mauritius Monitoring visits to Kenya and Mauritius over 2010-2011 	ICN
NURSING AND MIDWIFERY POLICY AND PRACTICE				
Promote nursing and midwifery policy development	Strategic planning	WHO African Region	Guidelines for the WHO African Region developed and SDNM 2007–2017 being implemented	Member States (government chief nursing and midwifery officers, registrars of nursing and midwifery councils, WHO priority programmes)
Strengthen regulatory frameworks	Regulation	WHO African Region	<ul style="list-style-type: none"> Showcasing of regulatory improvements in first year (2011) of the African Regulatory Collaborative Regulatory improvement grant awards 	African Regulatory Collaborative/PEPFAR

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
		West African sub-region francophone and lusophone countries	<ul style="list-style-type: none"> Network to strengthen nursing and midwifery regulation established (2010) Implementation of prototype regulatory framework 	ICN, nursing and midwifery Councils, educators, West African Health Organization, East and Central African College of Nursing
		Benin, Cameroon, Ghana, Sierra Leone	Joint plans for strengthening nursing and midwifery regulation	Member States (government chief nursing and midwifery officers, registrars of nursing and midwifery councils, WHO priority programmes)
		Botswana	Roadmap developed to strengthen nursing and midwifery council	Ministry of Health, nursing and midwifery council, education institutions

NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT				
Support efforts to increase nursing and midwifery workforce supply	Capacity building programmes for nursing and midwifery leadership and faculty developed	Benin, Burkina Faso, Cape Verde, Gambia, Mali, Niger, Sierra Leone, Zambia	Pre-service nursing and midwifery education curriculum evaluations and competency development	Education institutions, experts in curriculum development, Ministry of Health representative, West Africa Health Organization
		Swaziland	Draft standards for midwifery education developed	UNFPA, Swaziland Nursing council, local standard setting institutions
		Zambia	BSc generic nursing programme for entry into practice	Ministry of Health, nursing and midwifery education institutions, University of Zambia
		WHO African Region	15 pre-service nursing and midwifery education programmes in four francophone and one Portuguese speaking countries implemented in 2008–2009	WHO regional office for the Americas, local education institutions, ministries of health
	Faculty development support	6 West African countries	Proposal developed to mobilize resources for faculty development	Sight Savers, West African Health Organization
	Support designation of Kamuzu College, Malawi as WHO collaborating centre	Malawi	Kamuzu College of Nursing designated collaborating centre for nursing and midwifery development	WHO collaborating centres
Identify training resources	HRH	Benin, Burkina Faso, Gambia, Mali, Nigeria, Senegal	Consultation on strengthening pre-service nurse and midwifery education in West Africa	UNFPA, World Bank, ICN, ICM, European Federation of Nurse Educators, regional and professional associations, WHO priority programmes, training directors from 7 West African countries

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
	Technical resources	WHO African Region	Establishment of ICN mobile libraries in English, French and Portuguese	ICN
Support activities for career development	Continuous professional development (CPD)	Malawi	Master's degree in nursing and midwifery programme established	Kamuzu College of Nursing, USAID

NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

Strengthen workforce management	Strategic planning	WHO African Region	Conducted a country situation analysis in relation to nursing and midwifery tutors; supported training of nursing and midwifery tutors; evaluate training programmes.	WHO headquarters, East, Central and Southern African College of Nursing, Global Health Workforce Alliance
		Kenya, Malawi, Tanzania, Uganda, Zambia	Assessment of capacity training institutions to undertake tutor training	WHO headquarters, ministries of health and education and Aga Khan Foundation
		WHO African Region	Increase in nurse and midwifery recruitment in preventive nursing and community care in HIV/AIDS	WHO Inter-country support team blocks

PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

Establish effective networking and partnerships	Implementation of Global Programme of Work	Zambia	International collaboration on the development of the national nursing strategic plan to contribute to the achievement of the MDGs 2009–2013	General Nursing Council of Zambia, Zambia Union of Nurses Organization, National Institute of Public Administration, UNFPA, Jhpiego, Kitwe Schools of nursing and midwifery, Kasama Provincial Health Office, Chainama Hills College Hospital of health Sciences, WHO Health Service and Systems Programme
	Policy and regulation development	WHO African Region	South-South partnership to enhance legislation reform, regulatory framework development and strengthening nursing and midwifery councils	African Health Professional Regulatory Collaborative / CDC, PEPFAR, Commonwealth Nurses Federation, East, Central and South African College of Nursing
	Leadership and career development	Kenya, Mauritius, South Africa	Collaboration for the implementation of Phase I, training of teachers and evaluation and monitoring programmes	ICN

7. WHO REGIONAL OFFICE FOR THE AMERICAS

7.1 Background

The WHO Regional Office for the Americas (AMRO) was founded in 1902, and is the world's oldest international public health agency. It provides technical cooperation and mobilizes partnerships to improve health and quality of life in the countries of the Americas.

Health in the Americas, 2007 Edition, offers information on health in the Region to its shareholders: its Member States' health authorities. AMRO also has a long tradition of utility to other government officials, public health and medical professionals, researchers, librarians, students, and other parties interested in health and human development.

Nursing and midwifery are completely integrated into AMRO's HRH department. Nursing and midwifery work involves collaborating with all programmes (MCH, HIV, TB) focusing on integrating activities in pre-service education, rather than continuous education programmes alone.

7.2 Activities and achievements

(I) CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES

PRIMARY HEALTH CARE RENEWAL

Recently, a process of PHC renewal was initiated by AMRO to strengthen countries' capacity to implement a coordinated, effective and sustainable strategy to tackle existing health problems, meet new health challenges and improve health equity. (57) AMRO is responding to the reforms by scaling up efforts to strengthen society's role in reducing health inequalities by achieving a higher ratio of nurses to doctors, with a minimum of one to one. Typical PHC teams are multidisciplinary, involving primary care physicians, nurses, midwives, community health workers, nursing assistants, physician assistants, allied health workers, dentists, front-line managers and administrators

Expanding the role and credentials of nursing, using nurses to their full competency levels (especially in a community health context) and deploying enough nurses all enhance cost-effectiveness and efficiency in service delivery. (6,26,28,57,58)

In this regard, WHO Collaborating Centres on Nursing and Midwifery Development worked with training institutions in the Andean region (a group of South American states defined by sharing a common geography, the Andes mountains) to support the implementation of a sub-regional training programme on HIV/AIDS. The region is also strengthening inter-institutional technical cooperation and inter-country cooperation for nursing and midwifery development, analysing and updating information on WHO Collaborating Centres' activities to accelerate the achievement of the MDGs and other national health priorities.

Case studies on nursing in PHC have been published from Brazil, Canada, Columbia, Haiti, Mexico and the USA, with topics ranging from community health care to advanced practice nursing, mother and child care, healthy eating and NCDs. (37)

(II) NURSING AND MIDWIFERY POLICY AND PRACTICE

SCALING UP NURSING AND MIDWIFERY RESOURCES

Since 2004 AMRO has organized four sub-regional Symposia on Nursing Human Resources Policy and Plans to analyse and develop nursing within the national plans for HRH, involving 18 countries in Latin America. (58,59) In the framework of the Toronto Call to Action, (60) the Pan American Sanitary Conference approved the regional goals for HRH in the Americas, including items specifying nursing tasks. Additionally, two regional studies that were conducted on the nursing workforce in Latin America showed inequalities in nursing personnel distribution and ratios: 19 countries had more doctors than nurses. (61)

Building on the position paper *Renewing Primary Health Care in the Americas*, the 49th AMRO Directing Council adopted Resolution CD49.R13 (2009), (62) which urges Member States to invest in human resources to sustain the outreach and expansion of multidisciplinary services. On the same occasion, it adopted Resolution CD49.R22, which urged Member States to promote human resource education and management compatible with the creation of integrated health service delivery networks.

Member States agreed to support the initiative on increasing the nursing and midwifery workforce to a level equal to that of physicians by 2015. Argentina is an example where a national plan for nursing development and a national Nursing Act have been developed to promote and optimize the education and training of nurses by producing 80 000 more nurses (to match the 120 000 physicians) by 2015; this will bring the ratio of physician and nurses to 1:1. This drive is also intended to produce a better distributed skill mix.

STRATEGIC FRAMEWORKS

The strategic planning framework *Indicators of the regional goals for human resources for health: a shared commitment* has been used to assess the balance or imbalance in the production of the medical and nursing personnel that could affect the composition of health-care teams. (63)

A handbook is available as a standard reference document for the Region, (64) clarifying the terms and parameters of the twenty goals of Resolution CSP27/10, *Regional goals for human resources for health 2007–2015* in order that they may be consistently understood, applied, measured and monitored. As a self-contained technical instruction manual, the handbook is intended to provide a practical tool for identifying and defining the initial baseline data needed to provide a descriptive profile of countries' HRH, to enable the monitoring of progress towards their HRH goals.

QUALITY PROMOTION

Reaffirming and standardizing training through formal programme accreditation is being implemented to improve the capacity of health professionals to meet population health needs and better support the changing models of health-care delivery. There is a clear emphasis on service quality as a fundamental principle of the reformed PHC system and this is the basis for ongoing changes to health policies and the training of health personnel.

A Central America Plan for Nursing Development has been developed and approved by the ministries of health of Costa Rica, Cuba, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Panama and Puerto Rico, and by the sub-regional Committee. There is evidence that the quality, consistency and relevance of education in the schools of health sciences and public health and their certification by a recognized accreditation body are being enhanced.

(III) NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT

EDUCATION CAPACITY STRENGTHENING

Tertiary education for nurses and midwives is a key focus in the WHO Region of the Americas, together with opportunities to advance education through undergraduate and postgraduate bridging courses.

With support from WHO, the Global Network of Collaborating Centres for Nursing and Midwifery Development has been developing a framework for scaling up the production of nursing and midwifery tutors. Strengthening and revitalizing PHC remains a priority to accelerate MDG achievements. Integration is focused on community and family health nursing and is supported by AMRO, for example; *Nursing education: Towards 2020*. (65)

TRAINING RESOURCES

Resource constraints are being countered by the creation of partnerships, both inside and outside the Region. This is demonstrated in the example of PALTEX (the expanded textbook and instructional material programme), which was developed by AMRO and extended to English-speaking Caribbean countries, Africa and the Eastern Mediterranean Region. (66)

CAREER DEVELOPMENT

Strengthening institutional capacities through the twinning of nursing and midwifery schools is also being actively promoted. Career development in the public health system is being encouraged, with AMRO offering an ongoing internship programme for nursing and midwifery students.

(IV) NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

WORKFORCE MIGRATION

The migration of health professionals is expected to remain a serious concern for many countries of the Americas. Inequities in the supply of HRH vary greatly; furthermore, the gap between countries with high and those with low densities of health workers continues to grow. The adoption of a code of ethics regarding the international recruitment of health workers is an important first step towards developing broad, collaborative workforce policies to better stabilize and manage the health workforce of the Region.

Common guidelines and mechanisms for assessing the credentials and competencies of foreign health workers seeking licensure have also been introduced. This should ensure speedier recognition of foreign credentials and work experience, and facilitate the assimilation of immigrant health workers into the workforce. This will also strengthen the human resource capacity of the health delivery system by ensuring that qualified migrant workers enter the workforce as early as possible allowing them to work at their full competency levels.

Developing self-sufficiency as a policy is a first response in HRH planning. It is an important strategy to help stabilize the Region's health workforce by encouraging greater investment in health workforce capacity and infrastructure development.

A standardized approach that supports the recognition of foreign credentials helps stabilize the workforce by improving the deployment and long-term retention of immigrant health-care workers. Further activities undertaken to improve performance, recruitment and retention levels are:

- conducting a regional study on nurse staffing towards self-sufficiency;
- wide dissemination of the WHO Global Code of Practice on the International Recruitment of Health Personnel; (43)
- creation of the Iberian American Network on Migration of Health Professionals;
- increasing the utilization of migrant health workers as a demand “buffer” rather than as an ongoing primary source of health-care workers.

POSITIVE PRACTICE ENVIRONMENTS

Unsafe working conditions posing risks of physical injury, work overload and workplace stress are common in many sectors of the health-care delivery system. Formal programmes enhance workplace security, resulting in improved job satisfaction, better performance and greater stability through lower rates of worker absenteeism, turnover, sick leave and general attrition. Countries are scaling up their response to this need by:

- offering employee health and safety programmes;
- tailoring health and safety programmes to the specific demands of individual workplaces;
- developing policies and legislation to provide formal guarantees of consistent, long-term employment protection for all health-care workers with respect to general working conditions and workplace safety.

(V) PARTNERSHIP FOR NURSING AND MIDWIFERY

Information sharing between partners, who thus learn from each other, is contributing to nursing and midwifery service strengthening. AMRO is actively developing mechanisms to enable nurses and midwives to acquire policy-making skills and to partner governments in multisectoral efforts to integrate health into all relevant policy-making activities.

COLLABORATIVE ACTIVITIES WITH PARTNERS

Twenty-eight nursing networks have been established in the WHO Region of the Americas, with work plans on education, practice and research, emphasizing the MDGs and PHC. An informal regional network of chief nursing officers has also been established. Work has been undertaken with Member States to strengthen nursing HRH information systems.

There are over 20 WHO Collaborating Centres on nursing and midwifery, in Brazil, Canada, Columbia, Jamaica, Mexico and the USA.

Table 3. WHO Region of the Americas: Summary of Activities and Achievements

Table 3 presents a summary of achievements in this region.

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES				
Contribute to people centred-care	Capacity building	WHO Region of the Americas	28 nursing networks established with work plans on education, practice and research with emphasis on the MDGs and PHC	Member States ministries of health, nursing and midwifery experts
	PHC, community nursing, interdisciplinary/intersectoral care, NCDs, maternal and child health	Brazil, Canada, Chile, Columbia, Haiti, Mexico, USA	Case studies on primary care models (2009)	Member States ministries of health, nursing and midwifery experts
NURSING AND MIDWIFERY POLICY AND PRACTICE				
Promote nursing and midwifery policy development	Strategic planning	WHO Region of the Americas	Adoption of Resolution CD49.R31 to promote HRH sustainability	Member States
		WHO Region of the Americas	Adoption of Resolution CD49.R22 to promote HRH education and management	Member States ministries of health
		Central American countries	Nursing development plans developed	Member States and sub-regional committee
Strengthen regulatory frameworks	Professional Regulation	WHO Region of the Americas	Implementation of the framework "Indicators for the regional goals for human resources for health: a shared commitment"	Member States Ministries of health, nursing and midwifery experts, regulatory bodies
		WHO Region of the Americas	Development of the handbook "Regional goals for human resources for health" (2007–2015)	Nursing and midwifery experts
NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT				
Support efforts to increase nursing and midwifery workforce supply	Capacity building	WHO Region of the Americas	Publication of "An orientation of nursing education towards 2020: contributing to the renewal of PHC"	Pan American Health Education Foundation, educational institutions, other WHO regions

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
Identify training resources	Technical resources	English speaking Caribbean countries, Africa and WHO Eastern Mediterranean Region	Expansion of the Expanded Textbook and Instructional Materials programme (PALTEX)	Pan American Health Education Foundation, Regional Office for Africa and Eastern Mediterranean

NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

Strengthen workforce management	Strategic planning to address workforce migration	WHO Region of the Americas	Adoption of code of ethics on international recruitment of health workers	Member States ministries of health
		WHO Region of the Americas	Development of common guidelines and mechanisms for credential and competence assessment of foreign health workers seeking licensure	Members States ministries of health, experts in standard setting
		WHO Region of the Americas	Regional study on nurse staffing	Researchers, HRH experts
		WHO Region of the Americas	Wide dissemination of WHO Global Code of Practice	Member States
		WHO Region of the Americas	Increasing utilization of migrant workers as a demand “buffer”	Member States
Support performance enhancement	Creating positive workplace environments		Employee health and safety programmes implemented	Member States ministries of health
	Improving staff satisfaction		Policies developed for long-term employment protection	

PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

Strengthen stewardship and governance	Improving integration mechanisms between workers and governments	WHO Region of the Americas, PAHO, Iberian region	Creation of the Ibero-American Network on Migration of Health Professionals	Network members
Establish effective networking and partnerships	Information dissemination, advocacy and networking		Formal network of chief nursing officers established to enhance information exchange	Chief nursing officers, The Caribbean Community (CARICOM)
			Partnerships and Twinning with educational and research institutes	WHOCCs, educational institutions, nursing and midwifery experts

8. WHO REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

8.1 Background

The WHO Eastern Mediterranean Region is comprised of 23 Member States, eight on the African continent and the others in Asia, with an estimated population of the over 600 million in 2009. (67) Except for Afghanistan, Iran and Pakistan, all are Arabic-speaking. Political instability, conflicts and civil unrest are long-standing features of this Region, but recent events have resulted in previously stable countries experiencing significant unrest and conflict. As resources are diverted to emergency responses to disasters in the Region, the already slow progress towards meeting the health MDGs may be further jeopardized.

Although the Region faces health problems similar to those in the rest of the world, mental health, neurological and substance use disorders account for an estimated 11.2% of the total disease burden. (67) Injuries have increased in magnitude and severity.

WHO'S RESPONSE TO CHALLENGES

Such challenges require more nurses and midwives, with expanded skill sets, capable of responding to rapid changes, new demands and priorities in health care and the prevailing social realities in the countries in which they live. Nursing and midwifery work in the Region is directed towards:

- establishing specialized nursing programmes, including advanced practice roles;
- promoting the development and retention of the nursing and midwifery workforce;
- establishing a regulatory framework for education and practice;
- expanding continuing education activities; strengthening nurses' and midwives' involvement in policy-making;
- building management and leadership capacity of nurses and midwives;
- institutionalizing quality improvement programmes to ensure provision of safe and effective nursing and midwifery services;
- developing research programmes and advocating evidence-based nursing practice;
- infection prevention and control.

In 2011 the density of nurses in the Region per 1000 population was 1:8.

8.2 Activities and achievements

(I) CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES

STRATEGIC FRAMEWORK

The first regional nursing and midwifery strategy for the WHO Eastern Mediterranean Region was published in 1997, and served as a guide for over a decade. However, given the evolution of nursing and midwifery and the dynamic nature of the health-care environment in the Region, the Regional Advisory Panel on Nursing and Midwifery revisited the strategic plan coinciding with the release of the global SDNM in 2010. (14)

A number of factors are affecting some countries' ability to accelerate progress towards the achievement of MDGs. These include: insufficient political will, lack of resources, poor

coordination, and the delivery of health services through vertical, disease-orientated programmes. This has led to service fragmentation, missed opportunities and inefficient use of human and financial resources. (67) The impact of the strategic directions on individual countries in the Region is highlighted in Annex 3.

PRIMARY HEALTH CARE INTEGRATION

Progress in reducing maternal, neonatal and child mortality rates has been slow. The correlation between higher densities of nurses and midwives and lower rates of infant and maternal mortality has been demonstrated; however, there are health worker shortages in most countries in the Region, with major disparities in nurse/population ratios between high- and low-income countries. (67)

In 2008 the WHO Regional Committee for the Eastern Mediterranean passed a resolution on nursing and midwifery, providing an impetus for nursing and midwifery development, particularly in family health nursing. (68) Contributions to health system strengthening and PHC in the region include several activities:

- a regional meeting on controlling upper respiratory disease infection and injection safety held in Beirut, Lebanon;
- an evaluation meeting on pandemic/epidemic prone acute respiratory diseases held in Bangkok, Thailand;
- in Syria a community and primary health-care nursing services and education programme is under development for the north-east of the country, which has the poorest health indicators.

LEADERSHIP DEVELOPMENT

Developing nurse/midwife leaders is crucial, especially directors of nursing and midwifery and their staff. In collaboration with the ICN, leadership management training programmes have been implemented in Bahrain, Iran, Jordan, Saudi Arabia, Syria, the United Arab Emirates and Yemen.

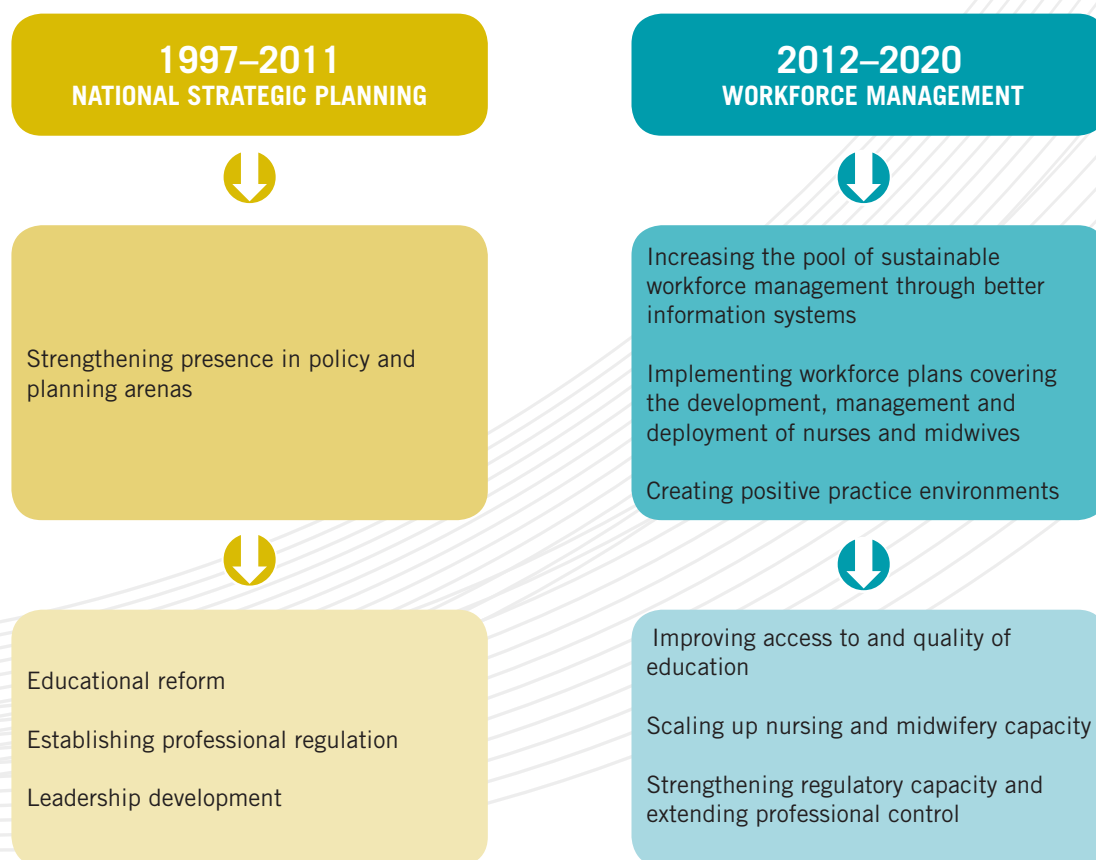
(II) NURSING AND MIDWIFERY POLICY AND PRACTICE

POLICY DEVELOPMENT

In October 2008, the 55th session of the Regional Committee for the Eastern Mediterranean emphasized the need for national planning for nursing and midwifery, focusing on promoting and scaling up nursing and midwifery services.

The strategies adopted in the first regional strategic plan and the most recent one remain relevant as drivers to strengthen nursing and midwifery (see Figure 7). Countries in the Eastern Mediterranean Region have embarked on reforms such as the establishment of nursing directorates/units, national strategic plans, education, regulation, management, research and development. (69)

Figure 7. Eastern Mediterranean Region Strategic Directions, 1997–2020



Source: Adapted from the WHO Eastern Mediterranean Region, Regional Strategy for Human Resources for Health in the Eastern Mediterranean Region 2012–2020 (unpublished).

REGULATORY FRAMEWORKS

National strategic plans for nursing and midwifery are being formulated and guidelines on human resources in nursing and midwifery are being developed in the countries that constitute the Gulf Cooperation Council. Strategic planning emphasizes the role of regulation in improving the quality of nursing and midwifery care, and has identified practice and education regulation and the establishment of legislative bodies (nursing/midwifery councils) as necessary elements for professional nursing development. The concept of self-regulation, (nurses and nursing being governed by nurses in the public interest), appears to be taking root in the Region as nurses become better educated and more involved in planning, policy development and health service management.

Jordan, Oman and the United Arab Emirates have established operational nursing and midwifery councils. WHO continues to support Jordan, Pakistan, Oman, the Order of Nurses in Lebanon, Sudan and the United Arab Emirates in establishing professional regulatory councils. Nursing and midwifery have been included in the recently established Health Professions Council in Sudan. Assistance is being given to the ministries of health in Bahrain, Iran, Kuwait and Syria to establish regulatory mechanisms.

Nursing and midwifery job descriptions have been developed in Yemen and mapping of all institutions training nurses, midwives and female health visitors has been initiated in Pakistan.

PROFESSIONAL DEVELOPMENT

The WHO Regional Office for the Eastern Mediterranean is actively promoting a research agenda that is sustainable in the Region. A descriptive cross-sectional study was conducted in 2009 among 416 randomly selected nurses and midwives in obstetrics and gynaecology departments in eight hospitals in Cairo, Egypt. (70) This study aimed to identify forms of workplace violence and assess their reactions and attitudes to it. The results showed that the majority of nurses and midwives had been exposed to workplace violence and voiced the need for guidelines on their protection.

The poor status of nursing and midwifery work in the Region is an obstacle to progression in some countries. WHO's activities in Egypt are focusing on improving the image of nurses within society as their work is not highly valued, either in the public realm or in the workplace. For example, in October 2011, a two-day National Nurses Workshop was held to review nursing's overall strategy, weaknesses and plan for further development activities. Approximately 300 partners and participants, including professors, university staff and students, medical syndicates, Ministry of Health, film actors and television producers attended. This increased awareness of nursing issues, their image and professional potential.

The WHO Regional Office for the Eastern Mediterranean is fortunate to have Her Royal Highness Princess Muna of Jordan as patron of nursing and midwifery in the Region. Princess Muna's patronage promotes the recognition of nursing and midwifery as health professions and highlights their contribution to the strengthening of all levels of health-care systems regionally.

(III) NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT

TRAINING RESOURCES

New educational programmes and capacity-building are needed in post-conflict countries. Infrastructures are often dilapidated or non-existent; the nursing, midwifery and allied health workforce is often demoralized and skills and knowledge need updating. The issue of high-quality education in such areas is even more acute, and accreditation of courses is needed to ensure the quality of the educational process and the production of competent practitioners.

The Eastern Mediterranean Region is strengthening education and infrastructure for nursing, midwifery and allied health workers, particularly in post-crisis countries. The basic nursing and midwifery curricula are being oriented towards PHC, and towards collaborations with countries within and beyond the Region on training teachers and practitioners through fellowships and national training activities.

Curricula for nursing and midwifery programmes and faculties are being developed and updated in countries wherever possible, including nurse practitioners with a Bachelor of Science degree in nursing, which is set to be achieved by 2015. The Gulf Cooperation Council countries held a technical symposium on nursing and midwifery education and human resources. Institutional capacity is continually being developed throughout the Region, such as the Rumbek Institute of Health Sciences, Sudan, which is under construction. This will facilitate the education of nurses, midwives and allied health professionals.

The WHO Regional Office for the Eastern Mediterranean is also supporting the orientation of basic nursing and midwifery curricula towards PHC, involving collaboration with countries on training teachers and practitioners through fellowships and national training activities.

- In Egypt the WHO country office is collaborating with the Ministry of Health and Population and the Supreme Council of Universities to develop national reference

standards for the nursing higher education curriculum. This is part of an effort to match nursing education with the demands of consumers of health care.

- Twinning between educational institutions and the WHO Collaborating Centres for Nursing and Midwifery Development was established to upgrade teaching and learning materials. The furnishing of educational facilities was also supported.
- Long and short-term fellowships for studies within and outside the Region have been awarded to several nurses, midwives and allied health professionals.

More innovative ways of educating nurses and midwives are being explored in the Region. A study in Iran which compared web-based education outcomes with face-to-face teaching suggests that web-based methods are as effective as face-to-face methods in the continuing education of nurses. (71) These findings are being applied to nursing and midwifery education programme development in the Region.

CAREER DEVELOPMENT

A significant response has been mounted in the Eastern Mediterranean Region to strengthen education and institutional capacities for the intake and production of suitably skilled practitioners with the aim of providing comprehensive people-centred care. In Somalia the GPW implementation resulted in: a national standard unified curriculum with 50 tutors trained in that curriculum; the establishment of seven nursing skill laboratories and 14 tutors trained in the use of the practical curriculum; facilitation of training of trainers' workshops for nurse tutors and the establishment of three education programmes. (22) A programme on scaling up the production of nursing, midwifery and allied health workers and educators in Somalia and South Sudan has also been developed.

The issue of high-quality education is acute; accreditation of educational programmes is required to ensure the quality of the educational process and the promotion of competent practitioners. In collaboration with key partners, including WHO Collaborating Centres for Nursing and Midwifery Development, WHO assisted in the completion of the post-basic midwifery curriculum in the schools of nursing and the Institutes of Health Sciences in Mogadishu, Hargeisa and Bosaso, Somalia.

Similar support was provided in Afghanistan. Activities to improve interdisciplinary education (pre-service nursing, midwifery and allied health) were supported in Djibouti, Iraq and Sudan. Integration of emergency and disaster preparedness into nursing curricula has been initiated.

(IV) NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

WORKFORCE DATA

As only three countries have nursing information systems, providing accurate information on the workforce is challenging. Steps are being taken to address this situation and a regional course on nursing informatics has been conducted. The regional office provides technical support to ministries of health in the area of HRH in order to identify stakeholders, develop country profiles and establish mechanisms for coordinating HRH and developing evidence-based costing plans for building the capacity of ministry of health staff.

MIGRATION

Health worker migration remains a critical issue in the Region. The high-income countries, particularly in the Gulf area, depend heavily on non-national workers to staff their health services and attract health workers from both inside and outside the Region. Countries with political,

economic and security issues, such as Afghanistan, Egypt, Iraq, Pakistan, Sudan and Somalia, are particularly vulnerable to this loss of human talent.

In 2011, country nursing profiles show Qatar and the United Arab Emirates reporting over 90% of their nursing and midwifery staff as non-nationals. Most countries (with the exceptions of Bahrain and Oman) have a poor record of attracting nationals into nursing and can only train a small fraction of the nursing and midwifery workforce required to meet the expanding health system needs.

Following a study on migration of nurses, a nurse migration network was established, setting out a regional nursing strategy on health in crises. Despite constraints facing the health system in conflict-torn areas, some countries are implementing strategies to boost HRH. A human resources observatory was established in the Region in January 2010. (72) Strategies to address workforce challenges include:

- the creation of a reform implementation management unit;
- development of a national salary policy;
- linking the database of the General Directorate of Human Resources, (which includes data on all staff in the public health sector), with national Ministry of Health information systems.

WORKFORCE CHALLENGES

According to country profile feedback, nursing continues to be viewed as a low status job. In Jordan and Yemen 40% of the workforce is male; in Iraq the figure is 70%. Interestingly, 9 out of the 11 countries who submitted profiles have no access to free or low-cost child care. Poor working conditions, low levels of authority, insufficient rewards and lack of recognition as well as low job satisfaction remain significant obstacles to recruiting and retaining nurses and midwives.

High-income countries in the Region with ambitious plans to build top quality health-care systems affect workforce mobility, drawing skilled nurses and midwives from other countries but failing to educate adequate numbers of nurses and midwives internally to address their own workforce deficits. The results are increased workloads, reduced skill mix, falling quality standards, job dissatisfaction, burn out and high rates of turnover and attrition.

Similarly, several countries in the region indicated that nurses are still required to perform non-nursing duties such as housekeeping, supply resourcing and clerical work. This suggests that the definitions of nursing and midwifery, and their scopes of practice, are not well articulated to managers and other decision-makers. Consequently, the roles and expertise of nurses are undermined and the range of interventions requiring nursing action is restricted, compromising clinical care where it is most needed.

While role extension, expansion and initiation of new roles (i.e. advanced nurse practice) are advocated, they still lack government support, capacities, resources, recognition from the public, and suffer from a physician-dominated health-care system. The Eastern Mediterranean Region still has many issues to resolve in order to improve the image and career prospects for future nurses and midwives at all levels of the health-care system.

(V) PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

STEWARDSHIP AND GOVERNANCE

Emphasis is being placed on developing and maintaining regular contact between head nurses at government level and directors of nurses and midwives in ministries of health in order to enhance stewardship and governance and support problem resolution, as well as enabling participants from the various geographical areas to share experiences.

COLLABORATIVE ACTIVITIES WITH PARTNERS

International networking and partnerships have been fostered throughout the Region. The GPW was implemented in Somalia in collaboration with international agencies, UNICEF, UNFPA, Somalia Institutes of Health and the Ministry of Health.

Collaboration with ICN on leadership training programmes is in progress in several countries in the Region. In Jordan, the leadership management training programme is supported under the patronage of Her Royal Highness Princess Muna.

Partners in HRH include the ministries of health and of higher education, USAID and other agencies.

Strengthening the newly established university-level nursing education programme in Tunisia has been achieved through twinning with a nursing faculty in Lebanon.

A Summary of achievements attained in this region is presented in Table 4.



Table 4. WHO Eastern Mediterranean Region: Summary of Activities and Achievements

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES				
Contribute to people centred-care	PHC integration	Lebanon	Meeting and regional framework on infection control (upper respiratory infections and injection safety)	Experts in infection control, educators, practicing nurses and midwives, Global Network on Injection Safety and WHO headquarters
		WHO Eastern Mediterranean Region	Meeting on pandemic/epidemic prone acute respiratory diseases	WHO Regional Office for South-East Asia and WHO Regional Office for Western Pacific, WHOCCs, WHO headquarters
		Syria	Community and PCH nursing and education programme implemented	
	Case studies on primary care models	Bahrain, Iran, Lebanon, Oman, Saudi Arabia	Case studies published on PHC nursing, nursing investment, community nursing, nurse education, and long-term improvements (2009)	Member States (government chief nursing and midwifery officers)
Strengthen leadership	Empowering nurses and midwives through leadership for change programmes	Bahrain, Jordan, United Arab Emirates, Yemen	Fifth leadership management training programme completed	ICN, Princess Muna of Jordan (patron of nursing and midwifery in the region)
NURSING AND MIDWIFERY POLICY AND PRACTICE				
Promote nursing and midwifery policy development	Strategic planning	WHO Eastern Mediterranean Region	55th session of Regional Committee meeting (focus on national planning for nursing and midwifery)	Member States ministries of health
		WHO Eastern Mediterranean Region	SDNM and Islamabad declaration implemented	Pakistan ministry of health, education experts, nursing and midwifery councils, ICN, ICM
		Egypt	Nursing and midwifery strategy development workshop (2011)	Experts in research, planning, management and education (300 participants)
	Regulatory frameworks	Sudan, Syria, United Arab Emirates	National nursing and midwifery councils established	Nursing and midwifery councils, government chief nursing and midwifery officers
		Yemen	Development of nurse and midwife job descriptions	Human resources for health experts, Ministry of Health
		Pakistan	Mapping of nurse, midwifery and health visitor institutions	WHO collaborating centres

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
Promote nursing and midwifery professions	Enhance professional standing	Egypt	Improving image of nurses in the workplace (Strategy workshop in 2011)	Medical professionals, professors, media
Establish evidence base	Research	Egypt	Cross section descriptive study conducted on nurses attitudes and reactions to workplace violence	8 hospitals in Cairo, Egypt

NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT				
Support efforts to increase nursing and midwifery workforce supply	Capacity planning, practice standards and competency	Gulf Cooperation Council countries	Technical symposium on nursing and midwifery education and HRH implemented	Regional bodies, ministries of health and education and nursing and midwifery experts
		Somalia, South Sudan	Scaling up nursing, midwifery and allied health resources implemented	Ministry of health, Somalia and UNFPA, UNICEF, teachers
		Sudan	Rumbek Institute of Science under construction	UNFPA, UNICEF, regional bodies
		Afghanistan, Somalia	Post basic midwifery curriculum implemented	Three schools of health sciences, WHOCC
		Iraq, Somalia, Sudan	Pre-service nurse education programme support	WHO collaborating centres, external consultants
			Development of national reference standards for nursing higher education curricula	Ministry of Health, Supreme Council of Universities
Identify training resources	HRH development	Somalia	GPW implementation achieved; national standard curriculum and 50 tutors trained on curriculum; 7 skill labs and tutors trained on labs; 4 training of teacher workshops; 3 education programmes established	Ministry of Health, WHO collaborating centres, UNFPA, The Arab League

NURSING AND MIDWIFERY WORKFORCE MANAGEMENT				
Strengthen workforce management	Strategic planning to address workforce migration	Afghanistan	Eastern Mediterranean Region HRH observatory created	Member State ministry of health, nursing and midwifery experts
		Gulf Cooperation Council countries	Guidelines for human resource planning in nursing	Member State ministry of health, nursing and midwifery experts
Support performance enhancement		Oman, Syria	Assistance to develop career structure	Member State ministry of health, nursing and midwifery experts
		Gulf Cooperation Council countries	Creation of Board of Nursing Specialization in Gulf Cooperation Council countries	Member State ministry of health, nursing and midwifery experts

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES				
Establish effective networking and partnerships	Implementation of the Global Programme of Work	Somalia	International collaboration for strategic planning implementation	WHO, UNICEF, UNFPA, Institutes of Health, Ministry of Health
	Leadership training	Gulf Cooperation Council countries	Patronage to improve professional standing of nurses and midwives in the region	Princess Muna of Jordan (patron of nursing and midwifery in the region)
	HRH development	WHO Eastern Mediterranean Region	Collaboration on HRH capacity and training initiatives	Ministry of Health, Ministry of Education, USAID
	Faculty strengthening	Lebanon, Tunisia	Twinning universities to strengthen nurse education	Nursing faculties
		WHO Eastern Mediterranean Region	Initiating regular contacts to exchange experiences and for problem resolution	Head nurses, Director of Nurses at Ministry of Health

9. WHO REGIONAL OFFICE FOR EUROPE

9.1 Background

The WHO Regional Office for Europe supports the 53 Member States in several ways: developing and sustaining their national health policies, health systems and public health programmes; working to identify, prevent and overcome potential threats to health; anticipating future challenges; and advocating public health.

The WHO Regional Office for Europe works closely with Member States, government chief nurses and midwives, WHO collaborating centres, the European Forum of National Nursing and Midwifery Associations and other partners towards the following goals:

- raising the level of nursing and midwifery education in the European Region;
- collecting evidence-based knowledge of nursing and midwifery;
- influencing national policies to ensure high-quality, accessible, equitable, efficient and sensitive health services.

As in other regions, health and health care in the European Region, including nursing and midwifery, have been profoundly affected by the 2008 economic crisis. Some countries are responding with severe constraints on public spending and on international and bilateral development support, and major health service reconfigurations.

9.2 Activities and achievements

(I) CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES

STRATEGIC FRAMEWORK

The main framework for nursing and midwifery development in the Region is the Munich Declaration. (73) This outlines the key roles of nurses and midwives in society's efforts to improve public health. The goals of the Declaration are relevant even in the context of the new European health policy framework, *Health 2020*, which was adopted by the Regional Committee in 2012. While good progress has been made towards achieving its goals, significant variations between Member States on goal achievement persist.

Some of the major emerging challenges to health and well-being are outlined in the *Tallinn Charter: Health systems for health and wealth* (74) and in *Health 2020*: a European policy framework supporting action across government and society for health and well-being. (75) They focus on growing demand for services, uneven distribution of health workers, lack of public health skills and working in multidisciplinary and intersectoral collaboration. Faster progress towards the Munich goals is necessary to meet these challenges. Nurses and midwives can make many relevant contributions to the implementation of both the *Tallinn Charter* and *Health 2020*.

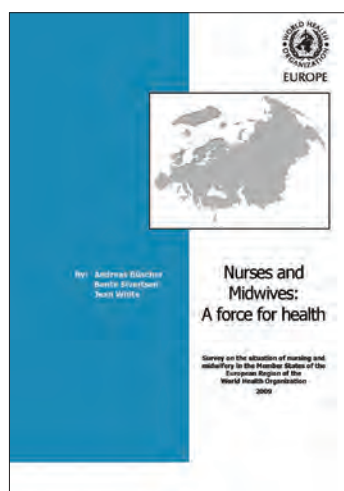
In 2009 the WHO Regional Committee adopted resolution EUR/RC59/R3, *Health in times of global economic crisis: implications for the WHO European Region*. (76) This urged Member States: to ensure that their health systems continued to protect vulnerable people; to demonstrate effectiveness in delivering personal and population health services; and to behave wisely and economically in terms of investment, expenditure and employment.

This was the context for a study of health policy responses to the economic crisis, conducted by the European Observatory on Health Systems and Policies and supported by the European Commission. (77) The study showed that Member States' responses to the crisis varied considerably, with government health budgets cut in most countries, and increased or maintained in very few. Policy changes also varied, and new measures introduced were sometimes quickly reversed due to unpopularity with stakeholders.

PRIMARY HEALTH CARE STRENGTHENING

The *16th Annual Meeting of the European Forum of National Nursing and Midwifery Associations* highlighted the urgent need to strengthen public health and PHC. (78) The Associations also advocated strong nursing input into community-based services, including roles as key service providers in preventing and helping people to manage NCDs, and as a driving force behind behaviour and lifestyle modification.

Nursing and midwifery are at very different stages of development in the 53 countries of the European region. Some of these differences arise from the diverse historical, political and cultural trends of Western and Eastern Europe; this is very marked in PHC. The focus of PHC in many Western European countries remains largely physician-centred and focused on curative services, although this is slowly changing. In other countries, such as Finland and the United Kingdom, PHC has long been led by public health nurses and midwives. Reforms and changes in the delivery framework for PHC over the past 30 years typically include changes in the roles of nurses and midwives, moving from junior task-based positions in hierarchies dominated by doctors to autonomous high-level roles as equal partners in multidisciplinary PHC teams.



Nurses are increasingly leading PHC services, providing health promotion, disease prevention, and treatment. Nurse specialists are developing effective roles in the care of people with NCDs. In some countries, people with mental and physical long-term conditions are taken care of at home with regular nursing support and very little intervention from doctors. The growing global trend to designate nurses, midwives and others as non-physician prescribers, led by the United Kingdom, has greatly enhanced the effectiveness and efficiency of PHC nursing roles in some countries.

Results of a major WHO survey of nursing and midwifery (79) indicate that physician shortages, problems with access to care and growing health inequalities were drivers for the establishment of new and advanced roles for nurses. It suggests, however, that expanding the scope of professional practice for nurses remains a matter of debate in several countries.

ROLE EXPANSION

Many countries still lack a critical mass of adequately prepared nurses and midwives to undertake advanced practice roles. The assumption that nurses in general will be more willing and ready than physicians to practise in remote areas and to serve underprivileged populations may also be challenged: other incentives will be necessary to attract highly qualified nurses to less attractive places of work.

The Regional Office supports Member States in reforming PHC within the framework of their overall health system reforms, and encourages them to study examples that illustrate the effective PHC roles of nurses and midwives. The adaptation, development and promotion of the family health nurse role supports PHC and community-based health-care policy. (80) WHO

was instrumental in developing and testing the role, which has been piloted and mainstreamed in various Member States, and is becoming a key part of PHC in some Western and Eastern European countries.

In Finland the government has supported a series of sustainable, integrated measures to develop the role of general nurses, public health nurses and midwives, with a particular focus on the treatment of minor acute health problems and NCDs and on providing patient education in multiprofessional PHC teams. (81)

The development of advanced roles was promoted in various ways, including: national social and health policy programmes adopted by governments; national nursing action plans based on the national social and health programmes; allocation of state grants for municipal pilot projects; legislation on new professional responsibilities and nurse, public health nurse and midwife prescribing; regulated postgraduate education; multiprofessional partnership and multilevel cooperation; and international collaboration. Finland also has a longstanding WHO collaborating centre for nursing and has provided support to the Regional nursing programme and bilateral projects.

In Iceland, an enhanced ambulatory nurse service, with an expanded nurse role to meet clients' needs in diabetes mellitus was implemented. (82) In Slovenia a multidisciplinary role model for PHC is provided by the Dr Adolfa Drolca Health Centre in Maribor. (37) The services are based on a model of integrated care, with nursing staff working in multidisciplinary and multisectoral teams in local communities. As the home of a long-established WHO collaborating centre for PHC nursing, the centre continues to play a vital role in supporting nursing and PHC development throughout the former Yugoslavia and beyond.

In Tajikistan, family health nursing has been introduced as part of a national health reform programme. (37) The project was built on international collaboration, with partners contributing expertise and funds. The aim was to develop a new approach to nursing education that would provide graduates with the necessary skills and expertise in PHC. The Aga Khan Health Services, Tajikistan, the main source of funding, supported the development of a nursing development centre. The WHO collaborating centre of Glasgow Caledonian University provided consultancy and led workshops for nurse educators, and facilitated study visits to the United Kingdom. The Asian Development Bank funded the preparation of course materials and the introduction of a training programme for family nurse teachers. By 2008 the programme's achievements included:

- 2000 qualified family health nurses;
- 500 post-qualifying family health nurses undertaking accelerated training;
- the introduction of a curriculum for general and family health nurses;
- a qualitative evaluation of the impact on health in communities where nurses were working;
- the training of 150 head nurses as mentors;
- the establishment of a leadership team for curriculum development.

(II) NURSING AND MIDWIFERY POLICY AND PRACTICE

POLICY DEVELOPMENT

Nurses and midwives comprise the majority of health-care professionals in Europe and thus play a key role in the successful delivery of health services. As part of the international health workforce crisis, many Member States are facing shortages of qualified nurses and midwives. To safeguard the future health workforce and the provision of high-quality care, steps must be taken to ensure that nursing and midwifery are seen as attractive career options.

Nurses and midwives must have a solid evidence-based education that enables them to meet the changing needs of a population by working, on their own and in teams with other professionals,

along the entire continuum of health and illness. In addition, their work needs systematic evaluation to show its efficiency and effectiveness, and they need to be involved in decision-making for health policy. The higher the proportion of academically prepared nurses and midwives in a country, the more likely they are to be involved in decision-making.

The Munich Declaration continues to guide Regional Office and country activities, by working to improve the education, professional opportunities and influence of nurses and midwives. Evidence from three progress reviews of implementation of the Declaration in Member States has helped to determine the actions needed to strengthen nursing and midwifery. The range of recommended actions includes those listed in Box 2.

Box 2. Overview of recommended actions for the WHO European Region

Raising nursing and midwifery education to university level

Expanding the scope of nursing and midwifery practice

Preparing nurses and midwives for leadership roles

Creating pathways for career progression

Improving working conditions and salaries

Increasing nurses' and midwives' participation in decision-making at all levels of policy development and implementation

Developing workforce planning strategies

Measuring the quality of nursing and midwifery services

Raising awareness in government and society of the importance of nurses and midwives

The activities undertaken in 2008–2012 by the Regional Office and its partners include advocacy on national strategic policies and new regulations that support the creation of effective and innovative roles for nurses and midwives in response to patients' needs, with emphasis on care in the community, and safe high-quality care.

LEGISLATIVE FRAMEWORKS

Substantial progress has been made across the Region in implementing the Munich Declaration. (82,83) Evidence exists of political support in ensuring that legislative frameworks are in place to enhance roles. However, huge disparities between countries remain: nurses and midwives in some countries were engaged in strategic decision-making, while others had only limited participation. The expansion of the scope of practice was driven by the demand for a flexible workforce and appropriate skill mix. Patient safety can be ensured through a strong governance framework.

NATIONAL ACTION PLANS

WHO in Europe and globally has long advocated the importance of each country developing a national nursing and midwifery action plan, in a participative process led by the government chief nurse and/or midwife and/or national focal point for nursing and/or midwifery in the Ministry of Health (called the chief nursing officer in some countries). This complex work requires human and financial resources as well as stakeholder involvement.

The main stages of this process are: forming a national leadership group; collecting evidence on key indicators; creating and disseminating the country profile; conducting a situation analysis; developing a shared vision for nursing and midwifery; agreeing priorities for action; drafting a national action plan; consulting widely on the plan; finalizing the plan; and gaining official endorsement. A plan for implementation should be developed, with a time scale, budget, and designated responsibilities. Monitoring is essential, as part of the non-stop cycle of analysis, planning, implementation and evaluation.

LEADERSHIP DEVELOPMENT

The 2009 survey showed that some countries had developed national nursing and midwifery action plans and shared them through WHO inter-country meetings; this helped to define a shared vision for nursing and midwifery and to agree priorities of action. The post of government chief nurse is considered to be the most influential role in nursing; however, not all countries have them. This is similar for government chief midwives. Some countries have nursing and/or midwifery departments or divisions in ministries, but financial constraints and lack of status have reduced the size of these departments. In other countries the chief nurse's role has been downgraded or abolished. Some countries also have nurses and midwives working in multidisciplinary policy teams at the health ministry.

Recognizing the leadership challenges required to meet these goals, the Regional Office has revitalized its networks of government chief nurses and midwives at regional and sub-regional levels. At the 2011 WHO European Regional Meeting of Chief Nursing Officers, (83) four experienced government nurses described how they had responded to the challenge of developing new policies for health, and their visions for the next five years.

In the Republic of Ireland the policy focus was on integrated care, with less reliance on acute hospital services and more emphasis on managing patients in the community. A new government and tough economic conditions offered the potential to expand roles and develop nurse and midwife-led services in response to service need. This was supported by a new strategic framework for role expansion. All nurses and midwives now qualify through a four-year honours degree programme. A review of undergraduate pre-registration programme effectiveness is planned.

Responding to the challenge to improve the use of resources, all nurses in Cyprus have been trained to first level since 2007, and their education is moving towards a four-year bachelor programme. Specialist training in areas including community nursing and midwifery will be implemented at master's level.

Many positive developments were observed in Uzbekistan, particularly in education, with progress made towards a bachelor's degree in nursing and multidisciplinary teamwork.

Kyrgyzstan implemented many aspects of the Munich Declaration and adopted a new nursing concept; however, progress has been mixed due to political instability and financial constraints. Nurse emigration is a key issue and the skill drain was affecting leadership. The focus is now being directed towards PHC and midwifery.

Fulfilling the revitalized Regional Office commitment to supporting nursing leaders, a sub-regional meeting of government nurses and focal points from the Commonwealth of Independent States was held in the Russian Federation on 11–12 October 2012. It explored similar issues, with a particular focus on the need for nursing and midwifery to gain support and influence among political leaders. Recommended solutions include:

- introducing best practice cases to politicians;
- informing politicians how nursing practice has and can be improved;
- providing evidence of the impact of nursing/midwifery on new policies;
- involving other ministries (education, welfare, finance);
- reminding politicians of the huge voting impact of nurses.

(III) NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT

EDUCATION DEVELOPMENT

The WHO Regional Office for Europe has been contributing to the strengthening of nursing and midwifery education, particularly in the areas of community care and family health nursing. Agreement on entry level to nurse education has been a major achievement. There is increasing recognition of academic education for nursing programmes. The Regional Office has been supporting its Member State nursing associations in developing advanced practice nurse/midwife education programmes to scale up capacities and skills in leadership at all health system levels. The Regional Office works closely with Member States, government chief nurses and midwives, WHO collaborating centres and the European Forum of National Nursing and Midwifery Associations to raise the level of nursing and midwifery education and develop guidelines in the Region. It also promotes evidence-based knowledge of nursing and midwifery, a foundation stone of good education, and the research capacity to generate this knowledge.

An important issue to attract future nursing and midwifery professionals and ensure attractive career options is the need to gear health professional education further towards community services, including home-based care. In addition, education of nurses and midwives must be scaled up and adjusted in line with requirements of population needs and health reforms. (16)

The need for academically prepared nurses and midwives is gradually being recognized and the proportion of university-educated nurses and midwives in comparison to vocationally trained nurses is slowly increasing in the Region. A deficit still remains in the number of nurses educated to perform advanced practice roles and, although this is decreasing, it is expected to persist through the next decade.

STANDARDIZING EDUCATION AND TRAINING

The European Union has laid down minimum standards for pre-registration nursing education in general care since the late 1970s, within a regulatory framework for mutual recognition of professional qualifications. Their prime purpose is to assist the free movement of professionals. The current EU legislation does not specify whether nursing education should be delivered in higher education institutions (although this is the European trend), nor the level of the qualification required (diploma, bachelor's degree, master's degree).

In 2000 the Regional Office for Europe launched a strategy for initial nursing and midwifery education. European initiatives continue to be informed by the SDNM and global standards for the initial education of professional nurses and midwives. Despite country differences, the emphasis on the need to move initial education to a higher educational level resonates in Europe. Through activities promoted by the Regional Office and EU Directive 2005/36/EC, most countries now require 12 years of education for entry to an educational programme in nursing and midwifery; however, this is not yet universal in the Region.

Nursing was the first health-care regulated group and practical discipline to be included in the Tuning Project (Tuning Educational Structures in Europe) initiated within the Bologna Process. It focuses on educational structures and content of studies, and addresses the responsibility of higher education institutions. Its objectives are: the adoption of easily readable and comparable degrees; a two-cycle system of degrees (undergraduate and postgraduate); a system of transferable credits; the promotion of mobility; quality assurance; and the European Dimensions of Higher Education. This provides a further impetus to raise the level of initial nursing and midwifery education to graduate level throughout the Region.

In the post-conflict setting of Kosovo, education is being used to reorient nursing and midwifery towards a level of PHC that meets European Union and WHO standards. (37) With EU funding, the University of Pristina worked with Glasgow Caledonian University (Scotland, UK) to develop a

three-year programme using a problem-based learning approach to encourage critical thinking. The emphasis in the final year was on clinical practice in the community, and students enjoyed the opportunity to work as semi-autonomous PHC practitioners. By 2008, 20 midwifery students and 34 nursing students had completed the programme.

A sound initial education in nursing and midwifery provides the basis of lifelong learning and CPD. In the Republic of Ireland the policy context and previous achievements created significant opportunities to expand nursing and midwifery roles in a proactive, solution-focused manner to improve the quality of care. (83) In 2011 the Ministry of Health devised a strategic framework for role expansion in response to service needs, and to promote safe, high-quality care. The new Nurses and Midwives Act provides a modern statutory framework for the regulation of the nursing and midwifery professions, with an emphasis on protecting the public and assuring competency.

CHALLENGES

Such progress is heartening but challenges still remain. In the United Kingdom, where nursing has often been in the vanguard of progress, the provision of CPD and of robust career frameworks often remains inadequate. An independent commission on nursing education concluded that newly qualified nurses, even after completing a demanding undergraduate programme and assessments of their competence, cannot be “the complete package”. (84) It suggested that well-funded CPD, including mentorship, positive role modelling and the opportunity for reflective practice, is essential. Fears were expressed about signs of disinvestment in CPD: professional development budgets (already low in nursing) are an easy target for savings and this approach can reduce the numbers of graduate nurses and midwives attracted and retained.

While all four governments in the United Kingdom (England, Northern Ireland, Scotland, Wales) already have good policies for building career frameworks and pathways that support movement between and synthesis of practice, management, education and research, implementation of such policy has been slow and patchy, prompting the commission to recommend urgent implementation actions.

(IV) NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

WORKFORCE PLANNING

Many countries in the Region face serious shortages in their nursing and midwifery workforces. Contributory factors include:

- demographic changes with increasingly ageing populations;
- increasing need for long-term care and management of chronic diseases;
- fewer applicants for nursing or midwifery careers;
- strong competition from other disciplines;
- poor career prospects;
- migration and retirement of the current nursing/midwifery workforce;
- salaries below the national average (in most countries over 90% of nurses and midwives are female; women's salaries in general remain lower than men's).

The 2009 WHO survey confirmed serious region-wide problems threatening the number of qualified nurses, midwives and other health-care professionals. (85) While some countries have a comprehensive long-term prognosis of workforce demand and education needs (e.g. Finland), other countries were applying market principles and commercializing health care, alongside increased privatization of service delivery.

These developments augment the complexity of workforce planning, which should take into account the numbers of people in need of care, the numbers of professionals, training capacities and patterns of service delivery. Data collection and the creation and implementation of comprehensive plans, (already very challenging), were severely hampered by fragmented, market-based health-care systems driven by competition between service providers.

An overarching conclusion is that coordinated and urgent action from policy-makers is required. However, even when good policies are in place there is no guarantee they will lead to a sufficiently large workforce of nurses and midwives.

The work of the Regional Office and its nursing partners is also informed by RN4CAST (Nurse Forecasting in Europe), one of the largest ever nursing workforce studies, (<http://www.rn4cast.eu/en/index.php>). Funded by the European Commission, its objective is to determine how hospital nurse staffing, skill mix, educational composition, and quality of the work environment affect hospital mortality, failure to rescue, quality of care, and patient satisfaction. The findings will allow researchers to refine existing nurse workforce forecasting models by addressing both volume and quality of nursing staff and patient care.

Researchers from 12 European countries (Belgium, Finland, Germany, Greece, Ireland, the Netherlands, Norway, Poland, Spain, Sweden, Switzerland and the United Kingdom) are collaborating in this 3-year study (2009–2012). It also involves three countries outside Europe (Botswana, China and South Africa) to provide a broader international perspective, and is coordinated by the Catholic University of Leuven, Belgium in cooperation with the Centre for Health Outcomes and Policy Research at the University of Pennsylvania, USA.

MIGRATION

Migration remains a critical factor. One study (85) found that the proportion of foreign nurses ranged from 10 to 15% in some European countries to 0 to 5% in others. However, many countries do not have foreign health worker data. Although there appears to be less mobility among nurses than doctors, data is scarce particularly in the informal and home care sectors. Mobility was characterized by three directions of flow:

- between countries within the EU and across EU borders;
- from east to west and from south to north;
- between regions.

Outflow trends tended to fall after a country joined the EU, and new outflows were attributed to the financial crisis.

Meetings of WHO and the European Forum of National Nursing and Midwifery Associations have focused on workforce issues. During the Forum's 13th annual meeting in 2009 a statement on the international recruitment of health personnel (86) was agreed. At the 16th Annual Meeting in 2012 the sustainability of the national health workforce was endorsed as a national strategy. (78) The adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel (43) was a positive step forward, but its voluntary nature remains a cause for concern and action towards implementation is imperative.

POSITIVE PRACTICE ENVIRONMENTS

Recent initiatives in several countries have focused on creating an enabling environment for the nursing and midwifery workforce, and on reviewing how workforce management can be improved. In the United Kingdom, the Prime Minister's Commission on the Future of Nursing and Midwifery in England analysed nursing and midwifery from a broad context. (87) It developed a value-based vision of the future that sees nurses and midwives in the mainstream of service planning, development and delivery; its final report sets out 20 high-level recommendations.

This Commission concluded that the work of nurses, and sometimes of midwives, remained largely invisible, often poorly understood and at times undervalued, while health service policy generally failed to take account of nurses' and midwives' concerns and ideas. The Commission recommended action at four levels to create sustainable health service change: the individual staff member; the team, unit or department; the institution as a whole, directed by the board and executive team; and the wider health-care system.

The report recommends steps to strengthen nursing/midwifery roles in hospital and community settings, suggesting all nurses/midwives in senior roles should undertake management and professional accountability for the quality of nursing and midwifery care. Simultaneously, employers must accept full accountability for commissioning and delivering high-quality care, establish clear lines of accountability and authority, and appoint a director of nursing to champion care at executive board level.

The independent Willis Commission on Nursing Education (84) echoed many of those suggestions, highlighting the direct correlation between poor care and a lower proportion of registered nurses in the skill mix and acknowledging the economic and quality value of well qualified and effectively deployed nurses in significantly lowering mortality and morbidity rates.

These reports point out that many previous reports on nursing and midwifery had made similar recommendations; the problem is that governments and health employers consistently fail to implement recommendations that could positively and swiftly improve nursing and midwifery workforce planning.

(V) PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

STEWARDSHIP AND GOVERNANCE

The WHO Regional Office for Europe works closely with a large group of partners to help nurses and midwives cope with advancing technology and deliver high-quality, evidence-based care.

The Regional Office and European government nurses also remain active in global government nurse/midwife networks. For example, they participated in the WHO Global Forum and the Triad meeting of government chief nurses and midwives, national nursing and midwifery associations and regulatory bodies held in Switzerland in 2012.

The WHO Regional Office for Europe works closely with Member States, government chief nurses and midwives, WHO collaborating centres and other partners including the European Forum of National Nursing and Midwifery Associations to achieve its nursing and midwifery programme outcomes.

COLLABORATIVE ACTIVITIES WITH PARTNERS

Since the 1980s government chief nurses and midwives have been longstanding partners of the WHO Regional Office, maintaining networks and organizing regional and sub-regional meetings. Network meetings were revitalized through a pan-Europe meeting (Poland 2011) and a sub-regional meeting (Russia 2012) where a draft of the SDNM was reviewed and a tool for collecting country case studies for a regional compendium was developed.

Since the 1990s the European Union has convened a new network of government chief nurses of Member States. The WHO Regional Office continues as an observer at meetings, which are held in the country holding the EU presidency role (Poland 2011, Cyprus 2012).

In addition, the Regional Office has a longstanding partnership with the European Forum of National Nursing and Midwifery Associations, a joint initiative launched in 1996. From 2008–2012, WHO organized an annual forum providing a platform for constructive collaboration, sharing information on new health challenges, mapping progress in nursing and midwifery, developing policy positions, and reviewing the role of the associations in strengthening the contributions of nurses and midwives. (78,86,88,89,90)

Forum meetings have produced statements on: health system stewardship, international recruitment of health personnel and strengthening the nursing and midwifery workforce. The Forum is also developing partnerships with other nursing and midwifery organizations.

Successful twinning projects and direct partnership agreements between organizations and/or countries are being reported.

Regular participation in international meetings and conferences, and membership of international networks and organizations (including regionalized or language-based international collaborations such as those among the Nordic or German-speaking countries) are useful in strengthening knowledge about nursing and midwifery. Successful outcomes include initiating international student exchange programmes, supporting education and research and strengthening leadership skills.

There are six nursing and midwifery WHO collaborating centres (in Denmark, Finland, Germany and Slovenia, and two in the United Kingdom). Their activities include coordinating collaborations within and outside the Region and with other partners promoting nursing and midwifery development with community organizations and other health professionals.

In 2011–2012 the WHO Regional Office performed a participatory assessment of its collaboration. This led to the resumption of active collaboration as a network of European collaborating centres, with a joint work plan to sustain the network, conduct projects and share experiences.

The WHO Regional Office is also involved in the Organisation for Economic and Social Development (OECD) Expert Group on Health Workforce Planning and Management, and the Working Group of the European Commission on EU Health Workforce. It is also a collaborating partner in the EU Joint Action on European Health Workforce Planning and Forecasting. These are essential platforms to promote a sustainable nursing and midwifery workforce in the Region. Some national nursing and national midwifery associations use the media to influence policy and to communicate to a wider audience. The Royal College of Nursing of Wales, for example, publishes a regular feature on nursing issues in the most widely read regional newspaper. The WHO Regional Office collaborates closely with the ICM, the ICN and the European Midwives Association.

Table 5 highlights the achievements attained in the European Region.

Table 5. WHO European Region: Summary of Activities and Achievements

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES				
Contribute to people centred-care	PHC integration	Serbia	GPW implemented; national strategic plan for human resources for health established, integration of EU and adaptation of global standards for nursing and midwifery education; role of chief nursing and midwifery offices in Serbia defined; policy supporting ILO Convention 149 established	Regional and local partners, Nursing Chamber, Ministry of Health, Ministry of Education, universities, colleges, high schools and health service providers at all health-care institution levels
	Primary care models	Denmark, Germany, Slovenia, Tajikistan, UK, UN Administered Province of Kosovo	Case studies published (2009) on PHC role models – multidisciplinary roles, family health nursing, health of the elderly. PHC training in post-conflict setting	Experts in nursing and midwifery education and practice
		Denmark	European Forum of National Nursing and Midwifery Associations 16th meeting (2012) focusing on role of nursing and midwifery in NCD management and strengthening public health capacities	28 national associations, 3 WHO partner organizations
		Netherlands	Commencement of a two-year research collaboration in 2012 focusing on PHC intervention impacts (NCDs etc.) and their sustainability as well as new ways to achieve people-centred care.	WHOCC Netherlands Institute for Health Service Research
		WHO European Region	Parameters for the development of advanced roles in community settings being developed e.g. mental health	Member States Ministries of Health, European Forum of National Nursing and Midwifery Associations
	Family health nursing	WHO European Region	Working group on family health nursing established	University of West Scotland

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
Strengthen leadership	Empowering nurses and midwives through leadership	WHO European Region	WHO is supporting the dissemination of European Forum of National Nursing and Midwifery Associations PHC recommendations related to WHO PHC priorities	Nursing and midwifery associations in European countries
		WHO European Region	Establishment of departments or divisions in Ministry of Health in some countries responsible for nursing and midwifery decision-making	Chief nursing and midwifery officers, government chief nurses

NURSING AND MIDWIFERY POLICY AND PRACTICE

Promote nursing and midwifery policy development	Strategic planning	WHO European Region	Adoption of resolutions EUR/RC57/R1 (2007) and EUR/RC59/R4 (2009) providing direction on nursing and midwifery strategy	WHO Regional Office for Europe, Member States
		Belgium, Hungary, Spain	Since 2008, EU Presidency annual meetings for chief medical officers held	WHO Regional Office for Europe, chief nursing and midwifery officers, national nurse and midwife associations
		WHO European Region	2010 publication of third monitoring review of nurse/midwifery situation in Europe	Member States, WHO Regional Office for Europe
		WHO European Region	Draft publication prepared <i>10 years after the Munich Declaration for moving forward Nursing and Midwifery in the European Region</i>	Member States Ministries of Health, regional partners
		WHO European Region	Review of SDNM European Region and template adopted for documentation of country best practices	Sub-regional chief nursing officers
	Regulatory frameworks	WHO European Region	Legislation adopted in most countries requiring 12 years education pre-entry to nursing/midwifery programmes	Member States Ministries of Health and educational institutions
Establish evidence base	Research		Sub-regional meeting held in 2012 focused on evidence base for decision making Evaluation of the Munich Declaration	Chief nursing officers, Commonwealth of Independent States, research experts

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
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NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT

Support efforts to increase nursing and midwifery workforce supply		WHO European Region	Increase of country recognition in the region for university education of nurses/ midwives	Member States Ministries of Health, educational institutions
		Germany, Italy	BSc Nursing introduced	Educational institutions, Ministries of Health
		Serbia, Uzbekistan	Collaborative agreements established	Member States Ministries of Health

NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

Strengthen workforce management	Strategic planning	WHO European Region	HRH Europe observatory created	Member States Ministries of Health
		WHO European Region	Publication of <i>Achieving health related MDGs: strengthening the nursing and midwifery workforce in Europe</i>	European Forum of National Nursing and Midwifery Associations, WHO Regional Office for Europe

PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

Strengthen stewardship and governance	GPW implementation	Serbia	Strategic planning	Regional and local partners, Ministry of Health, Ministry of Education, universities, colleges, high school and health service providers at primary, secondary and tertiary health-care institutions
	Annual EFNNMA meetings	WHO European Region	Statements produced on: health system stewardship; international recruitment of health personnel; strengthening nursing and midwifery workforce	European Forum of National Nursing and Midwifery Associations
	Meeting of WHOCC Network	WHO European Region	WHOCC collaboration reinforced commitment agreed in 2012 to support preparation of <i>European health policy 2020 and European action plan on public health</i>	Network of WHO collaborating centres
Establish effective networking and partnerships	Partnership enhancement	WHO European Region	Collaborating partnership agreements	OECD, EU Commission on EU Health workforce, EU Joint Action on European Health Workforce Planning and Forecasting

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
	Nursing and midwifery development	WHO European Region	6 WHOCCs established in Denmark, Finland, Germany, Slovenia and 2 in UK	
	European Observatory on Health Systems and Policies	WHO European Region	Partnerships established	EU Member States, European Investment Bank, World Bank, French National Union of Insurance Funds, London School of Economics and Political Science, London School of Hygiene and Tropical Medicine
	Participation at international conferences, meetings, network memberships	Nordic countries, Germany	Collaborations and networks established strengthening knowledge base, education, research and leadership skills	Chief nurses and midwives from Member States, international representatives

10. WHO REGIONAL OFFICE FOR SOUTH-EAST ASIA

10.1 Background

The WHO South-East Asia Region is highly prone to emergency and disaster. In past decades various types of emergencies and disasters have been experienced, including tsunami, earthquake, cyclone, flood, landslide, drought and conflict. In the last two decades 38% of all global disasters have occurred in this region, leading to instability, damage and destruction of assets, human displacement, injury, illness and death.

Nurses and midwives comprise the majority of the health workforce, numbering over 1 600 000 in the 11 WHO South-East Asia Region countries. Their work is oriented towards health promotion, disease prevention, care and rehabilitation of individuals, families and communities. They play a key role in all aspects of disaster: from mitigation and preparedness to recovery and rehabilitation.

Over the past two decades gradual improvement has been achieved in maternal and infant health in the Region, and progress made towards MDG 5 on maternal health. (6) Although the contribution of nursing and midwifery to strengthening health services is well recognized, many challenges remain: workforce shortages, poor distribution, lack of standardization in education and services, ineffective leadership and management, poor working environments and increasing international migration.

10.2 Activities and achievements

(I) CONTRIBUTIONS TO HEALTH SYSTEM STRENGTHENING

PRIMARY HEALTH CARE RENEWAL

Revitalization of PHC in the WHO South-East Asia Region requires better education and training of the health workforce to enable them to respond effectively to health-care demands. Nurses working in the community (community health nurses or public health nurses) need to focus more on disease prevention and health promotion. Activities are being promoted to increase capacities in nurse education institutions to promote community health teaching for nurses.

Countries in the Region recognize the need to accelerate progress towards the MDGs. Maternal and child health issues are key in the training and education of nurses. (19,91,92) These activities are challenged by cultural factors which hinder mothers from accessing health facilities. Effective implementation of community health nursing and midwifery is vital to address this while simultaneously responding to PHC revitalization and strengthening of regulatory bodies. (10)

STRATEGIC PLANNING

Community-based health care has been a focus in the Region since 2002 and care models were piloted in Bhutan, Myanmar and Nepal. Increasing the number of community health volunteers is a key strategy for health workforce development identified in the Dhaka Declaration of 2006 and the Regional Committee resolution SEA/RC59/R6 on health workforce strengthening. (91)

This sets out nine strategic areas of action for WHO and Member States to develop and sustain community-based health workers and volunteers to promote health.

The nine strategic actions are grouped into three pillars: (i) renew political commitment and recognize the importance of community-based health workers and volunteers; (ii) strengthen the corps of community-based health workers and volunteers and (iii) ensure a supportive environment for their effective functioning. The strategic directions were adopted in principle at the Regional Meeting on Revisiting Community-Based Health Workers and Community Health Volunteers held in Thailand in 2007, and were finalized at the peer review meeting in February 2008.

MATERNAL, NEWBORN AND CHILD HEALTH

Strategies are being implemented to strengthen midwifery. They include: incorporating midwifery activities into national policy; developing a plan on maternal, newborn and child health; innovative midwifery education and training; strengthening the maternal, newborn and child health service systems including evidence-based practices and effective referral systems; effective midwifery regulation; and effective midwifery workforce deployment and development. A position paper on strategy to reduce maternal and neonatal mortality promoting skilled attendance at every birth was developed in Bangladesh. Supported by the WHO Making Pregnancy Safer Unit, efforts are being scaled up in the Region to accelerate the achievement of MDGs 4 and 5 through a bi-regional consultation in 2009 considering the application of sociocultural approaches. (92)

Other key regional achievements include a policy statement on the utilization of nurses and midwives in support of MDGs 4 and 5 and the development of a proposal on strengthening nursing and midwifery services for accelerating the reduction of maternal and neonatal mortality.

INFECTION PREVENTION AND CONTROL

Building on regional meetings on health reforms for the 21st century (October 2000) further consultations have taken place on maximizing nursing and midwifery contributions at community level. Key priority areas are being addressed: the prevention and control of pandemic prone acute respiratory diseases in the community, infection control practices (HIV/AIDS) and increasing the number of skilled birth attendants by revising midwifery education curricula and standards, building capacity of midwifery teachers and procuring educational equipment.

MENTAL HEALTH PROMOTION

The WHO South-East Asia Region worked with the Bureau of Mental Health and Technical Cooperation Department, Ministry of Public Health, Thailand to draft a module on mental health promotion for nurses and community based health workers in November 2012. The draft module is currently being reviewed by experts.

DISASTER AND EMERGENCY MANAGEMENT

Strengthening the role of nurses and midwives in disaster and emergency management remains a priority in the Region. In collaboration with the WHO Regional Office for the Western Pacific, support was provided to nurses and midwives to participate at the second Asia-Pacific Disaster Nursing Network meeting in Cairns, Australia (September 2009). Outcomes from the meeting include development of core competencies, curricula and a research framework for emergency and disasters. (93) A further meeting on Emergency and Disaster Nursing was held in Indonesia in 2011.

LEADERSHIP DEVELOPMENT

Although nurses and midwives provide up to 80% of health care in rural and remote areas, conditions are challenging, practices vary and resources are often limited. Leadership and workforce management is lacking. Some midwives have to walk for four hours to attend a birth. While public health nurses have leadership responsibility at district office level, PHC teams are usually led by doctors.

Leadership capacities vary from country to country. For example, in Indonesia's Ministry of Health, Nursing Directors are involved in nursing and midwifery development; in Nepal policy and governance issues remain within the Ministry of Health's Human Resource Division. WHO is supporting efforts to improve leadership capacities through post-basic education and development to promote training of nurses and midwives at all levels of the health system to take on leadership roles.

(II) NURSING AND MIDWIFERY POLICY AND PRACTICE

POLICY DEVELOPMENT

Although represented at decision-making level in most countries in the South-East Asia Region, issues concerning nursing and midwifery regulation and governance can be spread over several divisions within a Ministry of Health. This can lead to obstacles and delays in implementation. Consequently, WHO is supporting the scaling up of policy and practice activities with Member States.

Most countries have HRH strategic plans in place and increasingly the nursing and midwifery workforce is recognized within country strategies. In addition to the nine strategic actions for strengthening community-based health workers and community health volunteers described above, other policy advances include:

- the adoption of the South-East Asia Strategic Framework of Nursing and Midwifery, 2006–2010;
- the implementation of guidelines to assist administrators and decision-makers in developing nursing and midwifery workforce planning; *(94)*
- the implementation of national policies in Bangladesh, India and Nepal to scale up numbers of midwives and skilled birth attendants.

REGULATORY FRAMEWORKS

Most countries in the Region have established nursing associations or nursing councils. Despite this, regulation and practice standards are often governed by several Ministry of Health divisions.

The quality of nursing and midwifery workforces contributes to the quality of health-care services and health outcomes. Quality assurance and accreditation are the two key mechanisms for ensuring the quality of education, which is the foundation for building workforce capacity. The WHO Regional Office for South-East Asia has developed guidelines on quality assurance and accreditation of nursing and midwifery educational institutions. *(95)* Seven key quality components are suggested: vision, mission, goal and objectives; organization and administration; academic staff; students; curriculum; resources; and a quality assurance system. Examples of standards, indicators and the self-assessment report are also provided.

EVIDENCE-BASED PRACTICE

The use of evidence-based practice in nursing is not yet common in countries in the WHO South-East Asia Region. In addition, updated and reliable evidence in nursing is still very scarce and not easily available. Efforts to strengthen this area include:

- advocacy and support by WHO on evidence-based practice and evidence-based decision/policy-making in Member States to close the gap in obtaining data and applying that evidence in practice;
- implementing nursing and midwifery best practices following known parameters as outlined in the disaster management continuum and the WHO/ICN Framework of Disaster Nursing Competencies; (93)
- South-East Asia case studies highlighting the roles and responsibilities of nurses and midwives during emergencies and disasters in the Region. The Nursing Unit collaborated with the Emergency and Humanitarian Action Unit in the Regional Office for South-East Asia in providing documentation for these case studies.

(III) NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT

EDUCATION DEVELOPMENT

In response to World Health Assembly resolutions, commitment to education was strengthened by the establishment of the South-East Asia Nursing and Midwifery Education Institutions Network in 2007. A framework for community health nursing education has been developed to provide guidance on the core functions, roles and areas of work of community health nurses, classification of population targets, competencies of community nurses and participatory teaching and learning processes.

The second meeting of the South-East Asia Nursing and Midwifery Educational Institutes Network was held in Myanmar in April 2009, attended by 47 participants from 24 educational institutions, international organizations and WHO. Deliberations focused on the health-related MDGs, nurses' and midwives' contribution to PHC, and quality improvement in education. Guidelines on workforce planning were adopted.

Support is being given to Member States to promote standardization of requirements for nursing and midwifery education, from pre-service to faculty level. (35) The WHO Regional Office has developed a framework for community nursing education to guide nurse educators on the contents of the community health nursing course pre-service programme, as well as community nurse teaching capacity requirements. (95)

WHO supported Member States in the South-East Asia Region in scaling up the number of skilled birth attendants by revising the midwifery education curriculum, standards and training, building capacity of midwifery teachers, and procuring educational equipment. The South-East Asia and Western Pacific regions collaborated to support and strengthen nurses and midwives at the second Asia-Pacific Disaster Nursing Network meeting in Cairns, Australia in September 2009. Outcomes from the meeting include website development of core competencies, curriculum development and a research framework for emergency and disasters.

Country achievements include:

- revised midwifery, nurse-midwife and auxiliary nurse-midwife curricula in Bangladesh, Bhutan, India, Myanmar and Nepal;
- Sri Lanka is revising its public health midwifery curriculum and increasing the number of midwives;
- Timor-Leste opened a new midwifery school;
- Bangladesh, India and Nepal are training more midwives and auxiliary nurse-midwives.

CAREER DEVELOPMENT

Career development is still at an early stage in many parts of the Region. Efforts are focused on improving nursing and midwifery expertise through accredited education programmes:

- a three-year diploma programme in nursing and midwifery was launched in Timor Leste National University in 2009. A two-year diploma programme continues at its Institute of Health Sciences;
- a WHO-supported three-year diploma in nursing and midwifery was launched in the Democratic People's Republic of Korea (first students graduated in 2009);
- the first bachelor of science degree in nursing and midwifery was launched in Bhutan in 2011.

(IV) NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

WORKFORCE PLANNING

A fully staffed and competent nursing and midwifery workforce can contribute to the accessibility and coverage of health services and thus to favourable health outcomes. Nurse-midwifery administrators in service, education and professional organizations in the South-East Asia Region are urged to formulate national policy on the nursing and midwifery workforce, develop workforce planning, and effectively manage the workforce to ensure adequacy, proper distribution of personnel and quality of services.

The Regional Office has developed guidelines on nursing and midwifery workforce management, to assist administrators and decision-makers in developing workforce planning. (96) The guidelines explain the importance of such planning and prescribe steps for the planning process, including:

- agreeing on the scope and objectives;
- establishing project management capacity;
- assessing the environment;
- describing the current workforce capacity;
- estimating future workforce needs;
- analysing the gap between workforce requirements and workforce capacity;
- developing strategies and responses to balance workforce needs with capacities;
- implementing the plan, with monitoring and evaluation;
- factors facilitating successful planning are also listed.

(V) PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

COLLABORATIVE ACTIVITIES WITH PARTNERS

Resource constraints are providing an impetus for networking between nursing and midwifery educational institutions to enhance education and faculty development.

The WHO South-East Asia Region has six collaborating centres on nursing and midwifery: three in Thailand, two in India and one in Myanmar. WHO collaborates closely with government chief nursing and midwifery officers, and with nursing and midwifery associations and councils within the region.

Interregional initiatives on disaster and emergency responses are being implemented. The regional offices for South-East Asia and the Western Pacific initiated the Asia Pacific Emergency

and Disaster Nursing Network (APEDNN) in 2006. This is aimed at building capacity of nurses, publish evidence and research, and build community resilience.

WHO continues to work with and provide technical support to Member States, ICM, ICN and other UN agencies and partners to improve access by women and newborns to high-quality midwifery services. Table 6 highlights achievements on strengthening nursing and midwifery in the South-East Asia region.



Table 6. WHO South-East Asia Region: Summary of Activities and Achievements

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES				
Contribute to people centred-care	Implementation of GPW	Bhutan	Needs assessments for training, training packages and resources identified; training package developed and 7 participants and 3 core trainers in Thailand trained; 2 training workshops; draft BSc curriculum developed	Ministry of Health, WHO, community-based health workers, consultants, faculty members
	Bi-regional consultation	Indonesia	Consultation on approaches to accelerate achievement of MDGs 4 and 5	WHO Regional Office for South-East Asia, WHO Making Pregnancy Safer unit
	Integration into PHC	Bhutan, Thailand	Case studies published (2009) on PHC revitalization, community nurse training	Ministries of Health
		South-East Asia Region	A framework for community health nursing developed	Ministries of Health, experts, WHO priority programmes
		South-East Asia Region	Policy statement on utilizing nurses and midwives in support of MDGs 4 and 5 developed	
		Bangladesh	Position paper developed to promote skilled birth attendants as a strategy to reduce maternal and child mortality	Ministry of Health, Maternal and Child Health, experts, WHO collaborating centres from Africa, Eastern Mediterranean Region, Western Pacific region
		Thailand	Evaluation meeting (2009) on the prevention and control of community acute respiratory diseases	Ministry of Health, Representatives from India, Nepal, the Philippines
		South-East Asia Region	Practical guidelines on infection control in health-care facilities developed	Ministry of Health, WHO collaborating centres
		Timor-Leste	192 nurse/midwives in community health posts and 67 in community health centres	Ministry of health bilateral agencies

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
		Timor-Leste	Graduation of 2 groups of nurses and midwives from WHO facilitated programme on midwifery practice standards and safe motherhood.	Lecturer provided by WHO Indonesia
	Strengthen nursing and midwifery at community level	Thailand	Regional consultation on self-care in the context of PHC (2009) and regional meeting of public health medical schools	WHO collaborating Centres, experts, Ministry of Health
			Review of community nursing, midwifery and public health nurse roles	WHO collaborating Centres, experts, Ministry of Health
		Thailand	Development of draft module on mental health promotion and community-based workforce; module being reviewed (2012)	WHO mental health services, WHO Regional Office for South-East Asia, Bureau of Mental Health and Technical Cooperation, Ministry of Health
	Emergency preparedness	Australia	Website development of core competencies, curriculum and research in emergency/disaster planning (2009)	Asia Pacific Emergency and Disaster Nursing Network, WHO regional offices for the Western Pacific and South East Asia
		Indonesia	Meeting on emergency and disaster nursing (2011)	WHO Regional Office for South-East Asia experts

NURSING AND MIDWIFERY POLICY AND PRACTICE

Promote nursing and midwifery policy development	Strategic planning	South-East Asia Region	Adoption of South-East Asia strategy framework on nursing and midwifery 2006-2010	WHO collaborating Centres, experts, Ministry of Health
		South-East Asia Region	Guidelines on nursing and midwifery workforce planning implemented	Nursing and midwifery administrators at all levels
		South-East Asia Region	Guidelines on quality assurance and accreditation of nursing and midwifery educational institutions implemented	WHO collaborating Centres, education experts, Ministry of Health, regulatory bodies
		Bangladesh, India, Nepal	<i>National policy to scale up number of midwives and skilled birth attendants</i>	Government chief nursing and midwifery officers, educational and reproductive health experts

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
		Timor-Leste	Nursing and midwifery workforce recognized in-country HRH strategy plan for 2004-2015	Government chief nursing and midwifery officers
Establish evidence base	Scaling up evidence-based practices	South-East Asia Region	Case studies developed highlighting nurse/midwifery response in disasters and emergencies	Emergency and Humanitarian Action Unit, WHO Regional Office for South-East Asia
		South-East Asia Region	Application of ICN's framework of disaster nursing competencies	WHO regional offices for South-East Asia and the Western Pacific, ICN

NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT				
Support efforts to increase nursing and midwifery workforce supply	Strategic planning for nursing and midwifery education and capacities	South-East Asia Region	Development of a framework for community health nursing education	Member States, nursing education institutions
		Myanmar	Adoption of guidelines on nursing and midwifery workforce planning; deliberations on nursing/midwifery contribution to the MDGs and PHC	WHO Regional Office for South-East Asia, South East Asia Nursing and Midwifery Education Institute Network
		Bangladesh, Bhutan, India, Myanmar, Nepal	Revision of nurse-midwife and auxiliary nurse-midwife curricula	Educational institutions, Ministries of Health and education
		Timor-Leste	New midwifery school opened; launching of 3 year diploma programme (2009)	Timor-Leste National University, Ministry of Health and education
		Bangladesh, India, Nepal	Training of a critical mass of midwives/ auxiliary midwives	Educational institutions, Ministries of Health and education
		Sri Lanka	Revision of midwifery curricula and increasing number of midwives	Educational institutions, Ministries of Health and education
		Democratic People's Republic of Korea	Evaluation of 3 year nursing and midwifery diploma	Educational institutions, Ministries of Health and education
		Bhutan	First BSc nursing and midwifery programme implemented (2011)	Educational institutions, Ministries of Health and education

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
NURSING AND MIDWIFERY WORKFORCE MANAGEMENT				
Strengthen workforce management	Strategic workforce planning	South-East Asia Region	Workforce database template development initiated	Ministry of Health, Government chief nursing and midwifery officers, human resources for health experts
		South-East Asia Region	Work initiated on draft Code of Practice for international recruitment of HRH	Ministry of Health , human resources for health experts
		South-East Asia Region countries	HRH Strategy plans implemented	Ministry of Health, human resources for health experts
PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES				
Promote stewardship and governance	GPW implementation	Bhutan	Collaboration with regional training institutes	Nurse/midwifery education and training Institutes, Thailand
	PHC activities	Timor-Leste	Maternal and child health; immunization training	Ministry of Health, WHO, other UN agencies
Establish effective networking and partnerships	Technical support	South-East Asia Region	Technical support on enhancing the access of women and newborns to quality midwifery care	WHO Regional Office for South-East Asia, ICN, ICM, UN agencies and partners
	Capacity building for emergency and disaster preparedness	South-East Asia Region	Network aimed to build HRH capacities, create evidence and research and build community resilience	WHO regional offices for South-East Asia and the Western Pacific, Asia Pacific Emergency and Disaster Nursing Network

11. WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC

11.1 Background

The Western Pacific region is one of most diverse of the six WHO regions, having 37 countries and areas with a total population of more than 1.6 billion people: nearly one third of the world's population. It stretches from China to New Zealand and to French Polynesia. It includes some of the world's least developed countries as well as the most rapidly growing economies and highly developed countries. Universal coverage, one of the four guiding principles of PHC, (2) is increasingly seen as critical to improving health outcomes in the Region.

Nursing and midwifery work in the Western Pacific Region takes into account its diverse cultures, varied socioeconomic and political situations and demographic and epidemiological trends.

11.2 Activities and achievements

(I) CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES

STRATEGIC PLANNING

Estimates based on demographic data suggest that the ageing population will grow faster here than in any other WHO region. (97) As the proportion of older persons and life expectancy increase in the Region, challenges facing the health system and its human resources necessitate changes to meet preventive health needs, the growing number of functional impairments and the overall burden related to NCDs.

Four out of every five deaths in the Western Pacific Region are due to the most common NCDs: cancers, cardiovascular diseases, chronic respiratory conditions and diabetes. (98) The poorest people have the highest burden of NCDs: they have greater exposure to risk factors and less access to preventive and therapeutic services.

- Twelve Member States endorsed the Seoul Declaration in March 2011, calling for strengthening of health systems and provision of adequate human and financial resources for NCD programmes to address care needs across the continuum of care.

PRIMARY HEALTH CARE CHALLENGES

The maternal mortality ratio remains unacceptably high, with more than 200 maternal deaths per 100 000 live births in three countries of the Region. Six countries (Cambodia, China, Laos, Papua New Guinea, the Philippines and Viet Nam) account for 97% of all neonatal deaths in the Region. (99)

Malnutrition is an important contributor to child mortality in the Region. At least seven countries in the Region have low birth weight rates of more than 10% – a sign of maternal malnutrition. The prevalence of anaemia in adults is 30.7% in pregnant women, 21.5% in other women and 23.1% in preschool children. (99)

While the Region grapples with the growing negative effects of climate change, emerging health risks, ongoing natural disasters and other public health emergencies, it also continues to face the older challenges of TB and other communicable diseases.

PRIMARY HEALTH CARE INTEGRATION

Many significant efforts are being made throughout the Region to scale up PHC, and develop new roles for and increase the workforce in nursing and midwifery, particularly in the community. In low-income countries models of PHC service delivery are more focused on health centre or clinic nursing and medical services, while in the Pacific Island countries models involving maximal functional utilization of nurses and midwives are more common. Service delivery and nursing care are evolving, with more attention being given to “putting people first” and increasing health system and nursing responsiveness to the needs of persons with disabilities and chronic conditions, including palliative care, as well as public expectations of better care. Examples include:

- in the Philippines a national call to action for revitalizing PHC was launched and disseminated by Silliman University (2009) and nursing core competencies are being reassessed by a group of educational institutions;
- capacity building and training on emergency and disaster nursing was undertaken in Australia in 2009. Following the outbreak of H1N1 and the 2004 tsunami, over 50 nurses have been trained in areas including disasters, infection control and mental health.

There is an increasing commitment to maximizing nursing and midwifery services through community health nursing models. Australian workforce studies have shown that nurses tend to remain in rural health services much longer than other cadres of health workers, such as physicians. (100) In China, although nurses and midwives can work inside and outside hospitals, shortages of skilled nurses and midwives persist in community health, particularly at township levels and in rural and remote areas. In mainland China ongoing health reforms support developmental changes towards a broader provision of essential services with patients usually coming to community health centres, health stations and private clinics; in Hong Kong (China) home visits are made by community nursing staff from health stations.

A survey which was undertaken in seven provinces in China showed great diversity in the roles of community health nurses, ranging from director and manager to nurse and educator. More diverse settings and roles are envisioned for the future.

Nurses, health leaders and partner stakeholders are seeking to ensure that more nurses in China are equipped to deliver PHC and community health nursing services effectively. (101) Two areas of community health were identified as requiring more attention: mental health and palliative care.

As part of China’s ongoing health reforms, two divisions of the Ministry of Health, in collaboration with the China Community Health Association and WHO, planned and implemented a community nursing capacity-building initiative involving nurses from nine pilot sites. This initiative contributed to the further development of community nursing job descriptions and functional areas of work.

INFORMATION MANAGEMENT SYSTEMS

Integrated PHC systems generally have well-structured information management systems, communications and patient referral mechanisms, linking hospital personnel and higher-level facilities to more peripheral health centres. Midwives are better integrated in community-based services than in hospitals, providing basic reproductive health services in vulnerable communities.

The nurse-led community health services model facilitates community self-responsibility for health through the full participation of families and relevant community groups.

ROLE MAXIMIZATION

Nurse/midwifery service-led models and role maximization are applied in the Philippines, where community health nurses oversee the needs of the elderly, transitional care of patients with chronic diseases discharged from hospitals and other vulnerable groups. Nurses and nurse-midwives provide the full range of nursing and midwifery services at all levels of the health system in most developed countries.

Nurses already represent a large and established category of the Pacific Islands health workforce. PHC services are available throughout the Islands. South Pacific countries tend to have close links to communities, while many in the North Pacific have more health centre/facility-based services with limited community health services.

Nurse-led multidisciplinary service teams, such as those working in the Centre for Telehealth and Telecare (Hong Kong Polytechnic University) are pioneering innovative technologies to improve health-care quality and efficiency.

In Samoa, integrated community health nursing services apply nurse-led models to deliver population-focused, holistic health care in communities and rural areas. Health districts are staffed primarily by nurses, complemented by medical officers and environmental health officers. A typical PHC team in Samoa includes enrolled and registered nurses, a clinical nurse consultant (the equivalent of a nurse practitioner) and a nurse manager.

Research shows that primary care services provided by the nurses were of the same quality as those provided by physicians; they are cost-effective and contribute to community development and improvements in the standard of living. (101)

Significant efforts are being made to address workforce deficits through innovative ways of linking the health system and community needs, so that people receive the care they need throughout their lives. Innovative programmes include:

- recruitment of unemployed nurses to provide PHC services in communities;
- The Republic of Korea deploys community health nurse practitioners as primary staff and managers of community health centres. Legislation supporting the work of community health nurse practitioners was instituted in 1980; as of 2009, 1,892 nurse practitioners were employed in the country.

Health care access and equity were significantly enhanced by the deployment of nurses, midwives and nurse practitioners in the Cook Islands.

LEADERSHIP DEVELOPMENT

In China the first phase of the Leadership for Change programme (involving WHO, ICN and the Chinese Ministry of Health and Nursing Association) was completed, with 27 graduates, 10 of whom were trained as trainers. In Viet Nam the programme was delivered under the leadership of the Ministry of Health in collaboration with WHO. Thirty participants, primarily nurses and teaching staff from colleges and universities, participated in the training. There are plans to scale up the programme. Leadership at this level has the potential to facilitate action on key issues that involve multisectoral stakeholders.

(II) NURSING AND MIDWIFERY POLICY AND PRACTICE

POLICY DEVELOPMENT

The Regional Strategy on Human Resources for Health (2006–2015), endorsed by the WHO Regional Committee for the Western Pacific in 2006 (Resolution WPR/RC57.R7) provides a range of policy options and practical guidance to Member States for developing and sustaining a health workforce that is sufficient, competent, responsive and adequately supported to meet population health needs. (102)

The Western Pacific Regional Strategy for Health Systems based on the values of PHC, developed through widespread consultation with key informants from 28 Member States, was endorsed by the Regional Committee and adopted in 2010. The Human Resources for Health Action Framework for the Western Pacific Region (2011–2015) was designed to support achievement of the HRH Vision 2020.¹ The four key result areas of the HRH Action Framework were updated.

Following a comprehensive HRH situational analysis in 2011, the strategy's vision was updated to better reflect future population health needs. Laos and several Pacific Island countries have used the strategy in developing their recent national health plans.

A number of countries lack up-to-date registration databases, and several need to review and revise nursing/midwifery practice acts to address the scope of advanced nursing practice. Several countries in the Asia and Pacific parts of the Region have national nursing and midwifery strategies or action plans.

For example, in the Philippines, the Department of Health HRH Unit, the Philippines Nurses Association, regulators and nursing leaders have developed legislation to address advanced nursing practice. Programmes designed to recruit unemployed nurses to provide PHC services in communities have been piloted with positive feedback from community members.

Regionally, the number of established HRH units is growing; these increasingly include chief nursing and midwifery officers and/or focal persons.

A National Health Workforce Taskforce was established in 2006 to support the development of practical workforce innovation and reform, based on *the National Health Workforce Strategic Framework*. Currently, national HRH policies are in place in over 50% of countries in the Western Pacific Region.

In Mongolia a High Level Coordinating Body for Human Resources for Health was established with the Prime Minister as chairperson. In the Pacific, health ministers mandated urgent attention to HRH matters, leading to the establishment of the Pacific Human Resources for Health Alliance in 2008 as a platform for cooperation. Members include the secretariat of the South Pacific Chief Nursing and Midwifery Officers Alliance, the University of Technology, and Sydney's WHO Collaborating Centre for Nursing, Midwifery and Health Development.

REGULATORY FRAMEWORKS

Regulatory bodies operate in most countries in the Region. In the North Pacific the countries more formally associated with the United States typically have licensure requirements reflecting US standards. In countries such as Cambodia, China, Laos and Viet Nam government bodies are responsible for the registration of nurses, midwives and other health-care personnel.

In Cambodia and Laos work continues to establish legislation concerning nurses, midwives and other health personnel. These countries also work with nursing, midwifery and other health

¹ WHO Western Pacific Region. *Human Resources for Health: Action Framework for the Western Pacific Region (2011–2015)*. Manila, 2012.

professional councils in Thailand to support the developmental work of their health professional councils or bodies. Nursing legislation in China is to be formally enacted in 2014. Hong Kong (China), Japan, the Republic of Korea, Malaysia, the Philippines and Singapore have established nursing and midwifery councils or boards.

(III) NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT

EDUCATION DEVELOPMENT

Although Pacific and South-East Asia Common Competencies for Registered Nurses were approved by nursing and midwifery regulatory representatives in 2006, many developing countries in the Pacific have not yet formally adopted or operationalized such competencies or professional standards of practice. Licensure requirements are also not in place in a number of these countries. (103) In the Pacific, efforts continue to improve educational quality standards and/or towards accreditation mechanisms. (103)

Mapping of nursing/midwifery education and regulation in the Region took place between 2007 and 2011. Findings reflected country variations in the type and quality of nursing education, major challenges to faculty development, inadequate preparation of students for credentialing examinations, severe resource constraints affecting clinical facilities, mentors, equipment and technical resources as well as a mismatch between classroom and clinical learning. (104)

EDUCATION QUALITY AND ACCREDITATION

In the WHO Western Pacific Region many developing and less well-resourced countries with nursing, midwifery or health professional educational institutions lack formal national accreditation mechanisms. However, all are taking action to improve educational standards, faculty capacities and curricula.

Progress is being made towards closer cross-sector accreditation mechanisms in countries in which nursing and midwifery programmes are accredited by the Ministry of Education. In Cambodia, for example, the Ministries of Education and Health work closely in areas such as institutional accreditation and national examinations for health professional graduates. Cross-border partnerships between educational institutions, such as the University of the Philippines and the National Educational Centre in Cambodia, are furthering improvements in educational standards and accreditation.

Some countries require nurses and midwives to have obtained educational qualifications; some have national examinations for health professionals. Furthermore, in some Northern Pacific countries (e.g. Guam and American Samoa) programmes are in place to prepare students, graduates and graduate nurses for the licensure examinations, resulting in higher pass rates.

An informal consultation on quality improvement and faculty development in nursing and midwifery education was convened by WHO headquarters and the WHO Regional Office for the Western Pacific in January 2010, in partnership with Sigma Theta Tau International and the University of Hawaii. Participants agreed a common aim: to improve nursing and midwifery service delivery and educational outcomes through the application and evaluation of academic quality standards and guidelines, educational outcome or practice competencies within the context of PHC, and faculty capacity-building interventions. A major outcome of this meeting was the development of three action plans for testing/evaluating global academic quality standards, PHC nursing/midwifery educational outcome/practice competencies and faculty capacity-building core.

In December 2011, the second Informal Consultation on Quality Improvement in Nursing/Midwifery Education was held to enable more nursing/midwifery and health professional

educators from Asia to meet and work with Pacific educators. Participants analysed the present nursing/midwifery education and practice situation, gaps and areas needing attention for the future. Several faculty capacity-building interventions are already underway.

Mapping of the nursing/midwifery education and regulatory situation in countries in the Region took place between 2007 to 2011 through the combined efforts of partner institutions and WHO collaborating centres. Key developments include the following:

- In 2011 China's Ministry of Education introduced nursing degrees. This will enhance the achievement of core nursing competencies important for improving health outcomes.
- In the Philippines accrediting bodies, the Board of Nursing, nursing leaders and health policy-makers are striving to improve the capacities of deans, faculty, nursing programme management and curricula to achieve higher pass rates in the national nursing examination.

Overseas demand for nurses contributed to a surge in the numbers of nursing schools in the Philippines (over 400) and subsequent declines in the quality of education and national board pass rates. The external demand for nurses has declined in some countries, resulting in the closure of some less successful schools. The Commission on Higher Education has issued "report cards" on national board examination pass rates by school, providing more information to the public regarding educational quality.

TRAINING RESOURCES

In countries without formal accreditation structures and processes, institutions have partnered with schools of nursing in developed countries to carry out external assessments. Collaborative efforts are seen in the delivery of flexible learning courses by the Fiji School of Medicine to other colleagues in the Pacific.

The Association of Southeast Asian Nations (ASEAN) members have established a joint Mutual Recognition Agreement to: facilitate the mobility of nursing professionals within ASEAN; exchange information and expertise on standards and qualifications; promote adoption of best practices; and improve nursing capacity, education and training. A set of ASEAN nursing competencies has been adopted within five core domains, and legislative and registration data is exchanged among ASEAN members. Less developed countries are benefiting from cross-border capacity-building among ASEAN members which will contribute to improvements in legislation, education and practice standards. In the Pacific Islands the majority of countries now have nursing and midwifery councils or boards, although their functions vary from country to country.

The ASEAN Mutual Recognition Arrangements work has furthered progress towards a shared understanding of nursing practice and the formulation and adoption of competencies and standards of practice.

Upgrading infrastructure, revising curricula and strengthening clinical education require both time and financial investment. Many governments are now placing higher priority on increasing funding to support improvements in educational quality. This has involved building education development centres such as Cambodia (105) and Laos, bridging initiatives enabling nurses to upgrade to a bachelor of science degree in nursing, and developing synergy partnerships with the provision of grants helping to address faculty development needs in the US-Affiliated Pacific Islands.

The Pacific PIN Project developed an infrastructure to support faculty development objectives, to: (i) enhance the instructional skills of current faculty; (ii) develop new and competent teachers; and (iii) increase the number of master's and doctoral graduate nurses. This is being sustained through collaborative partnerships.

There has been significantly more use of information and communication technologies, including web-conferencing tools (such as Elluminate) for hosting meetings and training. Resource-sharing

strategies are being implemented locally and across borders. Faculty members of the Northern Pacific Partners in Nursing Education group are developing a strategic action plan for the overall project.

Major training institutions work together to strengthen pre-service and postgraduate training using regional centres to provide education that is relevant and accessible for health workers from countries too small to justify local courses. Inter-institutional twinning arrangements between universities in Australia and New Zealand and those in less well- resourced Pacific island nations have made significant and sustained contributions to faculty capacity-building, curricular improvements, educational infrastructure improvements and resource sharing.

The deployment of in-country training coordinators and the growing contribution of the Pacific Open Learning Health Network are helping to address differences in coverage, relevance and quality of continuing education. Flexible learning courses for nurses in psychosocial health, and in disaster and infection prevention and control, are being developed (2012–2013) modelled on existing face-to-face courses and toolkits.

CAREER DEVELOPMENT

The education, roles and functions of advanced nurse practitioners vary considerably. *(106)* An in-country nurse practitioner training programme was implemented in 2008 in the Pacific Island countries; a nurse practitioner course for the outer islands has been in place since 1990. Fiji, Kiribati and Vanuatu each has its own PHC advanced nursing practice training programme, while the Fiji School of Nursing also offers nurse practitioner training to other Pacific Island countries (e.g. Tonga). Singapore's public health nurses play pivotal roles in national policy-making in the country's National Centre for Health Promotion and in educational settings where they provide preventive and health promotion services as members of interdisciplinary teams. Several nurse practitioner graduates now serve as leaders in nursing services and education.

(IV) NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

Data on workforce management in the WHO Western Pacific Region were compiled as part of a comprehensive regional HRH situational analysis and was included in a progress report mandated by a Regional Committee Resolution WPR/RC57.R7, on the Regional Strategy on Human Resources for Health 2006–2015. *(102)*

WHO'S RESPONSE TO WORKFORCE CHALLENGES

Resolving distribution imbalances is a key concern for all countries in the Region. Increasing the number of ethnic minority health workers is one strategy being used to address the shortage of health workers in rural or remote settings, since many ethnic minority communities are located in such areas. Policies to mitigate the perceived disadvantages of working in rural and remote health facilities are not easily implemented. Better understanding of the reasons why health workers choose to work in rural or urban areas is an important starting point for resolving distribution imbalances, and research is ongoing.

The Chinese Government introduced policies to increase the salaries of staff in PHC facilities to create more promotion opportunities, and to offer more training opportunities, however, these are not widely enforced.

Optimizing care in rural, remote and disadvantaged areas through the use of PHC workers and/or nurse practitioners and other mid-level providers requires good infrastructure and motivation of, and sustained support for such workers. Improving the retention, participation and motivation of the health workforce is a key area of innovation in the Region.

The Philippines' Ministry of Health, nursing leaders and other sectors have piloted programmes to increase access to health services in rural areas through the employment and up-skilling of unemployed nurses. Methods of sustaining such initiatives require further research and evaluation.

Cambodia reviewed the subcontracting of health services at the district level in the late 1990s and early 2000s. (105) Scaling up and incorporating concepts into the Cambodian public sector institutional context are focused on internal contracting and managerial autonomy. A merit-based performance incentive scheme, to improve incentives for key management-level government staff will be implemented in the health sector.

In Hong Kong (China) the Hospital Authority cannot standardize staff salaries due to financial constraints; efforts here are directed towards motivation and retention. The *One Nurse, One Plan* initiative promotes personal career development plans for almost 20,000 nurses. Additional measures include: increasing the numbers of nurses; more flexible HR policies to employ more clerical and support staff for clinical areas; establishing 24-hour hospital pharmacies; and updating equipment used by nurses (e.g. electric beds). Advanced practice nurse positions were created to improve clinical supervision and promote nurse-led clinics for chronic disease management.

There is growing awareness of the need to ensure a policy framework that supports better working conditions for health workers, if the workforce is to be retained and motivated. There is a move to encourage underemployed or non-working nurses to return to work. (107) In many countries the problem is not a shortage of qualified professionals, but a shortage of those willing to work as nurses under current employment conditions. (108)

POSITIVE PRACTICE ENVIRONMENTS

In Japan analysis of non-working nurses by gender and age suggested that adjustments to nurses' working conditions during their childbearing years (e.g. part-time employment options) could increase their participation in the health workforce. (109) Positive working environments – flexible, adequately resourced, supported, facilitative of teamwork, autonomy and shared decision-making, are strongly correlated with workforce motivation and retention. (110)

The HRH situational analysis of issues and challenges for countries in the Region, and of the strategies adopted to address them identified a number of important areas requiring further attention. A comprehensive evaluation of all health service-related strategies (including HRH) in the Western Pacific Region is being undertaken and will be reported at the Regional Committee Meeting in October 2013.

A number of developing countries in the Region still face problems in creating integrated systems of supportive supervision, continuing professional development, performance evaluation and career pathways, linked to functional job descriptions.

Success in increasing staff in rural areas varies throughout the Region. Interventions include expanding the use of rural health facilities as practical training sites during pre-service and postgraduate training of health workers, rotating staff from higher- to lower-level hospitals and health facilities, and rotating staff from lower- to higher-level facilities for training. (110) There is however, a dearth of data on the effects of these interventions.

Studies on the deployment of nurse practitioners and other mid-level providers to rural, remote and outer island areas of the Pacific islands reinforce the need for sustained, meaningful clinical supervision, and continuing education and professional development of health workers in rural and remote areas. (106)

Unfortunately, many developing countries have not yet implemented the key components of professional development, incremental salaries based on expanding competencies, nor formal

career pathways. A policy framework supporting working conditions that better meet the needs of health workers is essential if the available workforce is to be retained and motivated.

(V) PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

The WHO Western Pacific Region works in close partnership with Member States, government chief nurses/midwives, WHO collaborating centres and other partners and networks, such as the American Pacific Nurse Leaders Council, the South Pacific Chief Nursing and Midwifery Officers Alliance, the Asia Pacific Emergency and Disaster Nursing Network and others.

The Region has eight WHO nursing and midwifery collaborating centres with two more planned for potential designation. These have been strengthened by participation in WHO meetings and more regular internet- and telephone-linked conferences convened by the Hong Kong Polytechnic WHO Collaborating Centre. The Faculty of Nursing, Midwifery and Health, University of Technology, a WHO collaborating centre for nursing, midwifery and health in Sydney, Australia, serves as the secretariat for the South Pacific Chief Nursing and Midwifery Officers Alliance and convenes meetings of the Alliance twice a year, in collaboration with WHO. The Alliance supports nursing and midwifery leaders in 14 South Pacific island nations.

The WHO Western Pacific Region has a long record of successful collaboration with major international organizations, such as:

- the ICN; during this collaboration the Leadership for Change programme was implemented to strengthen nursing leadership;
- the South Pacific Chief Nursing and Midwifery Officers Alliance, to enhance effectiveness and quality assurance in nursing, midwifery and health leadership and nursing/midwifery education;
- Since 2009 the Australian Leadership Awards Fellowship programme, conducted by the WHO Collaborating Centre for Nursing, Midwifery and Health at the University of Technology, Sydney, has made important contributions to scaling up leadership capacity-building and professional and faculty development of nurses and midwives in the South Pacific;
- the Asia Pacific Emergency and Disaster Nursing Network was formed following the *Joint Asia Pacific Informal Meeting of Health Emergency Partners and Nursing Stakeholders* in 2007, in response to increasing numbers of people affected by emergencies and disasters and insufficient investment in capacity-building for nurses and midwives, policy-making and actions to prevent and mitigate the devastating effects of such events.

Table 7 presents a summary of achievements in this region.

Table 7. WHO Western Pacific Region: Summary of Activities and Achievements

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES				
Contribute to people centred-care	PHC integration	China	Community nursing capacity-building initiative involving nurses from nine pilot sites	Ministry of Health, China Community Health Association
		China	Mental health and palliative care focused in communities	Ministry of Health, WPRO WHO China, WHOCC Hong Kong, WHOCC Intern. Development in PCH Illinois, Chicago and Maryknoll China Project
		Philippines	Midwives provide basic reproductive health services in vulnerable communities	Department of Health, local government, partners, NGOs
		Republic of Korea	1,892 community health carers practicing as primary care staff and managers	National programme
	Maximizing role of nurses and midwives in communities	New Zealand and Australia	Advance practice nurse practitioners in leading roles: Australia's first aboriginal nurse practitioner leads a community renal dialysis service	Educational institutions, Ministries of Health
		Pacific Island countries	Mid-level nurse practitioners serve as front-line health workers	
		Republic of the Marshall Islands	Development of community public health nurse cadre	Health and nurse leaders, community health centres, Fiji
		Samoa	Nurse-led integrated community health care service model	
	Multi-disciplinary teams	Singapore	Public health nurses have roles in health promotion national policy-making	National Centre for Health Promotion
Strengthen leadership	Role enhancement and leadership	Fiji, Kiribati and Vanuatu	PHC country programmes, regional nurse practitioner training in Fiji	Collaboration with other island programmes
		Cook Islands	In-country nurse practitioner programme since 2008; nurse education graduates in service and leadership positions	Educational institutions, Ministries of Health

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
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NURSING AND MIDWIFERY POLICY AND PRACTICE

Support nursing and midwifery policy development	HRH strategic planning	18 of 37 WHO Western Pacific Region countries	National strategies and plans in place	Ministries of Health, government chief nursing and midwifery officers
		Asia and Pacific regions	Expansion and increase in national nursing and midwifery strategies and action plans	Nursing and midwifery chief nursing officers
	National Health Workforce Taskforce established (2006)	Australia	Practical solutions on workforce innovation and reform developed	Ministry of Health
	Collaboration	Mongolia	High Level Coordinating Body for HRH established	Prime Minister
	Enhancement of HRH	Pacific Island countries	Pacific Human Resources for Health Alliance platform established (2008)	Ministry of Health, South Pacific Chief Nursing and Midwifery Officers Alliance, WHOCC University of Technology, Sydney
	Mobility and information exchange	ASEAN members	Joint Mutual Recognition Agreement established	ASEAN members
Strengthen regulatory frameworks	Legislation strengthening	Cambodia, China, Lao PDR and Viet Nam	Nurse registration established	Government units
		Cambodia and Lao PDR	Establishing legislation for nurses and midwives	Ministry of Health Regulatory Bodies
	Establishing nursing and midwifery regulation bodies	Majority of WHO Western Pacific Region countries	Nursing and midwifery legislation, regulations, licensure and accreditation of education institutions in place	Ministry of Health, experts, educational institutions
	Licensure requirements	Selected North Pacific countries	Improved preparation for nurse licensure exam	Guam, American Samoa
	Practice standards	Western Pacific and South-East Asia	Nursing and midwifery competencies approved	Nursing and midwifery regulatory representatives

NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT

Support efforts to increase nursing and midwifery workforce supply	Practice standards and competency	Cambodia	Institutional accreditation and national examinations for health professionals established (January 2013)	Ministry of Health and Education cross-border partnerships with education facilities
	HRH midwifery faculty capacity building	Cambodia	Rapid scaling up of midwifery tutors and students. Upgrading to Bachelor of Science Degree	Educational institutions, Ministry of Health

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
	Enhancing nursing competencies	China	Nursing separated from medicine and awarding of nursing degrees initiated (2011)	Educational institutions, Ministry of Health
		Papua New Guinea	Scaling up of midwifery faculty capacities (2011–2013)	AusAID, Educational institutions, Ministry of Health
	Workforce training to reduce maternal and child mortality	Lao PDR	Skilled birth attendant strategy launched	Ministry of Health
	Education and training strategy enhancement	Pacific Region	Various resolutions (2004–09) on nursing and midwifery education collaboration	American Pacific Nurse Leaders Council, South Pacific Chief Nursing and Midwifery Officers Alliance
	Nurse education project evaluation	Lao PDR	Programme evaluation using the Global Standards for the Initial Education of Professional Nurses and Midwives	Lux-Develop, WHO Regional Office for the Western Pacific, international evaluation team
	Mapping of nursing and midwifery education and regulatory status	Pacific	Data for advancing quality and accreditation documented; country to country variations in nurse education, faculty development, theory-practice gaps identified	Partners, WHOCCs Nursing, University of Auckland, New Zealand
	Informal consultation on quality improvement and faculty development (Hawaii, January 2010)	Pacific	Action plans developed to test global academic quality standards, PHC nursing and midwifery education outcome competencies and faculty capacity building courses	WHO HQ, WHO Regional Office for the Western Pacific, Sigma Theta Tau International, University of Hawaii
	Informal consultation (2nd) quality improvement and faculty development (Sydney, December 2011)	Pacific	Suggested measurement criteria to accompany the Global Standards for the Initial Education of Professional Nurses and Midwives entry to practice competency sets embedded in PCH	Health professionals from Cambodia, China, Guam, Hawaii, Hong Kong (China), Lao PDR, Papua New Guinea, the Philippines, Samoa
	HRH midwifery capacity building technical project	Papua New Guinea (2009–2010)	Improvement in quality of midwifery education	WHO, NZAID
	Institutional performance	Philippines	Issuing of “report cards” on national board exam pass rates	Commission on Higher Education

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
Identify training resources	Resource funding	Cambodia	Strengthening HRH pre- and in-service training	Australia and UK pooled funds
	Technical resources	Cambodia and Lao PDR	Education development centres established	Philippines and Seoul universities, WHO
	HRH capacity development	Viet Nam	Improve education and training of health workers	Ministry of Health, Asian Development Bank
Support activities for career development	Faculty Capacity building	Philippines	Improving deans, faculty, nursing programme management and curricula capacities	Accrediting bodies, nursing leaders, policy- makers
	Accreditation of health workforce training	Viet Nam	HRH accreditation provisions in Law on Examination and Treatment	Regulatory bodies, educational institutions, Ministry of Health

NURSING AND MIDWIFERY WORKFORCE MANAGEMENT				
Strengthen workforce management	Regional HRH strategy 2006-2015	Pacific	Comprehensive regional HRH analysis (2011)	Ministries of Health, human resources for health experts
	Testing health service contracting	Cambodia	Scaling up work programme in corporate public sector on internal contracting and managerial autonomy	Public sector institutions
	Analysis of nurse working conditions	Japan	Suggested adjustment to working conditions i.e. part-time employment	Ministry of Health, nurse leaders, other sectors, human resources for health experts, researchers
	PHC strengthening	Australia	Multidisciplinary, multi- professional teams in PHC	Ministry of Health, nurse leaders, other sectors
		Papua New Guinea	Optimizing PHC care to rural and disadvantaged areas	Ministry of Health, nurse leaders, other sectors
	Pilot programmes to increase health care access	Philippines	Suggestions to employ and up-skill unemployed nurses	Ministry of Health, nurse leaders, other sectors
Support performance enhancement	Merit-based performance incentive scheme	Cambodia	Improving incentives for key management level government staff implementing reforms in strategic areas	Ministry of Health
	Health worker incentives	China	Policies on salary increases developed; promotion opportunities for primary health-care professionals	Chinese Government
		Hong Kong (China)	Promotion of personal career progression for 20,000 nurses as part of the <i>One Nurse One Plan Initiative</i>	Ministry of Health

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
	Health worker incentives Study	Lao PDR	Health Personnel Development Strategy adoption by 2020; financial incentives decree endorsement for rural staff retention	Prime Minister's Office, Lao PDR
	Research on workplace climate that influences job satisfaction	Republic of Korea	Promoting improved understanding of how to better retain and motivate the health workforce	Human resources for health experts, Ministry of health
	"Hub and spoke model" (41)	Vanuatu	Improving quality service access through up-skilling and outreach services	Practice PHC model in rural Australia

PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

Establish effective networking and partnerships	Integration of WHOCCs	Australia	Collaborative practice: South Pacific Chief Nursing and Midwifery Officers Alliance secretariat convening alliance meetings bi-annually with WHO	Faculty of Nursing, Midwifery and Health, University of Technology Australia WHO collaborating centres,
	WHOCC designation	Western Pacific Region	Collaboration with eight WHOCCs in the region; two more planned designations	WHO, Hong Kong Polytechnic WHO collaborating centres,
	Australian Leadership Awards Fellowship Programme	Australia and Pacific Islands	An alliance of government nursing and midwifery leaders to scale-up leadership capacity and professional development of nurses and midwives in the South Pacific	South Pacific Chief Nursing and Midwifery Officers Alliance, Faculty of Nursing, Midwifery and Health, University of Technology Australia WHO collaborating centres,
	Australian Leadership Award (2012)	Pacific and South-East Asia regions	Collaborating centre for research training for 25 nurse members of the Asia Pacific Emergency and Disaster Nursing Network	James Cook University WHO collaborating centres, Asia Pacific Emergency and Disaster Nursing Network
	Leadership strengthening	China, Mongolia, Viet Nam and Papua New Guinea	Collaboration on implementation of the "Leadership for Change Programme"	International Council of Nurses
	Research and country case studies	Western Pacific Region	Collaboration for planned publication (2013) <i>Nurses and midwives in action during emergencies and disasters: case studies from the Western Pacific Region</i>	WHO collaborating centres, Asia Pacific Emergency and Disaster Nursing Network, University of the Philippines
	Enhancing collaboration	Western Pacific Region	Support and collaboration	WHO collaborating centres, American Pacific Nurse Leaders Council

SPECIFIC OBJECTIVE	ACTIVITY	LOCATION	ACHIEVEMENT	PARTNERS
	Bi-regional infection control training course	Pacific (16 countries)	National infection control assessments done by WHO trained staff. Country action plans to improve infection control and patient safety being implemented	Hong Kong Polytechnic University WHOCC for community health services, Hong Kong Hospital Authority.
	Annual Asia Pacific Emergency and Disaster Nursing Network workshop	Pacific countries	Information exchange and capacity building	WHOCCs, relevant government authorities
	Asia Pacific Emergency and Disaster Nursing Network needs assessment framework	Pacific region (16 countries)	Development of ICN/WHO Framework of Disaster Nursing Competencies (2009)	ICN, WHO collaborating centres,
	Enhance nursing and midwifery effectiveness	South Pacific Island nations	Nursing and midwifery education leadership quality enhancement	South Pacific Chief Nursing and Midwifery Officers Alliance
	Addressing national and sub-regional priorities	South Pacific Island nations	Information sharing, capacity building, research, and education and service projects	South Pacific Chief Nursing and Midwifery Officers Alliance



C: MONITORING AND EVALUATION

The World Health Assembly resolution WHA54.12 called 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 strategic goals. The first strategic directions for strengthening nursing and midwifery were developed to provide a common framework for nursing and midwifery development in collaboration with partners. Although it has been updated over the years, this framework provides a systematic basis for monitoring and evaluation.

IMPLEMENTATION TOOLS

To this effect, WHO is committed to monitoring and evaluating its health system strengthening activities. Indicators have been developed to monitor and evaluate the SDNM in order to assess impact and effectiveness of actions taken and to inform decision-makers of any obstacles, thus allowing stakeholders to make the necessary policy and programme adjustments in a timely manner. Indicators are set out in the table in Annex 4.

The *Global survey monitoring progress in nursing and midwifery* was a significant milestone in this achievement. (34) This was a major collaboration involving WHO in partnership with the University of Toronto and the Government of Canada as part of an ongoing relationship to improve nursing and midwifery development. The study evaluated whether the key policy directions advocated by SDNM 2002–2008 were being implemented effectively. (34)

Evidence shows that significant efforts are being made to meet the SDNM's key result areas and the MDGs. A key finding was that by far the largest group of health-care providers (nurses and midwives), remains understaffed, undertrained and poorly deployed. The recommendations indicated a clear need for global improvements in nursing and midwifery HRH practices, particularly in training, recruitment and retention initiatives. (34) These recommendations are now reflected in SDNM 2011–2015 and the key result areas have been redefined to tackle factors hindering the professions' ability to contribute more effectively to PHC renewal and the WHO global health agenda. (20)

Ongoing monitoring allows for programme reassessment and offers the flexibility to prioritize and implement crisis interventions when they are most needed. Examples include scaling up nursing and midwifery services in disaster planning and acute infectious disease interventions.

Utilizing a common reporting matrix of monitoring indicators linked to the key result areas of the SDNM 2011–2015 and the WHO Human Resources for Health Action Framework for the Western Pacific Region (2011–2015) has enabled a “snapshot” view of work being undertaken by the WHO nursing and midwifery collaborating centres.

IMPLEMENTATION CHALLENGES AND WHO RESPONSES

While many countries have policies, strategies and plans in place to address workforce issues, implementation is not easy. Health services and workforce planning are still insufficiently connected, contributing to inefficiencies in training and deployment. In less well-resourced countries databases and other data sources, as well as HRH information management systems, are still not permitting sufficient information for minimum data sets.

Challenges remain where governments have not completely or consistently identified health service priorities, or delineated the roles and staffing norms for different facilities or services, further limiting the effectiveness of workforce planning efforts. Limited capacity for human resource management at the national, provincial and facility levels, resistance from some stakeholders, and other factors all hinder countries' ability to meet policy-level commitments and implement strategies and plans.

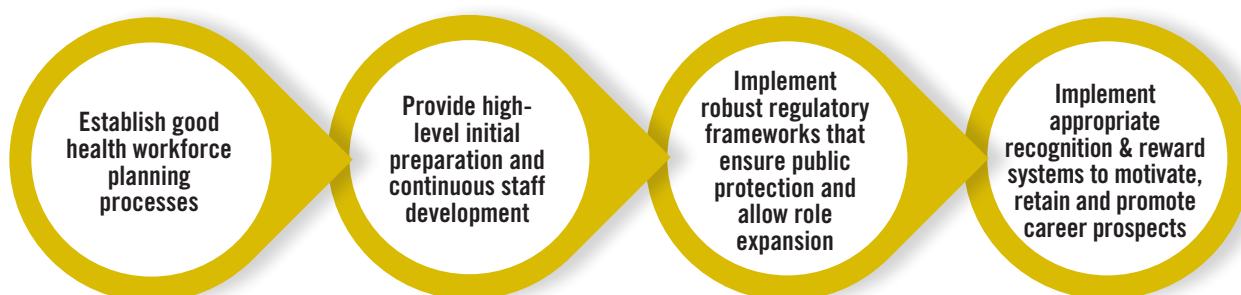
Progress on the research needed to underpin many of these actions has been limited. Strong research capacity was only found in countries with a long tradition of research-focused nursing and midwifery postgraduate programmes. More than half the respondent countries had no funding sources for nursing and midwifery research.

In the Western Pacific Region monitoring and evaluation is evident, with increased attention to the quality of nursing and midwifery services, and a range of activities to develop and expand quality-control measures.

Other evaluation examples include the WHO Regional Office for Europe's three regional surveys of the implementation of strategic directions and results. This evidence helps countries and the Region identify the actions required to strengthen nursing and midwifery services. The most recent Regional Survey was conducted in 2008; 35 countries (two thirds of the Member States) responded. Findings revealed that, while the principles supporting the Munich Declaration are still relevant, the context has changed. (79) Progress was slower than anticipated and a review of the Declaration is necessary.

Key findings of the survey indicate the range and depth of challenges facing Member States in coming years, as set out in Figure 8. The scale of these challenges varies from country to country worldwide.

Figure 8. Key findings of WHO European Region's nursing and midwifery survey



Source: Adapted from Buscher et al (2010) *Nurses and midwives: a force for health*. Survey on the situation of nursing and midwifery in the Member States of the European Region of the World Health Organization 2009

RECOMMENDATIONS FOR IMPROVING MONITORING AND EVALUATION

While several countries in Europe follow longstanding WHO recommendations on national planning, monitoring and evaluation (e.g. Bosnia and Herzegovina, Finland, the former Yugoslav Republic of Macedonia, Ukraine and the United Kingdom), the development of national action plans and country nursing and midwifery profiles has been reinforced by recent World Health Assembly resolutions.

A study conducted by WHO on community health nursing is another example of how WHO responds to health trends and population needs. This study forms a basis for developing evidence-based strategies and policies.

Although research informing policy development and planning is increasing, more is needed to capture the unique characteristics of each country and its health workforce. Monitoring and evaluation data remain limited. Greater efforts are required in data gathering, research and analysis of nurses' and midwives' skills, together with improved dissemination of the findings.

Lack of funding is a major impediment to progress. Sustainable workforce investments require costed HR plans and determination of resources needed, analysis of the fiscal space as well as the timeline and the predictability of external funding. Improving nurse and midwife HRH and budgetary skills will increase their involvement in and contributions to national planning and evaluation efforts.

PROMOTING SUSTAINABILITY

While implementation and evaluation contribute greatly to health system strengthening, sustainability can only be realistically achieved with a dynamic communication strategy. WHO is using innovative communication platforms where available to ensure that the SDNM 2011–2015 is made available and used at every level of the health system in every Region through:

- translating the SDNM and related documents into the six WHO official languages;
- producing and disseminating globally CDs, PowerPoint presentations, leaflets and posters featuring advocacy materials targeting stakeholders at all levels;
- including SDNM-related items on the agendas of national, regional and global meetings and conferences organized by SDNM partners in 2011;
- convening regular meetings to track SDNM implementation and produce progress reports for publication;
- regularly sharing information and reporting progress via teleconferencing, email, websites, web-based communities of practice and other electronic communication platforms.

Box 3 provides an overview of good practices for monitoring and evaluation.

Box 3. Overview of good practices for monitoring and evaluation

Use common reporting matrices

Use appropriate measurement tools

Develop and implement national action plans

Gather accurate data for national nursing and midwifery profiles

WHO is acting on recommendations to enhance monitoring and evaluation processes. The lack of generally available, high-quality data on nursing and midwifery remains a key obstacle to making international comparisons. While the current availability of nursing and midwifery data on WHO and other international databases is a major achievement in this direction, all databases include warnings about the quality of the data and difficulty of comparability. Much work remains to create comparable nursing and midwifery indicators and monitoring systems.

CONCLUSIONS

Nurses and midwives play pivotal roles in health service delivery: in promotion, prevention, treatment and rehabilitation. Often this takes place in areas of great health need, particularly in remote areas where they may be the only front-line health providers. Universal health challenges, such as HIV/AIDS, TB, malaria, NCDs, maternal and child health and mental health, alongside emerging diseases, place strengthening the health workforce high on national agendas. As nurses and midwives frequently form the majority of the clinical health workforce, developing and strengthening HRH requires recognition of the fact that nurses and midwives play a crucial role in improving health service delivery.

This report demonstrates that there are challenges to health service provision globally, although some vary in scale from region to region. Nevertheless, nursing and midwifery professions are responding with increasing momentum to these challenges, and their approaches and achievements are progressively shared.

Below is a synthesis on the contribution of the work on nursing and midwifery within the SDNM framework.

PHC AND PEOPLE-CENTRED CARE

- PHC service-led models range from nurses and midwives working in health centres to those based directly in communities.
- Commitment is increasing to maximize nursing and midwifery services by adopting community health/family nurse models.
- The diversity of nurse/midwife roles is being increased through continuous education programmes.
- The needs of persons with disabilities, chronic conditions and NCDs and those in need of palliative care are being better met.
- Nursing/midwifery core competencies are being reassessed in the context of revitalized PHC.
- Capacity has been built in the areas of emergency and disaster responses, infection control, mental health and substance use.
- Developed countries offer a full range of nursing and midwifery services at all levels of the health-care system; in less well developed countries midwives operate more in community-based services than in hospitals.
- Health promotion is being adopted to address challenges raised by ageing populations and the burden of NCDs.
- Nurse-led multidisciplinary and multiprofessional teams are growing, complemented by medical officers and other specialists (e.g. in environmental health).
- Typical PHC teams include enrolled and registered nurses, nurse consultants and nurse managers.

WORKFORCE POLICY AND PRACTICE

A significant development has been the implementation of national strategic plans for nursing and midwifery. Public demands for improved standards of practice have resulted in a greater commitment to workforce regulation and legislation. Increasingly, nursing and midwifery boards and councils are being established to oversee regulation and legislation implementation. Trends are evident towards increased mobility of nursing and midwifery professionals to enhance capacities where most needed and towards cross-border capacity building, contributing to overall improvements in legislation, education and practice standards. Mapping of nursing and

midwifery regulatory situations is intensifying and contributing to more reliable databases allowing for the identification of country variation, type and quality and helping to reduce mismatches between clinical practice and theory.

EDUCATION

While programmes and roles vary considerably, global agreement has been reached to adopt competency-based training at pre-service, continuous education and faculty levels. There is a progressive trend towards advanced nursing practice, which research has shown to result in improved patient satisfaction. To mitigate resource constraints, partnerships and collaborations are increasingly strengthening education and faculty development, including accreditation. Furthermore, there is a dynamic response to training in leadership skills at all levels of nursing and midwifery education.

CAREER DEVELOPMENT

Progress in career development is gradually improving with several countries developing bridging programmes to upgrade nurses and midwives from associate to bachelor's degrees. Leadership skill development and “presence” in leadership positions are fundamental to strengthening nursing and midwifery services globally. This requires greater investment in continuous education guidelines, regulation, faculty development, pre-service education programmes, legislation, funding, better use of communication and technology to disseminate best practices, forming collaborative and sustainable relationships, and much more.

WORKFORCE MANAGEMENT

Workforce distribution imbalances are still prevalent and are a challenge in all regions. There is global agreement on the need to increase retention, motivation and participation of staff to achieve better health outcomes with existing workforce resources. Accelerating scaling up by contracting to increase managerial autonomy, improving work environments, implementing positive approaches and making better use of advanced technology and communication platforms to improve dissemination of best practices are only some of the activities being explored and implemented. However, complacency must be avoided: more innovative ways need to be identified and implemented to address critical workforce shortages.

PARTNERSHIPS

Some countries have strengthened collaborations with donor partners and NGOs to address challenges. Funding constraints are being combated through the development of synergy partnerships to provide grants and address faculty and equipment needs. Fellowships to enhance faculty development are being awarded through South-South and North-South partnerships/collaborations between educational institutions.

While there is no “magic bullet” for achieving universal health access, the wide range of nursing and midwifery activities and achievements described in this report offers evidence-based knowledge, and serves as a basis on which countries, governments, organizations and individuals can build in their efforts to move forward faster and more efficiently and effectively in health-care service provision.

THE FUTURE

While commitment to strengthening nursing and midwifery services is evident globally, all stakeholders, communities and individuals must be held accountable today to accelerate action on the way forward. The ongoing financial and economic crisis impacts on health in various ways. It affects not only the factors determining health, but also the financial resources available for public policies to support population health and social well-being.

STRENGTHENING NURSING AND MIDWIFERY SERVICES

Within the context of austerity, the importance of nursing and midwifery services in health system strengthening is paramount. While there is increasing evidence of the pivotal role that nurses and midwives perform in primary health-care services, greater investment and support is required in service delivery to achieve optimum PHC revitalization. Scarce resources mean choices have to be made to attain universal coverage and ensure that people remain at the centre of the health-care continuum.

As nurses and midwives are at the forefront of health service delivery globally, maximizing their roles not only as practitioners but also as leaders, is essential to effectively address the variety of challenges posed by evolving health and demographic changes in society, particularly in relation to the ageing population. Interdisciplinary, multiprofessional and nurse-led teams at both community and other levels of health service delivery can help optimize scarce resources.

Good information systems and effective policy instruments to anticipate and improve nursing and midwifery workforce planning are essential to mitigate the negative effects of professional migration, the vulnerability of recruitment and retention, and the poor image of the professions. (10)

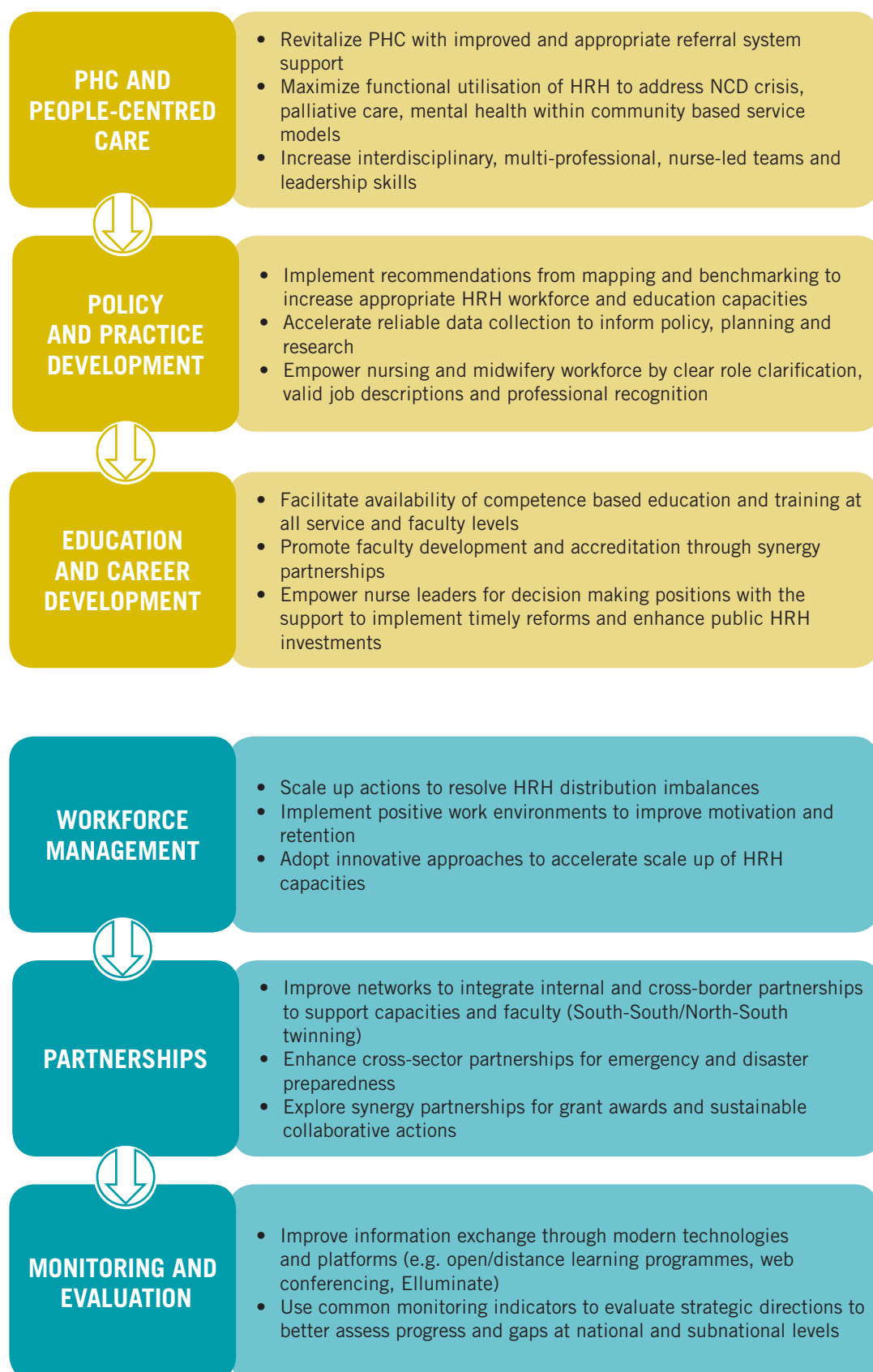
The increasing amount of information available on the cost-effectiveness of different health-care interventions can be adapted and used in national contexts, taking account of organizational structures and income levels. This powerful tool can strengthen the case for investment in nursing and midwifery services through strategic planning and priority programme integration, leading to better patient-centred care.

WHA Resolution 64.7 (2011) calls for action to optimize the contributions of nursing and midwifery in implementing national health policies and achieving internationally agreed health-related development goals, including those contained in the MDGs.

The SDNM 2011–2015, on the achievement of global, regional and national health goals, remain a sound global response to the challenges involved in realizing universal health coverage.

Figure 9 sets out key practical steps for the way forward to strengthen nursing and midwifery services based on current best practices globally.

Figure 9. Key practical steps to strengthen nursing and midwifery services based on current best practices globally



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ANNEX 1. NURSING AND MIDWIFERY DEVELOPMENT: A TOOL FOR GATHERING INFORMATION ON PROGRESS

Background

Developments in nursing and midwifery are taking place in the context of growing demands for accessible and affordable quality care and in recognition of the need for improved access to care and universal coverage. WHO has over the years responded to this urgent need and several resolutions on strengthening nursing and midwifery services have been passed, most recently in 2011 (WHA64.7).

The WHO Secretariat has reported periodically on progress on the operationalization of these resolutions to the World Health Assembly. In order to demonstrate in detail the achievements accomplished by WHO and to have clarity on the way forward, a comprehensive progress report on nursing and midwifery is an imperative.

To facilitate this objective, this questionnaire has been developed to provide a simple, user-friendly method to gather information on progress made on nursing and midwifery development among key partners and stakeholders.

This instrument has been developed with input from WHO regional advisors for nursing and midwifery, in particular advisors from the Africa, Eastern Mediterranean and South-East Asia regional offices.

It is hoped that the insight gained from data analysis will identify trends to assist in the planning of future activities. It is also envisaged that the final report findings will be shared with Member States at the World Health Assembly in 2013.

Introduction

The questionnaire has six questions. In your response, please consider activities undertaken or planned, specific achievements, the involvement of partner organizations (if relevant) and what outcomes/results you expect to achieve. Please provide evidence to support responses either as attachments or links to on-line files. If a question is not relevant to your activities, please insert “not applicable”. The first part of this questionnaire aims at gathering information about the respondent.

To facilitate responses to the questions, at the end of the questionnaire you will find the recent World Health Assembly Resolution on strengthening nursing and midwifery and the global strategic directions on strengthening nursing and midwifery.

You are invited to provide information pertaining to the period between 2008 and 2012.

CONTACT DETAILS OF ORGANIZATION COMPLETING QUESTIONNAIRE	
Name of organization	
Country	
Region	
Date submitted to Regional Office	
Name and title of contact person	
Mailing address	
Telephone number	
Fax number	
Email	

1. CONTRIBUTION TO THE STRENGTHENING OF HEALTH SYSTEMS AND SERVICES

- What nursing and midwifery services-led models are being implemented in your primary health care (PHC) reforms, in particular, models related to universal coverage and leadership for health?
- Please describe a typical primary health care team in your country

2. NURSING AND MIDWIFERY POLICY AND PRACTICE

- In keeping with the principles of inclusive leadership, effective governance and regulated practice, what country-specific health policies, plans and decisions affecting the nursing and midwifery professions are being developed and/or implemented in services?
- What types of regulatory frameworks exist?
- Is there a national nursing and midwifery workforce policy?

3. NURSING AND MIDWIFERY EDUCATION, TRAINING AND CAREER DEVELOPMENT

- How are institutional capacities being enhanced for the intake and production of suitably skilled practitioners to provide comprehensive people-centred services?
- Provide information on the types of nursing and midwifery education and training programmes and the existing career pathways.

4. NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

- In an effort to meet changing health needs, how are policy-makers creating an enabling environment for the nursing and midwifery workforce?
- Please propose ways in which the management of nursing and midwifery workforce can be improved.

5. PARTNERSHIP FOR NURSING AND MIDWIFERY SERVICES

- What active, systematic collaboration mechanisms are being developed/implemented among nursing and midwifery organizations with community based organizations, health professional groups and governments?
- Name and describe your partners and the collaborative activities.

6. MONITORING AND EVALUATION

- In order to inform and allow decision-makers to make the necessary policy and programme adjustments, what tools/mechanisms are being used to assess the effectiveness of actions taken and identify any obstacles to implementation?
- Describe the findings from some recent assessments, identified obstacles, solutions, lessons learnt and future plans.

7. ANY OTHER INFORMATION

ANNEX 2. SIXTY-FOURTH WORLD HEALTH ASSEMBLY WHA64.7

Agenda item 13.4
24 May 2011

Strengthening nursing and midwifery

THE SIXTY-FOURTH WORLD HEALTH ASSEMBLY,

Having considered the reports on health system strengthening;¹

Recognizing the need to build sustainable national health systems and to strengthen national capacities to achieve the goal of reduced health inequities;

Recognizing the crucial contribution of the nursing and midwifery professions to strengthening health systems, to increasing access to comprehensive health services for the people they service, and to the efforts to achieve the internationally agreed health-related development goals, including the Millennium Development Goals and those of the World Health Organization's programmes;

Concerned at the continuing shortage and maldistribution of nurses and midwives in many countries and the impact of this on health care and more widely;

Acknowledging resolution WHA62.12 on primary health care, including health system strengthening, which called, inter alia, for the renewal and strengthening of primary health care, as well as urging Member States to train and retain adequate numbers of health workers, with appropriate skill mix, including primary care nurses and midwives, in order to redress current shortages of health workers to respond effectively to people's health needs;

Acknowledging the ongoing WHO initiatives on the scaling up of transformative health professional education and training in order to increase the workforce numbers and the relevant skill-mix in response to the country health needs and health systems context;

Recognizing the global policy recommendations by WHO on increasing access to health workers in remote and rural areas through improved retention² as an evidence platform for developing effective country policies for rural retention of nursing and midwifery personnel;

Taking note of the WHO Global Code of Practice on the International Recruitment of Health Personnel;³

¹ Documents A64/12 and A64/13.

² *Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations*. Geneva, World Health Organization, 2012.

³ Adopted in resolution WHA63.16.

WHA64.7

Reaffirming the call for governments and civil society to strengthen capacity to address the urgent need for skilled health workers, particularly midwives, made in the WHO UNFPA UNICEF World Bank Joint Statement on Maternal and Newborn Health;

Noting the importance of multidisciplinary involvement, including that of nurses and midwives, in high-quality research that grounds health and health systems policy in the best scientific knowledge and evidence, as elaborated in WHO's strategy on research for health, endorsed in resolution WHA63.21;

Noting that nurses and midwives form the majority of the workforce in many countries' health systems, and recognizing that the provision of knowledge-based and skilled health services maximizes the physical, psychological, emotional and social well-being of individuals, families and societies;

Recognizing the fragmentation of health systems, the shortage of human resources for health and the need to improve collaboration in education and practice, and primary health care services;

Having considered the reports on progress in the implementation of resolution WHA59.27 on strengthening nursing and midwifery;⁴

Mindful of previous resolutions to strength nursing and midwifery (WHA42.27, WHA45.5, WHA47.9, WHA48.8, WHA49.1, WHA54.12 and WHA59.27) and the new strategic directions for nursing and midwifery services in place for the period 2011-2015;²

Recognizing the need to improve the education of nurses and midwives,

1. URGES Member States to translate into action their commitment to strengthening nursing and midwifery by:

- (1) developing targets and action plans for the development of nursing and midwifery, as an integral part of national or subnational health plans, that are reviewed regularly in order to respond to population-health needs and health system priorities as appropriate;
- (2) forging strong, interdisciplinary health teams to address health and health system priorities, recognizing the distinct contribution of nursing and midwifery knowledge and expertise;
- (3) participating in the ongoing work of WHO's initiatives on scaling up transformative education and training in nursing and midwifery in order to increase the workforce numbers and the mix of skills that respond to the country's health needs and are appropriate to the health system context;
- (4) Collaborating within their regions and with the nursing and midwifery professions in the strengthening of national or subnational legislation and regulatory processes that govern those professions, including the development of competencies for the educational and technical preparation of nurses and midwives, and systems for sustaining those competencies; and giving consideration to the development of the continuum of education that is necessary for attaining the required level of expertise of nurse and midwifery researchers, educators and administrators;
- (5) strengthening the dataset on nurses and midwives as an integral part of the national and subnational health workforce information systems, and maximizing use of this information for evidence-based policy decisions;

⁴ See documents A61/17 and A63/27.

WHA64.7

- (6) harnessing the knowledge and expertise of nursing and midwifery researchers in order to contribute evidence for health system innovation and effectiveness;
- (7) engaging actively the expertise of nurses and midwives in the planning, development, implementation and evaluation of health and health system policy and programming;
- (8) implementing strategies for enhancement of interprofessional education and collaborative practice including community health nursing services as part of people-centred care;
- (9) including nurses and midwives in the development and planning of human resource programmes that support incentives for recruitment, retention and strategies for improving workforce issues, such as remuneration, conditions of employment, career development and advancement, and development of positive work environments;
- (10) promoting the establishment of national and subnational mechanisms in order to develop and support the effective interventions proposed in the global policy recommendations on increasing access to health workers in remote and rural areas through improved retention;⁵
- (11) implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel, given the national impact of the loss of trained nursing staff, as appropriate at national and local level;

2. REQUESTS the Director-General:

- (1) to strength WHO's capacity for development and implementation of effective nursing and midwifery policies and programmes through continued investment and appointment of professional nurses and midwives to specialist posts in the Secretariat both at headquarters and in the regions;
- (2) to engage actively the knowledge and expertise of the Global Advisory Group on Nursing and Midwifery in key policies and programmes that pertain to health systems, the social determinants of health, human resources for health and the Millennium Development Goals;
- (3) to provide technical support and evidence for the development and implementation of policies, strategies and programmes on interprofessional education and collaborative practice, and on community health nursing services;
- (4) to provide support to Member States in optimizing the contributions of nursing and midwifery to implementing national health policies and achieving the internationally agreed health-related development goals, including those contained in the Millennium Declaration;
- (5) to encourage the involvement of nurses and midwives in the integrated planning of human resources for health, particularly with respect to strategies for maintaining adequate numbers of competent nurses and midwives;
- (6) to report on progress in implementing this resolution to the World Health Assembly through the Executive Board, in a manner integrated with the reporting on resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Tenth plenary meeting, 24 May 2011

A64/VR/10

⁵ Document WHO/HRH/HPN/10.1.

ANNEX 3. GAPS BETWEEN ADOPTED REGIONAL STRATEGIES AND IMPLEMENTATION IN COUNTRIES IN THE WHO EASTERN MEDITERRANEAN REGION

The Table below demonstrates how strategic directions have impacted individual countries in the WHO Eastern Mediterranean Region. Some countries have accomplished nearly all the areas while others still have significant gains to make in areas judged to be important for the healthy growth of nursing and midwifery services. The latter are not necessarily low-income, poorly-resourced countries or countries undergoing social turmoil and conflict.

Country	Nursing unit in the Ministry of Health	Some regulation In force	Professional regulatory council exists	National strategy	Secondary school completion for entry into practice	Nursing education reform	Leadership development programmes
Afghanistan	✓	○	○	○	○	✓	○
Bahrain	○	✓	○	✓	✓	✓	✓
Djibouti	○	○	○	○	✓	✓	○
Egypt	✓	○	○	○	○	✓	○
Iran, Islamic Republic of	✓	■	○	✓	✓	✓	✓
Iraq	✓	◆	○	✓	○	✓	✓
Jordan	●	✓	✓	✓	✓	✓	✓
Kuwait	✓	■	○	○	○	✓	○
Lebanon	○	✓	✓	✓	✓	✓	○
Libya	○	○	○	○	✓	○	○
Morocco	○	■	○	○	✓	✓	○
Oman	✓	✓	✓	✓	✓	✓	○
Pakistan	●	✓	✓	○	✓	○	○
Occupied Palestinian	✓	■	○	○	✓	✓	○
Qatar	●	○	○	✓	✓	✓	✓
Saudi Arabia	✓	✓	○	✓	✓	○	✓

Country	Nursing unit in the Ministry of Health	Some regulation In force	Professional regulatory council exists	National strategy	Secondary school completion for entry into practice	Nursing education reform	Leadership development programmes
Somalia	○	◆	○	○	✓	✓	○
Sudan	✓	✓	✓*	○	✓	✓	○
South Sudan	✓	■	○	○	✓	◆	○
Syrian Arab Republic	✓*	○	○	✓	✓	✓	✓
Tunisia	○	■	○	✓	✓	✓	○
United Arab Emirates	✓	✓	✓	✓	✓	✓	✓
Yemen	●	◆	◆	✓	✓	○	✓

✓ In place. *In Sudan nursing body regulatory part of Health Professions Council. *In Syria physician heads unit.

◆ Being developed

■ Needs review

○ Not implemented

● No approved structure for nursing at the central level and/or only one professional incumbent in the post.

ANNEX 4 SDNM HEADQUARTERS, REGIONAL PRIORITIES AND SELECTED INDICATORS

Key Result Area 1: Contribution to the Strengthening of Health Systems and Services			
NURSING AND MIDWIFERY SERVICES-LED MODELS FORM THE BASIS OF PHC REFORMS, ESPECIALLY IN THE AREAS OF UNIVERSAL COVERAGE AND LEADERSHIP FOR HEALTH			
Area of Activity	Key Result Area	Priority Activities, WHO Regions and Headquarters	Global Indicators
Contribution to the strengthening of health systems and services	Contribution to people-centred care	Africa <ul style="list-style-type: none"> Elaborate and document collaborative practice to improve health of mothers and babies (Eritrea, Malawi) Implement multi-country research on nursing and midwifery in the context of PHC (by University of Kwa Zulu Natal WHOCC) 	<ul style="list-style-type: none"> Percentage of births attended by skilled nurse-midwives and/or midwives Percentage of 1-year-old children immunized against measles Documentation of collaborative practice to improve the health of mothers and babies Multi-country research on the role of nurses and midwives in the context of PHC Dissemination plan and implementation of findings and strategies on community health nursing and midwifery
		Europe <ul style="list-style-type: none"> Establish definitions and parameters for professional roles of nurses and midwives in practitioner, specialist and advanced level roles, supported by legislation and regulatory frameworks 	
		South-East Asia <ul style="list-style-type: none"> Strengthen nursing and midwifery in emergencies and disasters Strengthen community health nursing including home-based care for NCDs Improve capacity of nurse-midwives or midwives for safe midwifery service 	
		Western Pacific <ul style="list-style-type: none"> Support implementation of practice standards, new, improved, effective, evaluated models of service delivery maximizing nursing and midwifery functional contributions 	
		Headquarters <ul style="list-style-type: none"> Widely disseminate findings and strategies built on evidence from survey on community health nursing 	

	<p>Leadership for health</p> <p>Africa</p> <ul style="list-style-type: none"> ■ Support countries to develop nursing and midwifery national strategies including leadership development at all service delivery levels ■ Document nurse/midwifery-led PHC models in Eritrea, Malawi and Zambia ■ Establish nursing and midwifery databases in national observatories within broader HRH national databases <p>The Americas</p> <ul style="list-style-type: none"> ■ Devise effective approaches to build the leadership capacity of nurses and midwives and to further the development of health policies and programmes <p>Eastern Mediterranean</p> <ul style="list-style-type: none"> ■ Develop committed nursing leadership <p>Europe</p> <ul style="list-style-type: none"> ■ Strengthen nursing and midwifery leadership and management skills and competencies as well as ensuring opportunities for the professions to participate in decision-making about health policy, planning and services delivery at local, national, regional and global levels <p>South-East Asia</p> <ul style="list-style-type: none"> ■ Strengthen management and leadership in nursing and midwifery <p>Western Pacific</p> <ul style="list-style-type: none"> ■ Leadership capacity building <p>Headquarters</p> <ul style="list-style-type: none"> ■ Widely disseminate findings and strategies from community health nursing survey 	<ul style="list-style-type: none"> ✓ National strategies including leadership development at all levels of service delivery ✓ Nurses and midwives in leadership positions ✓ Documentation of nurse/midwife-led PHC models ✓ Innovative models, expansion of functional roles reported on or policy briefs issued ✓ Databases in national observatories within broader HRH national database ✓ Record of staff with leadership competencies ✓ Nurse leaders evident at all levels ✓ Chief nurse/midwife appointed ✓ Evidence of nurses and midwives actively involved at policy level meetings <ul style="list-style-type: none"> • Existence of succession planning and approved action plan ✓ Evidence of dissemination of good practice at country level ✓ Established virtual learning forums
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Key Result Area 2: Nursing and Midwifery Policy and Practice			
NURSES AND MIDWIVES PLAY A PROACTIVE ROLE IN ENSURING THAT THE HEALTH POLICIES, PLANS AND DECISIONS AFFECTING THEIR PROFESSIONS ARE COUNTRY-SPECIFIC AND IN KEEPING WITH THE PRINCIPLES OF INCLUSIVE LEADERSHIP, EFFECTIVE GOVERNANCE AND REGULATED PRACTICE			
Area of Activity	Key Result Area	Priority Activities, WHO Regions and Headquarters	Global Indicators
Nursing and midwifery policy and practice	Nursing and midwifery policies	<p>Africa</p> <ul style="list-style-type: none"> ■ Elaborate and finalize regional nursing and midwifery scaling up strategy ■ Elaborate nursing and midwifery regional professional regulatory framework ■ Support selected West African countries to strengthen nursing and midwifery regulation through partnership and twinning ■ Support regional network of educators and regulators for West Africa to champion reforms in nursing and midwifery education and regulation <p>Eastern Mediterranean</p> <ul style="list-style-type: none"> ■ Devise strategies to strengthen capacity of nursing and midwifery to develop policies, regulations and legislation ■ Collaborate with countries on use of updated regional strategy for nursing and midwifery development, SDNM 2011-2015 and the 2007 Islamabad Declaration on strengthening nursing and midwifery services <p>Europe</p> <ul style="list-style-type: none"> ■ Review current arrangements for health workforce planning and the evidence base used to determine numbers in nursing and midwifery education per year with special attention to the needs of rural remote areas ■ establish and maintain health databases <p>South-East Asia</p> <ul style="list-style-type: none"> ■ Develop the regional SDNM 2012-2016 ■ Advocate for the implementation of the regional SDNM 2012-2016 <p>Western Pacific</p> <ul style="list-style-type: none"> ■ Strengthen policies and plans particularly within PHC context <p>Headquarters</p> <ul style="list-style-type: none"> ■ Enhance technical support to regions on operationalizing SDNM-related strategies 	<ul style="list-style-type: none"> • Number of countries with updated nursing and midwifery regulations to meet changing health needs of the population ✓ Regional professional regulatory framework • Numbers of nurses and midwives on national professional registers • Number of employers and public accessing register to verify employees' credentials • Number of countries utilizing or adapting the SDNM framework ✓ HQ regional technical collaborative activities based on SDNM ✓ Regulatory systems in place in line with population needs ✓ Evidence of permissive flexible standards for expansion of nursing and midwifery ✓ Evidence of credentialing or certifying practitioners with advanced role competencies • Register for advanced practitioners

	Nursing and midwifery professions	<p>Headquarters</p> <ul style="list-style-type: none"> ■ Collaborate with partners on guideline development and relevant frameworks to enhance the standing of nursing and midwifery 	<ul style="list-style-type: none"> • Number of collaborative activities i.e. guidelines and frameworks to enhance nursing and midwifery standing ✓ Networks established or undergoing strengthening for improved practice, high-quality care • Number of countries scaling up nursing and midwifery capacity
	Nursing and midwifery evidence base	<p>Europe</p> <ul style="list-style-type: none"> ■ Generate evidence on approaches to determine and measure the impact of nursing and midwifery care on health outcomes. Establish benchmarks both uniprofessional and multiprofessional ■ Review current research training and funding available for action research and interdisciplinary research strategies <p>South-East Asia</p> <ul style="list-style-type: none"> ■ Improve nursing and midwifery database, workforce planning and retention mechanisms <p>Western Pacific</p> <ul style="list-style-type: none"> ■ Support research, quality of care capacities and application of evidence to policies and practice <p>Headquarters</p> <ul style="list-style-type: none"> ■ Conduct research on community health nursing 	<ul style="list-style-type: none"> • Number of countries that have implemented national policies for strengthening nursing and midwifery education, practice and research ✓ Regional functioning networks of educators and regulators • Number of outcome oriented measurement tools for improved student clinical placements ✓ Global research on community health nursing

Key Result Area 3: Nursing and Midwifery Education, Training and Career Development INSTITUTIONAL CAPACITY ENHANCED FOR THE INTAKE AND PRODUCTION OF SUITABLY SKILLED PRACTITIONERS TO PROVIDE COMPREHENSIVE PEOPLE-CENTRED SERVICES			
Area of Activity	Key Result Area	Priority Activities, WHO Regions and Headquarters	Global Indicators
Nursing and midwifery education, training and career development	Nursing and midwifery workforce supply	<p>Africa</p> <ul style="list-style-type: none"> Elaborate and finalize nursing and midwifery regional scaling up strategy Support designation of Kamuzu College Malawi as a WHOCC for promoting interprofessional education and collaborative practice Establish collaboration mechanisms between University of Birmingham Alabama WHOCC/PAHO with Malawi and Zambia on promoting and implementing interprofessional education and collaborative practice activities <p>The Americas</p> <ul style="list-style-type: none"> Develop national plans including investments for scaling up competence-based education/training programmes to meet workforce shortages and new health-service needs <p>Eastern Mediterranean</p> <ul style="list-style-type: none"> Reform education and HR policy development and planning in post-conflict countries Support subregional forums on improving nursing education services <p>Europe</p> <ul style="list-style-type: none"> Promote degree-level initial education of nurses and midwives based on the principles of public and primary health care located in institutions of higher education Define midwifery within the legislative framework and ensure a professional register exists to safeguard the public Strengthen core skills of nursing and midwifery especially in primary and community care, promotion of health, prevention of diseases, managing chronic conditions and long-term care; make advances in technologies and treatments in collaborative partnerships 	<ul style="list-style-type: none"> Number of nurse, midwife graduates to support the delivery of national health programmes ✓ Regional strategies for scaling up nursing and midwifery Number of countries scaling up educational production and quality initiatives Number of WHOCCs promoting interprofessional education and collaborative practice Number and types of competency based re-oriented curricula ✓ Evidence of reforms developed and implemented for nursing and midwifery programmes Number of schools with the initial nursing and midwifery programmes converted to degree level at institutions of higher education Number of institutions with locally defined standards for measuring clinical faculty arrangements in line with global standards

		<ul style="list-style-type: none"> ■ Support Member States in implementing the WHO (2009) Framework for Action on Inter-professional Education and Collaborative Practice in the European Region ■ Strengthen arrangements for students in clinical practice including mentorship, supervision, clinical teaching and assessment of competences ■ Promote principles of career development underpinned by CPD and maintenance of competencies <p>South-East Asia</p> <ul style="list-style-type: none"> ■ Advocate and strengthen community health nursing education, service and deployment ■ Improve nursing and midwifery education and programmes <p>Western Pacific</p> <ul style="list-style-type: none"> ■ Scale up competency-based education programmes ■ Support educational models, resource sharing, and clinically contextualized learning. <p>Headquarters</p> <ul style="list-style-type: none"> ■ Provide technical support to regions on quality improvements for pre-service and CPD in particular on the regional framework for scaling up nursing and midwifery in the African region. 	
Training resources	<p>Africa</p> <ul style="list-style-type: none"> ■ Translate guidelines for evaluating basic nursing and midwifery programmes into French and Portuguese ■ Develop regional curriculum for training/education of nursing and midwifery educators ■ Promote and foster partnerships and twinning relationships between and among nursing and midwifery institutions <p>The Americas</p> <ul style="list-style-type: none"> ■ Enhance teaching capacity with a focus on methodologies linking theory to practice ■ Strengthen institutional capacity through the twinning of nursing and midwifery schools and partnerships with WHOCs; South–South and North–South cooperation; and faculty development for sustained academic quality improvement <p>Eastern Mediterranean</p> <ul style="list-style-type: none"> ■ Support the leadership of the nursing profession in infection control and patient safety through development of a regional strategy on infection control for nursing and midwifery <p>Headquarters</p> <ul style="list-style-type: none"> ■ Provide technical support to the Eastern Mediterranean region on finalizing and implementing the regional framework on infection prevention and control 	<ul style="list-style-type: none"> ✓ Guidelines developed or adapted for evaluating nursing and midwifery programmes in relevant languages ✓ Regional curriculum for training/education of nurse and midwifery educators • Number of partnerships and twinning relationships among nursing and midwifery institutions • Institutionalized continuing education programmes ✓ Regional framework on prevention and control of infections for nursing, midwifery and allied health worker ✓ Updated curricula ✓ Workshops on regulation and advanced roles for nursing and midwifery 	

	<p>Career development</p>	<p>Africa</p> <ul style="list-style-type: none"> ■ Collaborate with East Central and Southern African sub-regions in institutionalizing CPD programmes in selected countries ■ Support adaptation of core sexual and reproductive health competencies in post-basic nursing and midwifery programmes in Malawi <p>The Americas</p> <ul style="list-style-type: none"> ■ Develop tertiary education for nurses and midwives together with opportunities for them to advance their education through undergraduate and postgraduate bridging courses <p>Eastern Mediterranean</p> <ul style="list-style-type: none"> ■ Advocate for the development of new roles, such as family health nursing within the primary care context and advanced nurse practice <p>South-East Asia</p> <ul style="list-style-type: none"> ■ Improve quality of nursing and midwifery educational institutions (through curriculum revision, teachers capacity, educational aids) ■ Improve quality of nursing and midwifery service <p>Western Pacific</p> <ul style="list-style-type: none"> ■ Develop and operationalize academic quality standards based on operational guiding template and indicators <p>Headquarters</p> <ul style="list-style-type: none"> ■ Develop a framework on community health nursing based on the global survey ■ Provide technical support to the Eastern Mediterranean Region on the development of the family health nursing programme 	<ul style="list-style-type: none"> • Number of countries introducing family health nursing, midwifery/community health nursing, midwifery programmes • Framework on community health nursing based on global research standards ✓ Evidence of innovative models of educational delivery and resources sharing • Operational guidelines accompanying global standards formulated as part of modified Delphi process in the Western Pacific and beyond ✓ Number of WHO HQ and regional joint activities on scaling up nursing and midwifery • Number of employers with costed strategies and action plans for continuing professional education/CPD ✓ Inventory of good practices through updated portfolio • Core competencies on sexual and reproductive health adapted in specific countries
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Key Result Area 4: Nursing and Midwifery Workforce Management			
POLICY MAKERS CREATE AN ENABLING ENVIRONMENT FOR THE NURSING AND MIDWIFERY WORKFORCE TO MEET CHANGING HEALTH NEEDS			
Area of Activity	Key Result Area	Priority Activities, WHO Regions and Headquarters	Global Indicators
Workforce management	Workforce management	<p>Africa</p> <ul style="list-style-type: none"> Strengthen HRH units including capacity building of senior HRH management staff in Gambia and Ghana <p>The Americas</p> <ul style="list-style-type: none"> Monitor trends to keep track of the recruitment, distribution, deployment and mobility of nursing and midwifery personnel Develop, disseminate and implement models to measure and manage migration for nursing and midwifery workforce sustainability at country level <p>Eastern Mediterranean</p> <ul style="list-style-type: none"> Address nursing and midwifery workforce planning, education and maximum utilization of roles, positive practice environments with specific strategies for rapid scaling up of nursing and midwifery workforce in countries and complex emergencies and strategies to retain nurses and midwives and manage out-migration <p>Europe</p> <ul style="list-style-type: none"> Work with Member States on improving working conditions for nurses and midwives based on principles set out in ILO Nursing Convention 149 Review current staff safety situation and effectiveness of processes in place and develop action plans for empowerment Identify and appoint health and safety representatives where they are lacking in the workplace, develop programmes for training safety representatives and establish action plans for a sustained response <p>Western Pacific</p> <ul style="list-style-type: none"> Apply tools for performance measurement and safety Improve HRH data gathering and database sharing Update country profiles 	<ul style="list-style-type: none"> Number of HRH crisis countries showing an increase in competent nurses and midwives to meet population health needs Number of countries that have ratified the ILO Nursing Personnel Convention 1977 (C149) Number of nurse and midwifery leaders training and using the selected HRH workforce planning tools Number of countries in complex and emergency situations adopting improved conditions of service for the retention of nurses and midwives Policy enactment for improved working conditions Interventions in place and/or evaluated to increase retention and recruitment, particularly in rural remote areas
	Performance enhancement	<p>Eastern Mediterranean</p> <ul style="list-style-type: none"> Create positive practice environments 	<ul style="list-style-type: none"> Adopted strategies for positive work environments Improvement in the recruitment and retention of nurses and midwives

Key Result Area 5: Partnership for Nursing and Midwifery Services			
ACTIVE, SYSTEMIC COLLABORATION IS ENCOURAGED AMONG NURSING AND MIDWIFERY ORGANIZATIONS AND WITH COMMUNITY-BASED ORGANIZATIONS, HEALTH PROFESSIONAL GROUPS AND GOVERNMENTS			
Area of Activity	Key Result Area	Priority Activities, WHO Regions and Headquarters	Global Indicators
Partnership for nursing and midwifery services	Stewardship and governance	<p>The Americas</p> <ul style="list-style-type: none"> ■ Establish mechanisms to enable nurses and midwives to acquire policy-making skills and to partner government departments in multisectoral efforts to integrate health into all policy-making relevant to the health and safety of individuals, families and communities ■ Develop tools to improve partnerships among health services, departments of health, professional associations, research/educational institutions and communities <p>Western Pacific</p> <ul style="list-style-type: none"> ■ Strengthen policy-making capacities <p>Headquarters</p> <ul style="list-style-type: none"> ■ Generate case studies on interprofessional education and collaborative practice 	<ul style="list-style-type: none"> ✓ Evidence of work by Member States on HRH nursing information system strengthening • Case studies on interprofessional education and collaborative practice • Number of curricula which include joint learning at undergraduate level • Number and types of strategies and plans for integrated disease management available, including pathways developed and implemented by multiprofessional teams
	Implementation and monitoring of SDNM	<p>Africa</p> <ul style="list-style-type: none"> ■ Elaborate and finalize regional scaling up plan for nursing and midwifery <p>The Americas</p> <ul style="list-style-type: none"> ■ Develop multi-year plans for strengthening the nursing and midwifery services' capacity for each region, coordinated by WHO with partner organizations taking the lead on specific objectives and activities identified in the plan <p>Headquarters</p> <ul style="list-style-type: none"> ■ Collaborate with relevant partners on raising awareness and advocacy on priority nursing and midwifery issues ■ Develop a monitoring tool for the SDNM ■ Monitor implementation of the SDNM 	<ul style="list-style-type: none"> • Number of countries that have incorporated the SDNM in their national health plans • Number of countries with reliable standardized data on the health workforce ✓ Globally aligned plans of work with partners, networks and WHOCCs

	<p>Effective networking and partnerships</p>	<p>Africa</p> <ul style="list-style-type: none"> ■ Document innovative partnerships and approaches in improving nursing and midwifery education and practice ■ Support West Africa sub regulator and educator network to operationalize activities ■ Support the West Africa network to participate in existing practice communities ■ Promote interprofessional education and collaborative practice through work between University of Birmingham Alabama/ AMRO and Malawi and Zambia <p>Eastern Mediterranean</p> <ul style="list-style-type: none"> ■ Strengthen partnership and collaboration with WHOCCs for nursing and midwifery to achieve the expected results of the programme <p>Europe</p> <ul style="list-style-type: none"> ■ Promote a modern, dynamic professional image of nursing and midwifery particularly among other professions and the public 	<ul style="list-style-type: none"> • Number of new participants and alliances established to support health system strengthening within the context of PHC ✓ Documentation of innovative partnerships and approaches in improving nursing and midwifery education, regulation and practice ✓ Interprofessional education and collaborative practice promoted in selected countries • Number of advocacy and awareness activities on priority issues pertaining to nursing and midwifery ✓ Monitoring tool for the SDNM ✓ Implementation report on the SDNM
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- ✓ In progress
- To be assessed

AMRO = WHO Regional Office for the Americas; CPD = continuing professional development; HRH = human resources for health; ILO = International Labour Organization; NCDs = noncommunicable diseases; PHC = primary health care; WHOCC= World Health Organization Collaborating Centre



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