The future of nursing and midwifery workforce in the context of the Sustainable Development Goals and universal health coverage

Report of the Seventh Global Forum for Government Chief Nurses and Midwives
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The participation and contribution of all the presenters and panellists is greatly appreciated.

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1. Introduction and background

The seventh biennial Global Forum for Government Chief Nursing and Midwifery Officers (GCNMOs) was held in Geneva, Switzerland, on 18–19 May 2016. The Forum was organized by the World Health Organization (WHO) Department of Health Workforce. The theme of the 2016 Forum was “The future of nursing and midwifery workforce in the context of the Sustainable Development Goals and universal health coverage”. The agenda of the seventh meeting of the Forum can be found in Annex 1.

Since 2004, several meetings have greatly contributed to shaping global, regional and country agendas on nursing and midwifery. This is in acknowledgement of the important role of GCNMOs within ministries of health in their respective countries. The Forum is recognized as important for GCNMOs in terms of updating them on global health trends, global strategies and the programme of World Health Assembly.

1.1 Objectives and outcomes

The objectives of the forum were:

1. to discuss the implications of the global health mandates and strategies on the future of nursing and midwifery workforce for effective advocacy and investment;

2. to identify gaps and needs for enhancing nursing and midwifery leadership in the context of the Sustainable Development Goals (SDGs), universal health coverage (UHC), the *Global Strategy on Human Resources for Health: Workforce 2030* (GSHRH 2030) and the *Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020* (SDNM 2016–2020) for appropriate nursing and midwifery workforce management;

3. to reach an agreement on key interventions for the future of nursing and midwifery, in addressing governance and accountability.

The expected outcomes included sharing of key global health mandates and frameworks, identification of gaps and needs, outlining of key nursing and midwifery workforce interventions in the context of the GSHRH 2030 and the SDNM 2016–2020, and sharing of highlights of the 2016 World Health Assembly.
1.2 Participants

More than 76 persons – chief nursing and midwifery officers, experts, advisors, representatives of professional associations, observers and WHO staff from headquarters and the regions – attended the Forum. A list of participants is included in Annex 2. The Forum allowed participants to exchange ideas and intervene in discussions around the future of nursing and midwifery workforce in the context of the SDGs and UHC.

1.3 Opening and welcome

Sheila Tlou, Director, UNAIDS Regional Support Team for Eastern and Southern Africa

Dr Tlou was selected as Chair of the Seventh meeting of the Forum. A prominent nursing and midwifery champion, and former Minister of Health of the Republic of Botswana currently serving as Director of the UNAIDS Regional Support Team for Eastern and Southern Africa, Ms Tlou expressed her appreciation for her role at this meeting of leading nurses and midwives from around the world. The arrival of Princess Muna Al-Hussein was announced, along with her attendance schedule for the Forum.

Jim Campbell, Director, Health Workforce Department, WHO

Participants of the Seventh Global Forum for Government Chief Nursing and Midwifery Officers were welcomed and reminded that the 2016 Forum was the first to be held in the context of the SDGs. The challenges facing nursing and midwifery were highlighted, including issues of education, regulation and remuneration. Some 60–70% of the UHC agenda is focused on issues that nurses and midwives deal with on a daily basis, just as nurses and midwives are vital to the gender equality debate. A brief overview was provided on recent WHO work on Human Resources for Health (HRH) – including the GSHRH 2030 [1], the SDNM 2016–2020 [2], and other strategic projects such as the United Nations High-Level Commission on Health Employment and Economic Growth (comHEEG) [3]. The Commission will issue its report in September 2016. The report is expected to contain recommendations that, together with the GSHRH 2030 and SDNM 2016–2020, will help to advance nursing and midwifery by addressing many of the current challenges. Summaries of the above issues are presented in later sections of this report.

Video on Universal Health Coverage

An updated video on nursing, midwifery and UHC was shown (the previous version having been shown at the 2014 Forum). The video was described as an inspirational tool that showcases nursing and midwifery contributions to both primary health care and UHC, including WHO’s contributions.
2. The sustainable development goals

2.1 Sustainable Development Goals, universal health coverage and health systems innovations

Marie-Paule Kieny, Assistant Director-General, WHO

Health has a central place as both a major contributor to and beneficiary of the SDGs. The SDGs acknowledge the importance of equity by taking into account the needs of women, children, and the poorest and most disadvantaged groups. The support of GCNMOs has enabled notable progress on nursing and midwifery. For instance, many countries have developed national strategic plans for nursing and midwifery. A WHO report published six years ago on the global survey on nursing and midwifery showed that national human resources policies for nursing and midwifery exist in over 83% of WHO Member States and countries are also now moving towards ensuring that they have costed national plans for nursing and midwifery. The following strategic changes are critical for the future of nursing and midwifery:

- Embracing and adopting collaborative strategies with other members of multidisciplinary health care teams to help ensure the delivery of evidence-based, quality care.

- Interprofessional teams working together contribute to cost-effective care and better patient outcomes.

- Understanding policy contexts and key drivers for the development of new nursing and midwifery roles as well as non-medical roles.

The following reflective questions were put forward for the Forum to consider:

1. How can one ensure an educated, competent and motivated nursing and midwifery workforce in response to the SDGs and UHC?

2. How can one optimize policy development, effective leadership, management and governance to support this agenda?
3. What strategies will be needed to maximize the capacities and potential of nurses and midwives through intraprofessional and interprofessional collaborative partnerships?

4. What approaches can be adopted to mobilize political will to invest in nursing and midwifery workforce development?

2.2 The Sustainable Development Goals and universal health coverage in the WHO African Region

Delanyo Dovlo, Director, Human Resources for Health, WHO Regional Office for Africa

The health care challenges faced by countries of the African Region include an increasing burden of disease, an elderly workforce, numerous outbreaks of infectious diseases (more than 106 outbreaks in the last two years). It was acknowledged that the Ebola Virus outbreak had altered the African regional approach to health systems in order to prevent a reoccurrence. Equality, inclusion and security are key priorities for the region. Despite shortcomings, some progress has been recorded in the region, especially in regard to meeting some targets of the Millennium Development Goals (MDGs). For instance, the African Region has not recorded any case of polio in the last two years. Such successes are, in part or as a whole, attributable to the contribution of nurses and midwives. Non-fragmentation of health service delivery is vital to ensure a strong health systems approach and patient and staff safety is critical to ensure positive outcomes. It was noted that GCNMOs from francophone countries were underrepresented at the Forum and that it was an international reflection of the situation in some of those countries. The GCNMOs were reassured that the WHO African Region has developed a number of resources, including the use of experts to support nursing and midwifery. The Regional Office for Africa aims to ensure that the network of WHO Collaborating Centres is extended to non-English-speaking African countries. The regional office is undergoing major restructuring to strengthen it with the most competent staff. In response to the need for strengthening the capacity of nursing and midwifery leaders, regional meetings equivalent to the Global Forum will be organized in the region.

2.3 Interventions

Interventions were made by Majed Al-Maqbali and Lebaka Nthabiseng Makholu on behalf of Cynthia Chasokela, on country experiences in achieving the SDGs and UHC in the Republics of Oman and Zimbabwe respectively.

Majed Al-Maqbali, Director General Nursing Affairs, Ministry of Health, Oman

In Oman, changing demographics and increased demand for high-quality care are among the factors necessitating a shift of emphasis towards the advanced practice nurse (APN) role. In order to build
capacity to achieve both the SDGs and UHC, interventions were carried out under the leadership of the Chief Nursing and Midwifery Officer with the assistance of WHO and partners. They included:

- situational analysis to gather evidence to support and inform policy and support the development of advanced practice nursing (2010);
- focused group discussions and collaboration with key stakeholders using evidence to support discussions (2011);
- perception assessment of multidisciplinary teams through a study involving doctors, pharmacists, laboratory technicians and educators (2012);
- networking activities with international partners such as WHO and the International Council of Nurses (ICN) (2006, 2007, 2010, 2012 and 2016);
- identification of opportunities for training (universities in the United Kingdom and USA were visited for this reason);
- galvanizing of future support from stakeholders.

Cynthia Chasokela, Director of Nursing Services, Zimbabwe

GCNMOs have a key role to play in tackling numerous health challenges, especially in the African Region, but the support of all stakeholders is required. To maximize the opportunities presented by the adoption of the SDGs and UHC, GCNMOs should:

- draw lessons from the application of the MDGs and develop more efficient ways of attaining the SDGs and UHC;
- develop strategies to reinforce nursing and midwifery practice by utilizing a revitalized primary health care approach (this will help in addressing issues such as equity, universal access to comprehensive quality health services, use of appropriate technology, and community involvement and participation);
- rally nurses and midwives to a better understanding and application of health systems strengthening through astute and responsive leadership, stewardship and good governance, with professional practice based on available evidence and technology, to ensure that appropriate numbers of nurses and midwives are adequately educated and trained.
To carry out the above activities effectively, Dr Chasokela said, GCNMOs require support that includes:

- advocating and lobbying for the establishment of GCNMOs in countries where they do not exist;
- opening nursing and midwifery positions in WHO intercountry support teams and country offices in Africa;
- developing evidence-based strategies to monitor and evaluate progress towards the attainment of UHC;
- establishing a formal global and regional think tank (or Nursing and Midwifery Expert Committee) to advise regional offices on nursing and midwifery concerns, support peers to build the capacity of GCNMOs, and develop means to generate evidence on best practices in nursing and midwifery in the region;
- creating regular opportunities for nurses and midwives to share information on nursing and midwifery education, research, regulation and best practices;
- continuing formal meetings every alternate year with emphasis on a broader agenda, with the support of WHO to facilitate and ensure that all government chief nursing and midwifery officers attend.

Key messages

- A number of countries have established, or are in the process of establishing, national nursing and midwifery departments or units, and this should be supported.
- It is essential for the WHO Regional Office for Africa to have a Nurse Adviser to provide technical support on nursing and midwifery in the region.
- Sharing of work information from the WHO Regional Office for Africa is critical to support nurses and midwives in delivering better care.
- The generation and appropriate use of evidence is central to the development of nursing and midwifery in the context of the SDGs and UHC.
- The Regional Office for Africa maintains a network of nursing and midwifery experts in light of the shortage of staff with the required skills.
- Strengthening political outreach is critical to influencing doctors’ acceptance of Advanced Practice Nursing roles in Oman.
- Advanced practice nursing has helped to ensure progress in 174 health centres in Lesotho.
- Lesotho signed a memorandum of understanding with Kenya and Zimbabwe to supply nurses to meet staffing needs. However, shortage of nurses and midwives still persists in the country.
3. Technical session 1: implications of global health mandates and strategies on the future of nursing and midwifery workforce for effective advocacy and investment

A second panel discussed the current WHO global strategies. The panel consisted of Jim Campbell, Director, Health Workforce Department, Ed Kelley, Director, Health Service Delivery Department and Gottfried Hirnschall, Director of the HIV Department.

3.1 Global Strategy on Human Resources for Health: Workforce 2030

Jim Campbell, Director, Health Workforce Department, WHO

Current global initiatives geared towards strengthening health workforces including the process of development of the GSHRH 2030 were summarized. The vision of the GSHRH 2030 aims to accelerate progress towards UHC and the SDGs by ensuring equitable access to health workers within strengthened health systems. The overall goal is to improve health, social and economic development outcomes by ensuring universal availability, accessibility, acceptability, coverage and quality of the health workforce through adequate investments to strengthen health systems, and the implementation of effective policies at national, regional and global levels. The nursing and midwifery leadership plays a critical role in building a viable health labour market to ensure successful implementation of the GSHRH 2030. An intersectoral agenda is central to solving the health workforce crisis in countries. The current health workforce demand to meet the SDGs is 4.45 midwives, nurses and doctors per 1000 population [1]. This can be achieved by:

- optimizing the existing workforce in pursuit of the SDGs and UHC (e.g. by education, employment, retention);
- anticipating future workforce requirements by 2030 and planning the necessary changes (e.g. a fit-for-purpose, needs-based workforce);
• strengthening individual and institutional capacity to manage HRH policy, planning and implementation (e.g. migration and regulation);

• strengthening the data, evidence and knowledge on cost-effective policy decisions (e.g. national health workforce accounts).

It is important to take gender into account with regard to the nursing and midwifery workforce. Data from the Global Health Observatory show that women constitute 70% of the current global health workforce, making a vital economic contribution to achieving the SDGs. Their efforts to address issues of gender balance should be encouraged. Nevertheless, developing countries face glaring challenges as they have the lowest number of nurses and midwives per population. The situation is made worse by increasing rural-urban and international migration. The SDNM 2016–2020 offers a policy solution to these challenges as it aims to provide available, accessible, acceptable, quality and cost-effective nursing and midwifery care for all, based on population needs and in support of the SDGs and UHC. Thus GCNMOs can be change agents by empowering nurses and midwives to fill service delivery gaps in countries. GCNMOs as decision-makers in Member States, nursing and midwifery associations and other partners can support the implementation of the GSHRH 2030 and the SDNM 2016–2020 to help achieve UHC and meet the SDGs.

3.2 Framework for strengthening integrated people-centred health services

Edward Kelley, Director, Service Delivery and Safety Department, WHO

The Framework on integrated people-centred health services [4] was developed in close conjunction with the GSHRH 2030 and both documents were adopted by Member States during the World Health Assembly in 2016. The vision of the WHO Global Strategy on Integrated and People-Centred Health Services (IPCHS) is as follows: “All people have equal access to quality health services that are co-produced in a way that meets their life course needs, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment.” Nursing and midwifery leadership is critical to building primary health care. Five critical pillars for the development of integrated care across health systems are illustrated in Figure 1.

Opportunities exist to integrate nursing and midwifery and health services delivery through a number of key areas. These include:

• evolving competency models;

• increase in case management and care coordination;

• the role of multidisciplinary teams;
nursing leadership for patient safety and quality services;

- nursing in emergencies and migrant services;

- mHealth, information and communication technology and nursing in the digital age;

- (re)focusing on primary and palliative care.

### 3.3 Global health-sector strategies for HIV, viral hepatitis and sexually transmitted infections

**Gottfried Hirnschall, Director, HIV Department, WHO**

The focus of the presentation was the global health-sector strategy for HIV, viral hepatitis and sexually transmitted infections (STIs). The UNAIDS and WHO strategies on HIV are about fast-tracking the response and eliminating HIV and hepatitis as public health problems. Currently, an estimated 37 million people are HIV-positive worldwide while viral hepatitis kills 1.5 million every year. Similarly, STIs are not new but are still commonly prevalent in many settings. Although the hepatitis B and C strains are known to be the most prevalent, availability of good data is still a major challenge to tackling the disease. Cross-references exist between the GSHRH 2030, IPCHS and the UNAIDS/WHO HIV strategies. Together, the strategies are necessary for concerted action by all stakeholders involved. Proper dissemination and implementation must be done for the objectives of the strategies to be achieved.
The global health sector strategy on HIV 2016−2021 [5] has five strategic directions to guide priority actions by countries and WHO across the fields of prevention, promotion, treatment and rehabilitation. The strategic directions are:

- Strategic direction 1: Information for focused action (Knowing the epidemic and responding appropriately).
- Strategic direction 2: Interventions for impact (covering the range of services needed).
- Strategic direction 3: Delivering for equity (covering the populations in need of services).
- Strategic direction 4: Financing for sustainability (covering the costs of services).
- Strategic direction 5: Innovation for acceleration (looking towards the future).

The latest global health sector strategy on HIV contains new policy directives to tackle the above challenges, including setting targets with regard to global hepatitis for the first time. As for HIV, the price of highly active antiretroviral therapy (HAART) has dropped with increasing access over the years. The latest strategy aims to build on this success by providing a platform for all stakeholders to accelerate the supply of more affordable and quality medicines to treat patients. It was acknowledged that nurses and midwives are critical components of the health workforce that can deliver the major interventions to address the HIV crisis. The interventions include self-testing, pre-exposure prophylaxis, and implementing new service delivery approaches, including decentralization and linking of services. Integrating care and service delivery and eliminating stigma and discrimination through community support and health innovation are important for patients in key populations as well as the health workers who serve them.

3.4 Every Newborn Action Plan and the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016−2030)

Anthony Costello, Director, Maternal, Newborn and Child Health Department

It was emphasized that nurses and midwives play a critical role in the delivery of health-care services as they provide most of the care in health facilities and at district level around the world. To ensure that newborns are given the best possible care, WHO developed the Every Newborn Action Plan [6]. The five strategic directions of the action plan are as follows:

1. Strengthen and invest in care during labour, birth and the first day and week of life.
2. Improve the quality of maternal and newborn care.
3. Reach every woman and newborn to reduce inequities.

4. Harness the power of parents, families and communities.

5. Count every newborn through measurement, programme-tracking and accountability.

The Every Newborn Action Plan is a concrete part of the broader Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) [7]. The vision of the strategy is to deliver by 2030, “a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.”

The objectives and targets follow the outline of the “Survive, Thrive and Transform” agenda (Table 1), in line with the SDGs.

Table 1. Outline of the Survive, Thrive and Transform agenda

<table>
<thead>
<tr>
<th>SURVIVE</th>
<th>End preventable deaths</th>
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<tr>
<td>• Reduce global maternal mortality to less than 70 per 100 000 live births</td>
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<tr>
<td>• Reduce newborn mortality to at least as low as 12 per 1000 live births in every country</td>
<td></td>
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<tr>
<td>• Reduce under-five mortality to at least as low as 25 per 1000 live births in every country</td>
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<tr>
<td>• End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases</td>
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<tr>
<td>• Reduce by one third premature mortality from noncommunicable diseases and promote mental health and well-being</td>
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<tr>
<th>THRIVE</th>
<th>Ensure health and well-being</th>
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<tr>
<td>• End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women</td>
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<tr>
<td>• Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights</td>
<td></td>
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<tr>
<td>• Ensure that all girls and boys have access to good-quality early childhood development</td>
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<tr>
<td>• Substantially reduce pollution-related deaths and illnesses</td>
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<tr>
<td>• Achieve universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines</td>
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<table>
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<tr>
<th>TRANSFORM</th>
<th>Expand enabling environments</th>
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<tbody>
<tr>
<td>• Eradicate extreme poverty</td>
<td></td>
</tr>
<tr>
<td>• Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education</td>
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</tr>
<tr>
<td>• Eliminate all harmful practices and all discrimination and violence against women and girls</td>
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<tr>
<td>• Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene</td>
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<tr>
<td>• Enhance scientific research, upgrade technological capabilities and encourage innovation</td>
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<tr>
<td>• Provide legal identity for all, including birth registration</td>
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<tr>
<td>• Enhance the global partnership for sustainable development</td>
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Nursing and midwifery is absolutely critical to the implementation of both strategies above. The Lancet series paper on the projected effect of scaling up midwifery [8] provides evidence that 83% of maternal deaths, stillbirths and neonatal deaths could be averted if the adequate number of properly trained and well-supported nurses and midwives were available. Huge progress has been recorded but much more is needed to reach the targets. National strategies have been developed in 15 out of the 18 high-burden countries where newborn deaths are highest. GCNMOs are key to implementing national plans for achieving the targets stated in the plan.

“Midwives have a critical role not just in technical care but in psychosexual care, providing pain relief, reducing, anxiety, preventing postpartum depression, improving mothers’ and babies’ interaction and in protecting women through birth spacing and contraceptive use” – Anthony Costello

Dealing with preterm and low birth weight needs to be prioritized in nursing and midwifery services to cut the rates of child morbidity and mortality. Teamwork and interprofessional collaboration are essential for the delivery of services to these children. Nurses and midwives in research and governance are needed to monitor and evaluate the strategies, including the Ending Preventable Maternal Mortality (EPMM) campaign being put forward by WHO and partners. Countries and development partners also need the support of nurses and midwives to address the barriers (professional, social and gender) that prevent client access to midwifery services.

### 3.5 Interventions

Three GCNMOs (from Australia, Thailand and the USA) responded to the panel on global health mandates and strategies, using the following questions as a basis for their comments:

1. What are the roles of the nursing and midwifery workforce in supporting the implementation of the outlined strategies?

2. What can GCNMOs do in their countries to move these agendas forward?

3. What advocacy and investment strategies are needed for the nursing and midwifery workforce to effectively support these agendas?

4. What key characteristics of the future nursing and midwifery workforce will be needed to support national, regional and international health mandates?
Debra Thoms, Chief Nurse and Midwifery Officer, Department of Health, Australia

In Australia the GCNMO provides strategic advice to the government on health issues from a nursing and midwifery standpoint in order to influence health policy development. This helps to ensure a flexible and adaptable workforce and makes sure that nurses and midwives are being fully and effectively utilized. The GCNMO also works closely with the leadership of the federated units on national approaches to nursing and midwifery issues. Good communication is employed to ensure that a good working relationship is maintained and that challenges faced by nursing and midwifery are solved effectively. These efforts have seen the development of a national nursing and midwifery education advisory network to bring together the leadership of the federated units. This network will also collaborate with the medical training networks in order to enhance workforce collaboration for better health outcomes. Australia agrees that nurses and midwives are needed in leadership roles in all spheres of governance and GCNMOs need to interact actively with other leaders both within and outside the health sectors of their countries.

Kanjana Chunthai, Chief Nursing Officer, Bureau of Nursing, Ministry of Public Health, Thailand

Following the implementation of UHC in Thailand, several successes have been recorded in access to health-care services. Thailand’s Ministry of Public Health (MoPH) now has more than 300,000 employees with 29 job categories. The MoPH draft 20-year strategic plan envisages a society with health for all. Through this plan, the MoPH will develop partnerships to achieve a participatory and sustainable health system with a happy staff and a healthy population. The strategic plan contains four “excellence” strategies, namely: 1) promotion and prevention excellence, 2) service excellence, 3) people excellence, and 4) governance excellence. Thailand uses a model of training and recruitment of young nurses that aligns the development of nursing with its 20-year public health strategy. There is a national committee on human resources for health with three subcommittees: the Human Resources Planning Board, Human Resources Management Board and Human Resources Development Board. The Bureau of Nursing is the government agency supervising nursing human resources and services, with 13 Regional Chief Nursing Officers, 152 Provincial Chief Nursing Officers, and 1,756 District Chief Nursing Officers. The bureau coordinates the Chief Nursing Officer network that drives nursing human resources and service policies, and the network in turn works closely with the Chief Nursing Officer of each Regional Board to support their service plans. Furthermore, the Chief Nursing Officer collaborates with nursing-related institutions such as the Thailand Nursing and Midwifery Council and the Thailand Nurses’ Association, and serves as advisor to various nursing clubs.

Thailand attaches great importance to the value of global policies and mandates. It supports stakeholders in working together to support national, regional and international health mandates. The Thailand Global Health Strategy 2015–2020 (TGHS) is the national framework for implementing health diplomacy. It
targets critical issues and identifies national health priorities related to social security, human rights, sustainability, multisectoral participation and good governance. The TGHS is based on the principles of coherence, consistency and synergy in national policies and between national and global health policies. It contains five strategic areas:

- fostered global health security;
- stronger, fairer and equitable health systems;
- shared international responsibilities;
- global health policy coherence;
- sustained institutional capacities on global health and coordinating mechanisms.

As an active supporter of international mandates for human resources for health, Thailand co-sponsored the Sixty-ninth World Health Assembly draft resolution on GSHRH 2030 and the draft resolution on strengthening integrated, people-centred health services.

Susan Orsega, Human Services/Chief Nurse Officer, United States Public Health Service

In the USA, the Chief Nurse Officer is responsible for coordinating nursing and midwifery development in the Department of Health, as well as for advising the Surgeon-General on nursing and midwifery issues. The Chief Nurse Officer is also responsible for the management of partnerships, including with research institutions. Currently, two international research partnerships are being managed for which there was very active nursing leadership and involvement in the vaccine trials during the Ebola outbreak in 2015. The Affordable Care Act aims to improve quality of care and access to health-care services for all people. The passage of the Act has created room for APNs to offer primary care services to the growing number of insured patients and to strengthen preventive services. Nurses and midwives are important assets in the delivery of health care and must be encouraged.

Four main strategies are essential for nurses and midwives to contribute effectively towards meeting national mandates both in the USA and internationally. They are: 1) better interprofessional collaborative practice, 2) enhanced scope of practice, 3) a solid nursing workforce domain and, 4) emphasis on disease prevention for health and wellness.
It was pointed out that nursing and midwifery services are crucial to providing care in typically underserved places such as in rural areas. In the face of rising care demands, APNs can provide much-needed cheaper and quality primary health care. The USA has several nurse-led centres that could provide case study examples for GCNMOs and decision-makers willing to replicate similar structures in their countries.

Nurses and midwives need to maintain an active voice in advocacy to influence the development of interprofessional and collaborative practice through the exploration of new ways of working together with other health professionals to ensure good quality of care. In addition, the full scope of practice for advanced nursing and midwifery practice needs to be supported and implemented.

There are 1.2 million nursing vacancies in the USA to be filled by registered nurses between 2014 and 2020. Due to the number of retiring nurses and other challenges inherent in the current system of educating and recruiting nurses, the USA faces a challenge to fill these positions. Better career pathways for nursing and midwifery need to be explored in order to meet this demand for workforce and health services.

It was felt that health promotion behaviours must continually be emphasized as a key aspect of nursing and midwifery practice. “If the millions of nurses in a thousand different places articulate the same ideas and convictions about primary health care, and come together as one force, then they could act as a powerhouse for change” – Halfdan Mahler, WHO Director General, 1985.

**Key messages and discussions from the plenary**

- Innovative strategies are critical for the development of nursing and midwifery.
- Strategic positioning of nurses and midwives in key leadership roles, including strengthening the role of the GCNMOs, is vital.
- Policies for a flexible and adaptable workforce are needed in order to ensure that nurses and midwives are being fully and effectively utilized.
- Patient-centred nursing and midwifery care services helps to strengthen the role of the recipients of care.
4. Reflections on achievements since the 2014 global forum for government chief nursing and midwifery officers

4.1 Summary of achievements in Bhutan

Tandin Pemo, Nursing Superintendent
The presentation focused on the achievements of Bhutan since the commitment made at the 2014 Forum. Several achievements were recorded in the area of nursing and midwifery leadership and management, education and training, and collaborative partnerships. They are outlined as follows:

Leadership and management
It was reported that Bhutan’s Nursing and Midwifery Strategic Plan 2016–2020 had been developed. During 2015, national nursing service standards were developed, as was patient safety policy.

Education and training
Continuing professional development programmes were held, such as the 2014 patient safety sensitization course for nurses in health-care facilities in selected districts. In addition, the first National Nursing Symposium was held in 2015 with “Patient-Centred Care” as the theme of the event. The symposium included nursing development, nursing responsibilities in patient care, nurses’ role in emergency and disaster management, an action plan for patient safety interventions, and nurses and public health.

The standardization of nursing interventions in health-care facilities was finalized in 2015. Scopes of practice were established for the National Dialysis Service of Bhutan, adult intensive care, infection control and medical waste management, general nursing procedures, emergency nursing care, operating theatre nursing and midwifery. A certificate in Basic Life Support and Advanced Cardiovascular Life Support training was also established and curricula were developed for advanced nursing management.

Collaborative partnerships
Ongoing collaborative actions exist between key health authorities at national level. Bhutan’s nursing and midwifery strategic plan was developed with the support of the WHO Thailand country office and with contributions from other partners.
Challenges
Despite progress, some challenges remain in nursing and midwifery in Bhutan. For instance, there is no nursing representative in the Ministry of Health. Nursing and midwifery associations are not yet strong enough to influence policy change.

4.2 Summary of achievements in Ireland
Anne-Marie Ryan, Deputy Chief Nurse
The Republic of Ireland conducted a national consultation exercise between February and the end of April 2016 to define the values of the nursing and midwifery professions. The consultation utilized the methodology of an e-survey and focus group discussions across the country to obtain consensus from participating nurses and midwives. The e-survey was analysed using both quantitative and qualitative methods for the open-ended questions. The result of the national consultation helped to define the values of nursing and midwifery in Ireland which are “compassion, care and commitment”.

Figure 2 illustrates how Ireland approaches the future of nursing in the context of the future of health care.

Figure 2. The future of nursing in Ireland

Future of Nursing

Nursing is inextricably, and rightly so, linked to societies future and the future of healthcare

Nursing and Midwifery

health reform

chance to improve care

access

quality

bring value while reducing costs
Irish nursing and midwifery encounters challenges in three key areas: 1) concept leadership, 2) developing strategic resilience and 3) managing the accountability continuum. The country has been exporting nurses for some time but emphasis is now being placed on recruitment and retention. The Chief Nurse sits on the management board of the Department for Health, which is key to providing a voice for nursing and midwifery in the interaction with other members of the board in running the health affairs of the country. There is an ongoing taskforce project to provide staffing and skill-mix for nursing (Figure 3). It is built on the foundation of empirical evidence, personal judgement, ethical principles and the individual values of patients and staff. The project has three areas of focus, namely: 1) strategic direction, 2) alignment and 3) commitment.

**Figure 3. Ireland's taskforce on staffing and skill-mix for nursing**

<table>
<thead>
<tr>
<th>STRATEGIC DIRECTION</th>
<th>New way of determining safe nurse staffing in hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALIGNMENT</td>
<td>National &amp; global agenda for Health Workforce Planning</td>
</tr>
<tr>
<td>COMMITMENT</td>
<td>Sustainable and stable nursing workforce – positive patient and nurse outcomes</td>
</tr>
</tbody>
</table>

Source: Adapted from (22).

Ireland has been able to prepare for the future of nursing and midwifery by putting confidence in the maturity, competency and creativity of the nursing and midwifery professions. This has been achieved by re-thinking their strengths and envisioning new ways of working.
4.3 Summary of achievements in Jamaica

Marva Verona Lawson-Byfield, Chief Nursing Officer
Since the commitments made at the 2014 Forum, Jamaica has recorded several achievements in nursing and midwifery development to support UHC.

Leadership and management
Following the 2014 Forum, several policies relating to the leadership and management of nursing and midwifery in Jamaica were reviewed and areas that needed strengthening were identified. The orientation plan for top positions (i.e. directors of nursing) was prioritized. Major stakeholders were engaged (and gave maximum support) and a new plan was launched in August 2015. Directors of Nursing now have ample orientation on areas that need to be strengthened in all the hospitals of the regions where they are employed, thus ensuring an efficient system. The feedback has exceeded expectations.

Education and training
Leadership training for capacity-building of senior nurse leaders in primary care, secondary care and academia was initiated. Quarterly workshops were convened with the focus on enlarging the nurse leaders’ personal authority and responsibilities.

Because there was no formal training in neonatal care, although several hospitals offered the service, the Chief Nursing Officer lobbied for the establishment of a programme in this area. Scholarships were obtained for the education and training of nurses for the Masters in nursing education (M.Sc.N Ed). Two neonatal nurses have already completed the programme. In addition, one cohort of nurses has completed the post-basic course in neonatal nursing and a second cohort is now enrolled. This training is an important step towards ensuring access to UHC.

The Ministry of Health actively participated in the “vaccination week of the Americas”. There was a seamless immunization transition from trivalent polio virus (TPV) to bivalent polio virus (BPV) on 26 April 2016. Jamaicans feel especially privileged that the official launch of the vaccination week was held in Jamaica with fellow countryman, Olympic runner Usain Bolt, as one of the patrons.

Collaborative partnerships
The Chief Nursing Officer joined with the Nursing Council of Jamaica and the Nursing and Midwifery Associations of Jamaica (Nurses Association of Jamaica, Jamaica Midwives Association, and Jamaica Enrolled Nurses Association) to form a Triad group.
The Triad meets once per quarter to address issues critical to the provision of safe, quality nursing and midwifery care; the development of the nursing and midwifery professions; and effective regulation of the professions.

In addition, the Chief Nursing Officer serves on the External Advisory Committee of the Emory University, Nell Hodgson Woodruff School of Nursing. The benefits of partnership and collaboration at policy level are well documented. This collaboration facilitates collegiality and promotes a greater understanding of the global challenges in health care and the nursing and midwifery professions.

4.4 Summary of achievements in Qatar

Nabila Al Meer, Deputy Chief of Continuing Care Group and Ministry of Public Health Nursing Affairs

In response to the commitment made at the 2014 Forum to support the achievement of UHC in Qatar, the following achievements were made in nursing and midwifery development:

Leadership and management
The scope of practice, registration requirements, and competencies for all levels of nursing were developed and approved by the Qatar Council of Healthcare Practitioners and were implemented at national level. The nursing specialization and competency framework which is linked to the nursing career ladder, job descriptions and performance appraisals was also approved. In addition, the Leadership for Change Programme (LFC), conducted by LFC trainers and certified by the ICN, was provided to Qatari nurse leaders. The second group of nurse leaders graduated in May 2016.

The nursing and midwifery career framework which includes four tracks – i.e. management, clinical, education, and research – was implemented, and a new remuneration structure for nursing and midwifery positions based on the career framework is under discussion. The Nursing/Midwifery Education and Research Department also provided 73 continuing education programmes to nurses. The programmes are accredited by the American Nurses Credentialing Center. Furthermore, clinical nurse specialist positions were introduced, with staff being recruited to them, and a planning tool for nurses’ professional development was launched.

Education and training
In the area of education and training, a number of achievements were realized. For instance, a midwifery education strategy was developed, and the University of Calgary – Qatar (UCQ) began offering nursing programmes for the Bachelor of Nursing (BSN) and Post Diploma BSN, as well as the Master of Nursing
(MSN) with routes in oncology, research, leadership and management. The first group of five MSN (oncology) students graduated in January 2015.

Student experience and staff involvement in teaching and curriculum development have been enhanced by the partnership between Hamad Medical Corporation and UCQ through adjunct appointments. A nurse internship programme has been put in place to support new UCQ graduate nurses as they transition to the registered nursing role. Foundation programmes are also being conducted for nurses in areas such as palliative care, critical care, midwifery and mental health. The nursing knowledge culture is being developed through the introduction of journal clubs, nursing grand rounds and clinical case review clubs, and a nurse leadership programme has been provided to directors of nursing and head nurses.

Hamad Medical Corporation arranged for partnerships Birmingham City University for the postgraduate certificate in learning and teaching in higher education for nurse educators; University Health Network for nursing oncology programmes; Harvard University and McKinsey and Company to provide leadership programmes for nurses; and with the Institute of Health Care for continuing professional development. Continuing nurse education points are granted to nurses for completing general and specialty courses.

Collaborative partnerships
Nursing and midwifery development in Qatar were boosted by partnerships involving collaboration between Hamad Medical Corporation and UCQ to provide nursing education programmes and with Cornell University – Qatar and to conduct research. Additional health-care facilities were provided to improve access to secondary and tertiary levels of care and to expand health-care services based on population needs. A number of new hospitals and health-care centres were commissioned, making them accessible to manual workers.

The first Middle East Conference on Interprofessional Education took place at Qatar University in November 2015 to enhance interprofessional education and practice.

4.5 Nursing and midwifery workforce and universal health coverage development in Thailand (2014−2016)

Kanjana Chunthai, Chief Nursing Officer
Thailand has implemented UHC since 2002 and has continuously developed the programme to increase accessibility for its citizens. During 2014−2016, the Ministry of Public Health completed its health-care reform to improve the efficiency of service delivery. The health-care system in Thailand is divided into 12
regions, making it possible for people to access care within each region for major diseases such as cancer and heart disease. Each region therefore requires a larger nursing and midwifery workforce, in terms of quality and quantity, to meet service needs.

**Leadership and management**
Thanks were expressed to the GCNMOs for their contribution to the development of high-level health policies for the nursing and midwifery workforce and UHC, such as the Thailand Global Health Strategy 2015–2020 and the 20-year Thailand Health Development Strategy 2017–2036. It was reported that the chief nursing and midwifery officer network had been developed in 2014 at national, regional, provincial and district levels in order to improve service quality.

A policy was drawn up by the Bureau of Nursing to produce and hire practical team nurses with the adequate skill-mix (educated in a one-year programme) needed to reduce the workload of the Ministry of Public Health’s nurses. The Bureau of Nursing also established a further policy for the adequate distribution of the nursing workforce and career development policy measures were put in place to increase the retention rate of nurses.

**Education and training**
The Bureau of Nursing set up a policy to drive nursing development in order to fulfil educational needs such as the clinical nursing specialty – i.e. oncology nurse and trauma nurse (4 months programme) – and advanced practice nursing.

**Collaborative partnerships**
There has been ongoing collaboration (some lasting several decades) between the Bureau of Nursing and health policy-makers to establish development policies for the nursing workforce and health system. This includes collaboration with schools of nursing to run practical nurses’ education and instruction programmes, and with nursing education institutes to develop short-course programmes for increasing nurses’ capacities. There was further collaboration with several nursing organizations including the Nursing Council (since 1985), the Nurses’ Association of Thailand (since 1950) and other nursing associations and groups in a drive to develop nursing service quality.
5. Technical session 2: roles and responsibilities of the government chief nursing and midwifery officer

5.1 Capacity-building

Marcel Prisca Johnson, Chief Nursing Officer, Bahamas

This presentation focused on the capacity-building manual on the roles and responsibilities of GCNMOs.

Development of the capacity-building manual on the roles and responsibilities of government chief nursing and midwifery officers

In the 2014 GCNMO Forum, it was agreed that the roles, responsibilities and competencies of GCNMOs were not clearly delineated. One of the key suggestions of the Forum was to develop a document to address this gap. A small technical working group representing the six WHO regions was established. Marcel Prisca Johnson was nominated to represent the Region of the Americas. The first outline of the draft document was sent to members of the technical working group for comments and input. Following a review of the draft outline, recommendations from the group were incorporated and the document was further expanded. The process was repeated several times until the draft document was completed. Click here to read the manual.

An example from the Caribbean Community (CARICOM) on the use of the capacity-building manual

A subregional workshop on Chief Nursing Officer Competencies was held in Barbados on 7–9 March 2016. Barbados identified the age of its nursing legislation Act as a hindrance to the development of nursing and midwifery. The Act is currently being repealed and there are plans to initiate advanced practice nursing, interprofessional education and lifetime registration for nurses and midwives. The new initiatives are to be included in the new Act. During the subregional workshop, it was acknowledged that the document could be used not only to provide criteria for the selection and/or promotion of chief nursing and midwifery officers but also as a performance evaluation tool, a capacity-building tool, and a communication and awareness tool for the GCNMO position.
Chief Nursing Officers from CARICOM Member States committed to meet with their respective permanent secretaries and the leadership teams of ministries of health to discuss the roles and responsibilities of GCNMOs and the importance of GCNMOs being included in the Ministry of Health senior management team. Leadership training and capacity-building for GCNMOs was noted to be deficient and they promised to lobby for additional training for the effective performance of their duties. GCNMOs should have an apprenticeship period prior to taking up their position. In this regard, those present at the Barbados meeting committed to lobby for a succession planning programme to prepare suitably qualified nurses to serve as GCNMOs. The required competencies of GCNMOs are described in Figure 4.

**Figure 4. The GCNMO competency framework**
The way forward in strengthening the roles of GCNMOs

The proposed suggestions on the way forward included:

• The GCNMO should function as an integral member of the senior health management team and should be recognized as a valuable member with expertise to support the delivery of health care.

• Serving GCNMOs should lobby health ministers, permanent secretaries and chief medical officers on the need for GCNMOs to be included on their countries’ senior management teams. The GCNMO should also lobby for inclusion as a member of the country’s technical team at international, regional and local meetings – including those with international governmental organizations.

• GCNMOs should be provided with training to enable them to influence policy and prepare scientific policy briefs.

• GCNMOs should establish networks and partnerships within the health sector, and outside it, both regionally and globally.

• The office of the GCNMO should develop a framework for continuing professional development among nurses and midwives.

• The office of the GCNMO should develop competency-based programmes on leadership and political astuteness.

Short-term priorities

The short-term priorities include:

• a gap analysis of the various health programmes to determine the nursing and midwifery staffing needs for service delivery (e.g. NCDs, mental health, public health, adolescent health, HIV and tuberculosis);

• development of HRH policy and plans, including strategies for nursing and midwifery in ministries of health;

• implementation of health information systems to support HRH planning;

• capacity-building in health leadership and planning for GCNMOs.
5.2 Strategic directions for strengthening nursing and midwifery 2016–2020

Nkowane Mwansa, Technical Officer, Nursing and Midwifery, WHO

Over the years, nursing and midwifery resolutions adopted by the World Health Assembly have helped to provide a strong foundation for strengthening nursing and midwifery services. The most recent resolution, WHA 64.7, gives WHO the mandate to develop and strengthen strategies to build the capacity of the nursing and midwifery workforce through the provision of support to Member States by developing targets and action plans and forging strong interdisciplinary health teams, as well as strengthening the dataset on nursing and midwifery. The mandates have been operationalized through various strategic directions on strengthening nursing and midwifery. The latest SDNM for 2016–2020, is the third in the series, followings the versions of 2002–2008 and 2011–2015.

The process of development of the SDNM 2016–2020 began with an expert consultation in Jordan in April 2015, followed by a second consultation in Geneva in September 2015, and a third global online consultation that took place from December 2015 to January 2016. The final expert consultation took place in Geneva in January 2016. The consultations included experts from all WHO regions, including leading academics, educational institutions, GCNMOs, policy-makers, WHO Collaborating Centres on nursing and midwifery, students, nongovernmental organizations (NGOs) and civil society, professional associations, and individual nurses and midwives. Prior to the development of the current strategic directions, a global survey was conducted to determine the need for the strategic directions and discuss potential options. Ninety-six percent (96%) of chief nursing officers and chief midwifery officers were in favour of the strategic directions.

The SDNM 2016–2020 are organized in the four thematic areas:

1. Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings.
2. Optimizing policy development, effective leadership, management and governance.
3. Working together to maximize the capacities and potentials of nurses and midwives through intra and interprofessional collaborative partnerships, education and continuing professional development.
4. Mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development.

Through a set of guiding principles, the strategic interventions under the different thematic areas mentioned above are outlined for implementation at country, regional and global levels (Figure 5).
Each thematic area outlines objectives, interventions and indicators to help monitor and evaluate progress made.

The way forward with the SDNM 2016–2020

The GSHRH 2030 and the SDNM 2016–2020 provide a robust WHO strategic response to develop nursing and midwifery by outlining critical objectives. Collaboration with key stakeholders will help deliver the overall vision for achieving the SDGs and UHC.

Countries and partners will work together, using an operational framework to be developed by WHO, to implement the SDNM 2016–2020 and to help build technical capacity within countries. Ongoing advocacy is expected to raise political will and the funding necessary to maintain country, regional and global action.

WHO will work with experts and stakeholders to prioritize areas of intervention in the four thematic areas that require immediate action on the basis of need. Priority areas for the implementation include:
• development of a global programme of work to support implementation;

• development of tools and templates for the collection, storage and updating of baseline data for monitoring and evaluation.

• Effective implementation will require strong collaborative partnerships and investments in education, training, governance, leadership and accountability.

### Key messages

• GCNMOs are well positioned to support the implementation of the SDNM 2016−2020 and related WHO products.

• Political astuteness is vital for GCNMOs to influence decision-making processes.

• It is important to establish links and relationships with key decision-makers in government – such as parliamentarians and ministers of foreign affairs – and those who take decisions in international circles to support effective policy responses.

• Building nursing and midwifery networks is important for capacity-building.

• The Forum Statement, an outcome document of the GCNMO Forum is a supportive advocacy tool that can be used alongside the SDNM 2016−2020 as an advocacy/lobbying tool.

• Implementation of the global code of practice will provide insight into its usefulness.

• Nurses and midwives in positions of authority in governments should use their influence to strengthen nursing and midwifery development through peer support.

### 5.3 Contribution of the ICM and ICN to the implementation of WHO and other global health mandates in closing the nursing and midwifery gaps

**Frances Ganges, Chief Executive Officer, International Confederation of Midwives**

This presentation outlined the contributions of the International Confederation of Midwives (ICM) to developing nursing and midwifery in the context of the SDGs and UHC. Selected activities focused on fostering leadership and workforce development.

**Fostering leadership – looking to the future**

ICM engages with several partners, including United Nations Population Fund (UNFPA) and WHO, to build the leadership capacities of midwives around the world. One such initiative is the Young Midwifery Leaders
(YML) programme, an 18-month leadership programme open to midwives under the age of 35 years. It was started in 2004 and has a mentor/mentees ratio of one to two. The latest YML symposium took place in May 2016 in Copenhagen, Denmark, on the fringes of the Women Deliver Conference. ICM also organizes a “twinning” programme for midwifery associations that creates avenues for midwife leaders to learn from each other and share skills through information and technology transfer.

Midwifery workforce development
In preparing midwives to be competent providers of quality maternal and child health services, ICM conducts several initiatives and activities in collaboration with the UNFPA in francophone African countries. One such activity is the performance of gap analysis to estimate the challenges facing midwifery in the country as well as to galvanize the resources needed to tackle them. ICM also endorses quality midwifery education programmes and provides technical assistance to countries on regulation.

The Midwifery Services Framework (MSF) provides a step-by-step approach to support the development of new midwifery services or to strengthen new ones in all countries focusing on a quality midwifery workforce. The framework incorporates the integration and alignment of health workforce and other strategies and key concepts of quality midwifery care and brings together existing tools and approaches in all of the steps: standards and guidelines, curricula, road maps, workforce planning and costing, recruitment and retention etc.

The ICM global standards for midwifery education were developed in 2011 and amended in 2013, and an updated version is scheduled for release in 2017. It is designed to examine the overall health system approach to the education of midwives from the faculties and curricula through to the accreditation processes for trainers and training institutions. The first country to lead the process of application was Lesotho. In April 2016, a two-day workshop was held in Afghanistan to implement the ICM global standards for midwifery education. Taskforces were set up to ensure implementation of the set programmes to enhance the education of midwives in the country. Bangladesh, Ghana and Kyrgyzstan have also expressed interest in having the ICM global standards workshop in their countries.

Frances Hughes, Chief Executive Officer, International Council of Nurses
In this presentation, the roles of nurses in achieving good health for clients were underscored. Stories and case examples are powerful tools that nurses could use to advocate for patients and the profession. ICN frequently brings an understanding of the social determinants of health and social systems into its policy-making and decision-making processes. In light of the GSHRH 2030, countries must have the following in mind:

- a self-sufficiency plan for workforce needs;
• country needs-based workforce planning;
• higher employment rates for women.

ICN's president is a commissioner on the United Nations Commission on Health Unemployment and Economic Growth – a testament to the role nurses have to play in influencing the global health workforce agenda. ICN believes that a concrete way to improve population health is to invest in nursing, extend nurses' reach to populations at greatest risk of poor health and provide additional training for community health workers, nurses, advanced practice nurses and nurse-midwives.

5.4 The future of nursing and midwifery regulation

David Benton, Chief Executive Officer, National Council of State Boards of Nursing

In the context of the SDGs and UHC, there is need for nurses and midwives to be broader in their thinking and more engaged because of the wider scope of these goals. It is an appropriate time for nurses and midwives to identify with the SDGs and use the opportunities inherent in the goals to influence global development through tangible contributions to the achievement both of the goals and of UHC.

Effective regulation of nursing and midwifery is key to realizing the influence of these professions. In relation to the SDNM 2016–2020, Figure 6 highlights key areas that are necessary for effective development of nursing and midwifery.

Figure 6. Regulatory perspectives on the SDNM 2016–2020
To ensure effective regulation of nursing and midwifery towards 2030 and beyond, leadership development, policy involvement and influence, and partnership and collaboration need to be placed at the centre of the response. Issues such as learning and assessment of the next generation of nurses and midwives, and efficient data generation and analysis (e.g. Nursys® & eNotify®), need to be taken into account. As the scope of practice for nursing and midwifery expands with health and social care and team-based practice, performance-managed regulatory bodies are needed.

On the basis of lessons learned, there is a clear need to:

• develop a comprehensive approach to teaching nurses how to influence policy and politics effectively;
• enable proactivity in key policy issues, with a readiness to contribute substantially and effectively;
• increase adoption of broader agendas with a view to influencing policies more widely as narrow agendas confine nurses and midwives to technical working groups or lesser roles.

5.5 Interventions

Interventions were made by the GCNMOs from Qatar and Solomon Islands on the future of nursing and midwifery regulation in their countries.

Nabila Al Meer, Deputy Chief of Continuing Care Group and Ministry of Public Health Nursing Affairs, Qatar

Qatar sought the help of the ICN and ICM to develop its nursing scope of practice, regulation requirements and competencies for all levels of nursing, and this was approved by the Qatari Council of Healthcare Professionals. After the approval was secured for nursing, allied health professionals were followed up. Qatar now has 30 allied professions in health. The regulation requirements, competencies and scope of practices were also developed.

Almost all (98%) of the nurses in Qatar are foreign nationals coming from 45 different countries, which makes standardizing the educational requirements difficult. Qatar is also experiencing challenges in implementing the APN role and defining the educational qualifications and competencies for advanced practice nursing because of the differing backgrounds of the nurses. The establishment of a national registry database that covers all health professionals in the country was identified as a way forward for the future. Other actions include:

• establishment of a government advisory committee for the regulation of nursing and allied health professionals;
- development of a state board of nursing to replace the external agency that is currently contracted; this will standardize licensing of nurses and midwives and will allow the free movement of nurses within the Gulf Cooperation Council (GCC) countries (Kingdom of Bahrain, Kuwait, Sultanate of Oman, Qatar, Kingdom of Saudi Arabia, United Arab Emirates);

- identification of the best ways to collaborate with nursing and midwifery professional associations.

Larui Michael, National Director of Nursing, Ministry of Health and Medical Services, Solomon Islands
This presentation addressed the future of nursing and midwifery regulation in Solomon Islands.

Nursing Council of Solomon Islands
The Nursing Council is the regulatory arm of the National Nursing Administration in the Ministry of Health and Medical Services (MHMS). The council administers its functions under the Nursing Council of Solomon Islands principal Act of 1987 and its amendments of 1997. In the principal Act, section 5 subsection (e) states that a function of the Nursing Council is “to regulate and supervise the practice of nurses, midwives (nurse specialists) and auxiliary nurses in Solomon Islands”.

Nursing regulation
The Canadian Nurses Association has stated that “regulation of the profession assures the public that they are receiving safe and ethical care from competent, qualified registered nurses”. In Solomon Islands, nursing regulation was first established in 1995. Currently, the final draft is in the Attorney-General Chambers. The initial development was focused more on the details of nursing curricula and examinations and there was a need to re-work the Act to facilitate a better regulatory regime. Challenges with the current practice of nursing and midwifery are outlined under the following headings: a) Scope of practice, b) Registration, c) Management, d) Education and e) Disciplinary process.

a) Scope of practice
Examples of areas of concern where there maybe tension with the current legislative regime are a) mental health nurses prescribe drugs such as psychotropics and tranquilizers, and b) nurses undertaking report-writing in criminal cases (assault, rape, murder etc.). The Council is working on a credentialing policy that will allow nurses to practice procedures that may not currently align with the legislation.

b) Registration
Issues of concern include criteria for registration, re-registration, recency of practice, division of practice, conditions of registration and standards of education, practice and ethics. Currently the Nursing Council register has two divisions – registered nurse and registered nurse aide.
c) Management of the Solomon Islands Nursing Council
The Council’s Board is chaired by the National Head of Nursing and the vice chair is the National Deputy Head of Nursing. Members of the board include heads of nursing training institutions, a representative of the religious community and a member of the public. The Nursing Council administration has coordinators and officers managing the programmes on Standards, Education and Accreditation, and Investigation and Liaisons. Coordinators are responsible to the registrar who is also the secretary to the board. The council has also formed standing committees for Standards, Accreditation, Education, Regulation, Registration, and Investigation and Discipline.

d) Education
Standards of education and qualification status are areas that are considered important for registration. The accreditation programme has been used to collaborate with the three nursing schools in the country using the approved accreditation guidelines. Solomon Islands faces a challenge of recognizing advanced practice nursing and other nursing specialties due to the variance in the classification of registered nurses.

e) Disciplinary process
Nurses need to be encouraged to use their right to be heard and to be free of bias and conflict of interest. The Council administration has an Investigation Program Coordinator who investigates complaints and recommends disciplinary actions. The way forward is to ensure that nursing regulation supports the current realities of practice and is backed by competency standards, credentialing, educational standards, and protocols and procedures for nurses. The nursing Act also needs to be consistent with other laws such as the Mental Health Act and Medicines and Poisons Act. Collaboration between the national nursing administration of the MHMS, the Solomon Islands Nurses Association and the Nursing Council of Solomon Islands is significant in this development.

Key messages/summary of discussion
• In Barbados, the medical Act was used as a template to develop the nursing Act.

• An Act on the regulation of health professionals should not contain clauses that diminish/undermine nurses.

• Prescriptive Acts do not evolve. Regular reviews are encouraged.

• Good regulatory Acts allow for flexibility in language such that workforce professions are able to interpret the laws to fit prevailing circumstances.
5.6 Launching of the Global strategic directions for strengthening nursing and midwifery 2016–2020

The launching event was held at a joint WHO and ICN reception on 18 May 2016 at the Crowne Plaza Hotel, Geneva. It was graced and chaired by Her Excellency, Princess Muna Al-Hussein of the Kingdom of Jordan. The launch of the SDNM 2016–2020 was announced to a huge round of applause from the participants and guests of the evening. Over 250 people attended, including ambassadors from Geneva-based embassies. In her launching speech, Princess Muna Al Hussein of Jordan described her passion for nursing and midwifery and expressed her delight to be attending the event for the third time. She praised the organizers and all contributors for their hard work in bringing the document to fruition.

In going forward with the implementation of the SDNM 2016–2020, Princess Muna Al Hussein of Jordan highlighted the forging of strong, strategic partnerships and synergies as a critical success factor. Other critical success factors mentioned were the availability of political will and leadership for capacity-building, and multistakeholder and multisectoral collaborative approaches.

During the same event, David Benton, former CEO of the International Council of Nurses was honoured for his contribution to ICN by Judith Shamian, President of the ICN, and Frances Hughes, current CEO of ICN.

(Left to right): Dr Ala Alwan, Ms Mwansa Nkowane, HRH Princess Muna Al Hussein of Jordan, Jim Campbell
6. Technical session 3: gaps and needs in the context of the global strategies

6.1 Group work on gaps and needs in the context of the global strategies, SDGs and UHC

Participants were organized in small groups to review the GSHRH 2030 and the SDNM 2016–2020 on the basis of the following questions raised by the Assistant Director-General in her opening remarks:

1. How will you ensure an educated, competent and motivated nursing and midwifery workforce in response to SDGs and universal health coverage?

2. How can you optimize policy development, effective leadership, management and governance to support this agenda?

3. What strategies will be needed to maximize the capacities and potentials of nurses and midwives through intraprofessional and interprofessional collaborative partnerships?

4. What approaches can be adopted to mobilize political will to invest in nursing and midwifery workforce development?

Outcomes of the group work are detailed in Table 2.
<table>
<thead>
<tr>
<th>ISSUES</th>
<th>GAPS</th>
<th>STRATEGIC ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensuring an educated, competent and motivated nursing and midwifery workforce in response to SDGs and UHC.</td>
<td>• Insufficient local nurses and midwives • Lack of nursing and midwifery educators with regard to quantity and quality • Nursing and midwifery curricula do not prepare them to work effectively, especially in primary health care and community health • Diversion of nursing and midwifery graduates due to unattractiveness of health labour market • Lack of specialized nursing and midwifery training programmes • High student/educator ratio • Weak regulation for migrant health professionals; need for regional and subregional harmonization of regulation and terminology • Lack of agreed qualification standards for nursing and midwifery • Disparity in equality and empowerment of nurses and midwives leading to feelings of incapacity • Poor quality of faculty • Definition of health workers, qualifications, credentials, scope of practice</td>
<td>• Accreditation of nursing and midwifery programmes using competency-based standards • Promoting retention strategies through financial and non-financial incentives and better career pathways • Offer PhDs and Doctorates for nursing and midwifery clinicians • Focus on primary health care and community health through post-graduate or specialized courses • Bridging programmes for the upgrading of less-qualified nurses and midwives • Prioritizing nurses and midwives in health systems in order to maximize their cost-effectiveness • Teaching the essential knowledge and skills of nursing and midwifery, and working on more generic skills required for the future</td>
</tr>
<tr>
<td>2. Optimizing policy development, effective leadership, management and governance to support the SDG and UHC agenda.</td>
<td>• Absence of the CNMO position at the Ministry of Health level • Unclear role of technology in advancing nursing and midwifery • Lack of a standardized national policy framework for regulation of nursing and midwifery • Poor leadership training programmes for change and leadership development • Poor policy development in relation to nursing and midwifery workforce labour markets • Need to ensure adequate qualified and skilled leaders; urgent need for education programmes in leadership, HRH, policy and management</td>
<td>• Introducing the position of CNMO at the level of the Ministry of Health • Preparing nursing and midwifery leaders in politics and finance • Building a business case to showcase the contribution of nurse and midwife leaders • More regular meetings such as the GCNMO Forum in regions to build regional capacity • The leadership model needs to show more dynamism between the elements • Standardizing national regulatory frameworks for nursing and midwifery • Empowering CNMOs and directors in regions, and increasing influence by lobbying for high-level positions in ministries of health • Developing labour-market-sensitive nursing and midwifery plans</td>
</tr>
<tr>
<td>3. Maximizing the capacities and potentials of nurses and midwives through intraprofessional and interprofessional collaborative partnerships.</td>
<td>• Lack of interprofessional education courses • Weak communication within and outside the nursing and midwifery professions • Poor cooperation/teamwork within health systems • Smart use of technology to enhance care</td>
<td>• Implementing interprofessional education courses in universities and colleges • The use of the WHO Framework for Action on Interprofessional Education and collaborative practice education tools to enable further work in this area • Better collaboration and cooperation with other professionals and stakeholders to improve cohesive advocacy and teamwork • Put in place structures (including websites for information-sharing) that allow for easier communication and collaboration between the GCNMOs, professional associations and regulators</td>
</tr>
<tr>
<td>ISSUES</td>
<td>GAPS</td>
<td>STRATEGIC ACTIONS</td>
</tr>
<tr>
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</tr>
<tr>
<td>4. Mobilizing political will to invest in nursing and midwifery workforce development.</td>
<td>• Scanty evidence to show the cost-effectiveness of nursing and midwifery services</td>
<td>• Include politicians and political champions in discussions about nursing and midwifery, and encourage nurses and midwives to vie for political leadership in their countries, especially in the parliament • Strengthen the research capacity of nurses and midwives • Develop evidence to show decision-makers the cost-effectiveness of nursing and midwifery services • Continuing professional development (CPD) programmes.</td>
</tr>
<tr>
<td>5. Other issues</td>
<td>• Lack of focus on bedside nursing, quality standards and consumer voice • Poor attitudes of health-care professionals</td>
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</table>

**Key messages/summary of discussion**

- Strong advocacy is needed at country level using a wide stakeholder reach, including nurses and midwives and extending to other health professionals.
- Nursing and midwifery must do more to attract young people into the professions.
- Nurses and midwives should be vigilant in selecting/appointing political advocates and leaders.
7. Summary of WHO headquarters and regional activities: accountability and good governance

7.1 Global Network of WHO Collaborating Centres

Michele Rumsey, Director WHOCC, University of Technology, Sydney

In her brief intervention, Michele Rumsey announced the 11th biennial conference which was to take place in Glasgow, United Kingdom on 27–29 July 2016. The theme of the conference is “Strategic Conversations: the Nursing and Midwifery Contribution towards Global Health 2030”. GCNMOs were called upon to utilize the expertise available to them through Collaborating Centres in their regions to develop joint initiatives.

7.2 HIV and AIDS global goals, directions and recommendations to inform nursing and midwifery contributions to end the AIDS epidemic by 2030

Julia Samuelson, Technical Officer, Key Populations and Innovative Prevention, WHO

The global strategies to end AIDS in the context of the SDGs were discussed. SDG target 3.3 stipulates an end to AIDS by 2030 – i.e. zero new HIV infections, HIV-related deaths and zero discrimination. The goal of strategic direction 1 is to ensure that incidence is declining globally, with particular focus on the fast-track countries.

Getting to Zero: the key statistics and strategies to end AIDS by 2030 are:

- 16 million people are now receiving ARVs, 21 million are not;
- 7.8 million HIV-related deaths have been averted in the last 15 years;
- step up prevention – new infections down 35% since 2000 and deaths down 42% since 2004;
- offer testing to everyone at risk – 46% of people living with HIV do not know it;
- treat all people living with HIV.
The contributions of nurses and midwives to ending the AIDS epidemic are outlined in Table 3.

### Table 3. Nurses and midwives are contributing to a faster response trajectory to end the AIDS epidemic

<table>
<thead>
<tr>
<th>Strategic direction 2: Interventions for impact</th>
<th>The “what”</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Know high-impact interventions and recommendations – how can new recommendations reach GCNMOs?</td>
<td></td>
</tr>
<tr>
<td>• Adapt and adopt – engage key nursing and midwifery stakeholders; be at the table.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic direction 3: Delivering for quality, equity</th>
<th>The “how”</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Person-centred – be the agent for change:</td>
<td></td>
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<tr>
<td>› enhance user-friendly services and community involvement – strengthen competencies;</td>
<td></td>
</tr>
<tr>
<td>› stand out for zero stigma and discrimination – protect rights and access of key populations, the vulnerable, adolescents etc.</td>
<td></td>
</tr>
<tr>
<td>• Engage in national and WHO guidance development: articulate nursing and midwifery perspectives, experiences, values, preferences, raise challenges that will need to be resolved (e.g. task-shifting, scopes of practice, supplies).</td>
<td></td>
</tr>
<tr>
<td>• Participate in values, preference surveys such as self-testing.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic direction 5: Innovations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Innovate practice and delivery – identify and share best practices, get evidence on effective service delivery approaches for different populations and locations, demonstrate the value of nursing.</td>
</tr>
</tbody>
</table>

### 7.3 Nursing initiatives in Latin America and the Caribbean

**Silvia Cassiani, Regional Advisor on Nursing and Allied Health Personnel, Health Systems and Services, Pan American Health Organization**

The Pan American Health Organization (PAHO) has some 35 Member States and 15 Collaborating Centres in the WHO Region of the Americas. A resolution which refers to the development of advanced practice nursing was passed in 2013: CD 52.R13—"Human Resources for Health: Increasing Access to Qualified Health Workers in Primary Health Care-based Health Systems". APNs are established in Canada and the USA but there are no APNs in Central and Latin America. An Annual Summit on Developing Advanced Practice Nursing in Latin America and the Caribbean was held in McMaster University, Canada, in April 2015 with representatives from 17 countries in attendance. The summit offered an opportunity for the countries to learn from the experience of Canada in advanced practice nursing. Another meeting was held in April 2016 in the WHO Collaborating Centre at Ann Arbor, University of Michigan, on Developing Advanced Practice Nursing Competencies in Latin America to Contribute to Universal Health Coverage.

A technical working group has been constituted and tasked to produce a document that outlines the competencies of the APN for primary health care in Latin America and the Caribbean.

A workshop on the development of nurse educators competencies was held in Belize on 2–4 December 2015. In collaboration with the University of Miami, a virtual learning course was launched on Empowering Nurse Leaders in Latin America and the Caribbean. The success of the course has already led to an over-subscription of several hundred over the standard number of 150 applicants per enrolment period.
A survey instrument (Survey Monkey) was prepared to evaluate the current status of nursing education in Latin America and the Caribbean. The tool was piloted in Rio de Janeiro by “ALADAEFE” nursing deans. There is currently a plan between the nursing schools, WHO Collaborating Centres and the Latin America Association of Nursing Schools to increase the number of Master and Doctoral level nurses in Latin America.

7.4 Nursing and midwifery in the Eastern Mediterranean Region

Arwa Oweis, Regional Adviser For Nursing, Midwifery and Allied Health Personnel

There are 21 Member States in the WHO Eastern Mediterranean Region. The countries form three groups. Group 1 comprises high-income countries with advanced socioeconomic development; Group 2 comprises largely middle-income countries that have an extensive public health service delivery infrastructure but face resource constraints; and Group 3 comprises countries which face major constraints in improving population health outcomes as a result of lack of resources for health, political instability, conflicts, and other complex development challenges [9]. A survey to examine the situation of nursing and midwifery in the region was carried out in 2013–2014. Table 4 outlines the challenges facing nursing and midwifery in the region.

Table 4. Challenges facing nursing and midwifery in the Eastern Mediterranean Region

| Governance and regulation | • Leadership and management capacities need further strengthening.  
|                           | • Existing professional regulation is limited to registration and licensing.  
|                           | • Existing legislative instruments are limited in scope and need updating.  |
| Nursing and midwifery workforce management systems | • Nursing and midwifery information is not sufficient.  
|                                                        | • Working conditions, professional autonomy, rewards and recognition, and job satisfaction are ineffectively managed and need more attention if we are to scale up the nursing and midwifery workforce.  
|                                                        | • There are many shortages, as well as migration and rural/urban imbalance.  |
| Practice and services | • Scopes of practice need more attention and articulation.  
|                                                        | • The nature and scope of advanced practice are still not well understood.  
|                                                        | • Limited policies promote a positive practice environment.  
|                                                        | • There is inadequate government and organizational support to maximize the contribution of nursing and midwifery.  
|                                                        | • Standards of care and practice are not regularly updated.  |
| Education | • Investment in nursing and midwifery education is insufficient.  
|                                                        | • Infrastructure is inadequate.  
|                                                        | • There are quality concerns and inadequate accreditation systems.  
|                                                        | • There is a shortage of faculty and preceptors and insufficient teaching capacities.  
|                                                        | • Curricula and teaching approaches are outdated.  |
| Research | • Research activities are limited, as are human and financial resources.  
|                                                        | • There is a lack of well-defined research agendas and priorities.  
|                                                        | • Dissemination and utilization of evidence are inadequate.  |
**New nursing and midwifery Framework for Action in the Eastern Mediterranean Region**

The new Nursing and Midwifery Regional Framework for Action in the Eastern Mediterranean Region 2016−2025 (Table 5) was developed following the survey. It sets out the following vision: “Progressing towards the Sustainable Development Goals and the Universal Health Coverage, nurses and midwives, as part of the multidisciplinary healthcare team, contribute to improved health outcomes and the well-being of the society.” The Eastern Mediterranean strategic directions outline strategic priorities with short- and medium-term actions for countries. The actions are monitored by a set of indicators to help measure progress and outcomes. Going forward, WHO will continue to reinforce nursing and midwifery as a priority in the coming years and will provide technical cooperation to support Member States in the implementation of the regional framework for action.

**Table 5. Eastern Mediterranean Regional Framework for Action 2016−2025**

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>PRIORITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance and regulation</td>
<td>• Establish and strengthen the nursing and midwifery department/directorate at the Ministry of Health and in other key health sectors.</td>
</tr>
<tr>
<td></td>
<td>• Establish and strengthen national nursing and midwifery regulatory bodies/regulatory processes.</td>
</tr>
<tr>
<td>Workforce management systems</td>
<td>• Ensure continuous monitoring of the nursing and midwifery workforce with reliable information.</td>
</tr>
<tr>
<td></td>
<td>• Ensure countries have a national nursing and midwifery workforce plan.</td>
</tr>
<tr>
<td></td>
<td>• Increase recruitment capacities.</td>
</tr>
<tr>
<td></td>
<td>• Introduce flexible deployment and retention strategies for nurses and midwives.</td>
</tr>
<tr>
<td>Practice and services</td>
<td>• Develop quality improvement systems/standards for nursing and midwifery services.</td>
</tr>
<tr>
<td></td>
<td>• Introduce expanded or advanced practice nursing and midwifery roles.</td>
</tr>
<tr>
<td>Access to quality education</td>
<td>• Invest in strengthening capacities and quality of nursing and midwifery education.</td>
</tr>
<tr>
<td></td>
<td>• Improve/strengthen the quality of nursing/midwifery education programme delivery.</td>
</tr>
<tr>
<td></td>
<td>• Build the capacity of persons involved in nursing and midwifery education planning, management and evaluation.</td>
</tr>
<tr>
<td>Research responsive to health priorities</td>
<td>• Translate and utilize nursing and midwifery research evidence in nursing practice and education as well as national health priorities.</td>
</tr>
</tbody>
</table>

**Eastern Mediterranean strategic documents in support of the nursing and midwifery workforce**

- Framework for action on strengthening nursing and midwifery
- Regional strategic framework for health workforce development
- Framework for action on reforming health education
- A guide to nursing and midwifery education standards
- A prototype nursing curriculum
- A framework for the development of nursing specialization.
In addition, health workforce observatories are available to strengthen health workforce information and evidence. The Regional Office has also been active in promoting the nursing role in leadership for health, the use of mental health nursing, and fellowships for nurses.

### 7.5 Quality midwifery care in SDG 3 – Global Strategy for Women, Children and Adolescents: barriers, experiences and solutions

**Frances McConville, Technical Officer, WHO**

A video from the May 2016 “Young Midwives in the Lead” symposium was shown. The video showcased young midwives responding to the question “Why I chose midwifery?” The symposium was held in Denmark in advance of the “Women Deliver” conference. Thirty-three young midwives were chosen from around the world to participate in the leadership symposium. During this event, the young midwives actively participated in the discussions and showed commitment to strengthening and improving policy on reproductive, maternal and child health on return to their countries. The Global Strategy for Women’s, Children’s and Adolescents’ Health was explained and the nine action areas under the “Survive, Thrive, Transform” agenda were outlined.

Reference was made to the Lancet series definition of midwifery as the care given to mothers and newborns and not the midwife herself. Quality of care is defined by WHO as: “the extent to which health services provided to individuals and populations improve desired health outcomes”. The barriers to quality midwifery care were grouped into three major sections: sociocultural, economic and professional (Table 6). Collectively, these barriers result in moral distress, burn-out and poor quality of care.

**Table 6. Barriers preventing quality midwifery care**

<table>
<thead>
<tr>
<th>SOCIOCULTURAL</th>
<th>ECONOMIC</th>
<th>PROFESSIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Care at birth considered “women’s work”</td>
<td>• Infrequent wages fail to meet basic living costs</td>
<td>• Lack of investment in education, regulation</td>
</tr>
<tr>
<td>• Lack of acceptance of midwifery</td>
<td>• Transgression of accepted gender roles</td>
<td>• Weak professional autonomy</td>
</tr>
<tr>
<td>• Vulnerability to physical and sexual assault</td>
<td>• Lack of investment in safe accommodation</td>
<td>• Medical hierarchies constrain scope of practice</td>
</tr>
</tbody>
</table>


It was agreed that GCNMOs should ensure that quality of care is taken into account in the delivery of nursing and midwifery services in order to help end preventable maternal and newborn deaths.
7.6 Key interventions for the future of nursing and midwifery to strengthen governance and accountability

Magda Awases, Technical Officer, Human Resources for Health, Inter-Country Support Team for East and Southern Africa

Challenges facing Africa’s health systems were outlined, with a focus on achieving the SDGs and increasing the density of health workforce personnel per population. The transformation agenda of the WHO African Region involves the restructuring of the Regional Office and streamlining the work of Inter-Country Support Teams. It is directed towards ensuring more effectiveness, responsiveness and efficiency in the work of the Organization, including in the area of health security and emergencies. The objectives of the transformation are presented in Table 7.

Table 7. Transformation objectives of the WHO Regional Office for Africa

| Pro-results values | • Enhanced accountability by individuals and teams  
|                    | • Improved fairness and recognition of effort in promotions, rewards and sanctioning  
|                    | • Enhanced ethical standards.  
| Smart technical focus | • Bring Ebola Virus Disease under control and strengthen regional health security capacity  
|                    | • Accelerate work on the MDGs and SDGs  
|                    | • Enhance knowledge management function  
|                    | • Evolve a cross-cutting systems approach to facilitate delivery of all core programmes for UHC.  
| Responsive strategic operations | • Human and financial resources match agreed priorities  
|                    | • Transparency of recruitment and performance management  
|                    | • Improved use of new/available technologies, tools and business processes  
|                    | • Accountability for operations.  
| Effective communications and partnerships | • Internal communication improved across all levels of WHO  
|                    | • External communication and engagement improved  
|                    | • Build or strengthen strategic partnerships.  

The WHO African Region has developed the following guidelines on nursing and midwifery:

- Guidelines for evaluating basic nursing and midwifery education and training programmes
- Regional professional regulatory framework for nursing and midwifery
- Three prototype curricula for nursing and midwifery
Partnerships
The regional partnership with the four WHO Collaborating Centres (University of South Africa, University of Kwazulu Natal, University of Botswana, University of Malawi Kamuzu College of Nursing) were highlighted and advocacy plans for the establishment of nursing and midwifery Collaborating Centres in francophone Africa are ongoing.

A joint project (WHO/Seven Day Adventist [SDA] Church partnerships) on scaling up midwifery education was begun in July 2015. The project is implemented in the SDA nursing schools in Botswana, Cameroon, Lesotho and Malawi, using the WHO Midwifery Educator Core Competencies guide and companion documents as guidance. Technical assistance for the implementation is being provided by the Loma Linda University, School of Nursing for SDA and by four WHO Collaborating Centres. School-specific implementation action plans have been developed. WHO will oversee the project and provide technical guidance in the project sites in collaboration with the Collaborating Centres. Other projects include the establishment of a network/pool of nursing and midwifery experts in the three subregions. This project is particularly critical in the absence of a regional adviser for nursing and midwifery.

The way forward
The work in the African Region will continue to be guided by the Regional Roadmap for Scaling up Human Resources for Health 2012–2025. It will utilize existing guiding documents and may update some of them in the process (e.g. the guidelines for implementing the SDNM 2007–2017). The WHO SDNM 2016–2020 will be the guiding document for the strengthening of nursing and midwifery services, and regional implementation of the GSHRH 2030 will be undertaken. Other items of work to be continued include sustained advocacy and technical support to countries for the implementation of the new SDNM 2016–2020. Evidence of workload pressure on nurses is to be continually provided to national authorities via use of the WHO Workload Indicator Staffing Needs tool. The African Region will also continue to build and strengthen its partnerships to ensure greater productivity and outcomes.

7.7 European Strategic directions for strengthening nursing and midwifery towards Health 2020 goals: a way forward
Galina Perfilieva, Programme Manager, Human Resources for Health Department, WHO Regional Office for Europe
There are 53 Member States in the WHO European Region. Nurses and midwives constitute the bulk of the health workforce in the region but they are unevenly distributed. The WHO Regional Office for Europe is working with partners and networks to develop a common strategic vision for nursing and midwifery, and every second year a meeting is held with the GCNMOs in the region. In 2001, a process began to develop
the SDNM for the European Region, inspired by the recognition of the importance of nurses and midwives to health systems strengthening. A great deal of effort was put into collaboration with all chief nursing and midwifery officers, national associations, WHO Collaborating Centres and other partners, resulting in a broad ownership of the document. The European strategic directions for strengthening nursing and midwifery towards Health 2020 goals [10] and the European compendium of good practices in nursing and midwifery towards Health 2020 goals [11] were both launched at the WHO Regional Committee meeting in Vilnius, Lithuania.

The compendium of good practices contains 55 case studies from 18 countries in the WHO European Region and has been translated into several languages. To support the implementation of the European strategic directions, a memorandum of understanding was signed between the WHO Regional Office for Europe and the European Forum of National Nursing and Midwifery Associations (EFNNMA) to establish a framework for cooperation with a focus on joint advocacy, dissemination and implementation actions. During the 2016 International Nurses and Midwives Day, the WHO European Regional Office undertook a successful social media campaign to promote nursing and midwifery. In less than four days, more than 18 tweets were sent out with key messages from case studies collected at the Regional Office. Some 208,000 users were reached. The top tweet was viewed by 66,500 people and was ranked in the top 10 best-performing tweets as at May 2016. Similarly, the top post on Facebook was seen by 52,300 people, ranking it in the top five best-performing posts in the same period. Social media can be a very powerful tool for sharing information and should be considered for the implementation of the Global SDNM 2016–2020.

7.8 Strengthening good governance and accountability: country experiences

Interventions were made by GCNMOs from Singapore and South Sudan regarding experiences in ensuring accountability and good governance to strengthen the future of nursing and midwifery in their respective countries.

Strengthening good governance and accountability: experience from Singapore

Soh Chin Tan, CNMO, Office of the Director of Medical Services, Ministry of Health, Singapore

The health-care landscape in Singapore has changed significantly with the changing sociodemographic profile (i.e. an ageing population with an increasing burden of chronic diseases), rising expectations and reorganization of health-care services, including expansion of intermediate long-term care services to meet the population needs. Nurses as the largest workforce are greatly affected. The nursing workforce will play a critical role in enabling and accelerating the transformation of care to support the needs of an
ageing population. There is a large increase in demand for nursing expertise at all levels to address the goals of Health-care plan 2020 and beyond.

**Key nursing initiative: National Nursing Taskforce**

A National Nursing Taskforce was set up in December 2012 to review and propose ways to strengthen the development of the nursing profession, and also to better attract and retain nurses in the health-care sector. In August 2014, the taskforce outlined recommendations focusing on four key aspects of nursing, namely:

1. Career development and well-being of nurses
   - Career structure with more choices and paths for growth and progression
   - Flexible work-arrangements and working hours.
2. Autonomy of nurses and role redefinition
   - Expand nurses’ clinical accountability and decision-making authority
   - Empower nurses through technology
   - Role redefinition, role enhancement and nurse-led community nursing model.
3. Recognition
   - Salary review and nurse special payment
   - Nursing recognition awards.
4. Educational excellence
   - Strengthen APN development and internship framework
   - Enhance broad-based post-registration education
   - Increase sponsorships for advanced clinical education, degrees and Masters studies
   - Nursing Council to address the nursing education transformation framework.

**Singapore Nursing Board**

1. The Singapore Nursing Board (SNB) is the regulatory authority for nurses and midwives in Singapore. Its scope and functions are defined in the Nurses and Midwives Act for the purpose of registration and enrolment of nurses, the registration of midwives and the certification of APNs and related matters.
2. The SNB upholds professional nursing standards and honours public trust. It does this by defining the practice and boundaries of the nursing professional, including qualifications and requirements to practice.

3. The SNB has revised Standards for Practice for Nurses and Midwives, Standards for Nursing Education, and Standards for APN Education (2011).

4. The SNB has published Standards for Clinical Nursing Education (2012), Core competencies and Generic skills for RNs and ENs (2012).

Government Chief Nursing and Midwifery Officer

A strong governance and accountability mechanism is important to ensure that the overall structures and processes of planning and coordinating nursing workforce development are efficient and effective. At the policy level, the Chief Nursing Officer (Ministry of Health):

- establishes effective mechanisms for the nursing contribution to government health policy and decision-making, in order to meet the health needs of the country; and
- bridges government policy, health systems, programmes, services and professional development.

The GCNMO in the Ministry of Health is engaged in national service planning, policy-setting and strategic directions. She understands national, regional and international nursing issues and participates in policy discussion, formulation and implementation. The roles and responsibilities of the GCNMO are defined in the capacity-building manual as follows: “An empowered and effective nursing and midwifery leadership is essential to mobilize appropriate resources, motivate and inspire practising nurses and midwives, and inform and shape health policy and strategy directions.”

Strategies for engaging nurse leaders across all sectors to prepare nurses in meeting health-care needs include:

- strong engagement with nurse leaders across all health-care settings (from acute care to primary care and community care services, including community hospitals, nursing homes and home nursing);
- working and collaborating closely with leaders and heads of educational institutions and agencies in providing nursing education and training courses, and leadership and management development programmes;
• regular consultation sessions with stakeholders (e.g. nurse leaders, medical chiefs, educators etc.) for inputs on care transformation, nursing workforce planning, nursing career review, quality of education, etc.

7.9 Strengthening good governance and accountability: experience from South Sudan

Janet Michael, Chief Nursing Officer, South Sudan

South Sudan gained independence in 2011 after a long civil war and much of the infrastructure (schools, hospitals, clinics etc.) in the country is in a decrepit state. The situation has been made worse by a recurrence of fighting since 2013. A particular challenge facing the country is the young population (70% are under 30 years of age) and the high maternal mortality rate associated with such growing populations. In 2010, the School of Nursing and Midwifery was created and was the first to offer a diploma course. In 2013, the first set of students graduated from the school. Two faith-based organizations are also conducting training and there are now 14 nursing and midwifery schools in the country.

South Sudan has no regulatory body for nursing and midwifery, although a regulatory Act has been submitted to the legal affairs department of the government for ratification before going to parliament. A nursing and midwifery association was formed in 2015. In the same year, the association was accepted as an associate member of the ICM. South Sudan also became a member of the ECSACON group which linked the country to nursing and midwifery resources and networks from the Eastern, Central and Southern parts of Africa. Currently, there are some 350 midwives serving a population of 20 million people. Botswana is currently training student nurses from South Sudan and tutors are being trained in the United Republic of Tanzania. As at 2008, there were only eight professional midwives, indicating the severe shortage of tutors in the country. Some of the recent graduates are due for further training in Kenya to acquire a bachelor degree that will enable them to teach. This has put further constraints on the already dire situation regarding human resources for health in the country.

Key messages/summary of discussions

• The quality of the PAHO leadership course for advanced practice nursing is very high and candidates are issued a PAHO certificate upon its completion.

• It is important to document the demonstrated impact of the advanced practice nursing leadership course.

• There is a need for knowledge-sharing on health data systems that enable the provision of evidence on the contribution made by nurses and midwives.
• A compendium of information on the contribution of nursing and midwifery to building health data systems was presented and can be further developed and shared.

• Despite not having a focal point for nursing and midwifery, the WHO Regional Office for Africa will ensure that nursing and midwifery is not neglected in its agenda and will work through its network of nursing and midwifery experts.

• Increased solidarity on knowledge-sharing within the countries is important.

• Young leaders ought to be encouraged to join nursing and midwifery.

7.10 Investing in the future of nursing and midwifery

Rowaida Al Maaitah, Jordan University of Science and Technology

The driving forces and challenges facing the health workforce in many countries were outlined. Investing in the health workforce yields gains and should not be viewed entirely as an expense. It is particularly important to develop education and lifelong learning to boost the human capital of nursing and midwifery. Nevertheless, robust evidence for the cost-effectiveness of nursing and midwifery is still lacking, and there are still major gaps in policy-makers’ understanding of the actual and potential contribution of nursing and midwifery to health and health care. The way forward for investing in nursing and midwifery must include:

• wider inclusion and involvement of all relevant stakeholders (e.g. ministries of finance);

• a clear focus on UHC;

• a thorough understanding of (and reflection on) the relevance of education and practice to the principles of UHC and the SDGs;

• investments in specific competencies, standards and regulations to strengthen the nursing and midwifery workforce not only as promoters of health but also as actors in evidence-creation who influence health policy dialogue on UHC and sustainable development;

• better monitoring of investments in the nursing and midwifery workforce to align them with future needs and demands of health systems in order to achieve UHC and national health agendas;

• identification of priority areas for research and evidence-creation on the contribution of nursing and midwifery to health outcomes and economic development, as well as fostering interprofessional and interdisciplinary partnerships;

• innovation and leadership to define new ways of working;
• development of global, regional and national nursing and midwifery investment strategies and frameworks.

7.11. United Nations High-Level Commission on Health Employment and Economic Growth

Jim Campbell, Director, Health Workforce Department, WHO

Nurses and midwives must demonstrate their importance by generating evidence of their broader socioeconomic contribution to society as a whole, and not only health-specific outcomes. In 2013, WHO was given the task by Member States to develop a global strategy on HRH that was aligned with the SDGs. It was recognized that better evidence on investing in education and development of HRH will increase the likelihood of making a better contribution to UHC. Realizing that a multisectoral response with a wider scope was imperative, members of the Oslo Group (consisting of Ministers of Foreign Affairs) acknowledged the potential global economic impact of scaling up investment in the employment of health workers. The Group called for a resolution at the 70th United Nations General Assembly to establish the Commission on Health Employment and Economic Growth. United Nations General Assembly Resolution A/RES/70/183 subsequently stated that “investing in new health workforce employment opportunities may also add broader socioeconomic value to the economy and contribute to the implementation for the 2030 Agenda for Sustainable Development”.

On 2 March, 2016, the United Nations Secretary-General announced the establishment of the Commission as well as the commissioners.

The main functions of the Commission on Health Employment and Economic Growth are:

• to recommend multisector responses and institutional reforms to develop over the next 15 years health human resources capacity for achieving the SDGs and progress towards UHC;

• to determine innovative sources of financing and the conditions needed to maximize socioeconomic returns from investments in health and social sector employment;

• to analyse the risks of global and regional imbalances and unequal distribution of health workers and assess the potential beneficial and adverse effects of international mobility;

• to generate the political commitment from government and key partners necessary to support the implementation of the Commission’s proposed actions.
Health-care jobs need to be created in the public and private sectors of countries in order to meet the SDG needs. The World Bank estimates that economic and demographic trends will create an increasing demand for some 40 million new health workers by 2030. The demand is mostly in middle- and high-income countries and this will precipitate the creation of new employment opportunities. In contrast, low- and lower-middle-income countries – where economic demand is suppressed – have a projected shortage of 18 million health workers who are needed to achieve and sustain SDG 3 and UHC. The contrast between economic demand and a needs-based shortage highlights the global mismatch between need and demand in developed, developing and least-developed countries. This projected trend must be positively disrupted by all stakeholders if the goals of the SDGs and UHC are to be met. The increasing international migration of nurses and doctors is severely contributing to the problem of shortage. Some of the other health labour market challenges include: continuing and projected deficits, insufficient investment and demand (particularly in low-income countries), inequalities, outdated education models, poor data and resistance to new models of care.

Germany provides an example that shows the benefits of investing in the health workforce. Despite the financial crisis, Germany continued to invest in its health workforce, helping to create an additional 700,000 jobs since 2005. As at 2012, there were more than 6 million health jobs in the country [12]. Recent data show that health occupations are among the fastest-growing occupations in the USA and are also among the least likely to be replaced by automation [13,14]. With regard to the contribution of women to health care, female nurses and midwives, as well as doctors, now constitute the larger share of the health workforce in many countries. This is critical when devising policies to ensure a healthy gender balance and adequate support for women. The evidence corroborating this fact will be highlighted in the Commission’s report. Along with allied colleagues and other stakeholders, GCNMOs should be ready to implement the recommendations of the Commission’s report in order to advance health and economic growth.
The activities and discussions of the 2016 Forum were summarized. Participants and colleagues were acknowledged and thanked for their input into the draft Statement which was based on the SDNM 2016–2020. The key components of the Forum Statement are:

1. Strengthening governance and accountability
2. Maximizing capacity and capability and realizing the potential of the nursing and midwifery workforce
3. Mobilizing political will, commitments and investments for nursing and midwifery.

The text of the Forum Statement can be found in Annex 3.
Next steps and closing remarks

Mwansa Nkowane, Technical Officer, Nursing and Midwifery, WHO

GCNMOs are the leadership force required to take the implementation of the SDNM 2016–2020 forward in countries. The immediate four-point agenda on the way forward is:

- to consolidate inputs and the meeting report;
- to develop an operational plan, incorporating the identified priorities by December 2016;
- to develop a monitoring and evaluation tool by 2017;
- to continue ongoing technical collaboration involving WHO (at all levels), Member States, WHO Collaborating Centres and partners.

The emphasis on collaboration as key to the implementation of the SDNM 2016–2020 cannot be overstated as the old saying goes, “for the eagle to fly, there must be wind beneath its wings”.

Jim Campbell, Director, Health Workforce Department, WHO

On behalf of WHO, thanks were expressed to the GCNMOs, other participants, partners and the Secretariat for their tremendous support and contribution to making the meeting a success. WHO’s gratitude was further extended to Princess Muna Al-Hussein for her energy, enthusiasm and long-lasting contributions to nursing and midwifery development and UHC. She was also thanked for her work on the Commission and for giving political support to the advancement of nursing and midwifery both in the Eastern Mediterranean Region and in the world at large.
References


Annexes

Annex 1: Agenda of the Seventh Global Forum for Government Chief Nursing and Midwifery Officers

**DAY 1: 18 MAY 2016**

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
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<tbody>
<tr>
<td>08:30-09:00</td>
<td>Registration</td>
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<tr>
<td>09:00-09:30</td>
<td><strong>OPENING SESSION</strong></td>
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<tr>
<td>09:00-09:30</td>
<td>Welcome and introductions and objectives:</td>
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<tr>
<td></td>
<td>WHO/HQ: Jim Campbell</td>
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<tr>
<td></td>
<td>South Africa: Sheila Tlou</td>
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<tr>
<td>09:30-09:45</td>
<td>Key Note address:</td>
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<tr>
<td></td>
<td>Jordan: Her Royal Highness, Princess Muna Al-Hussein</td>
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<tr>
<td>09:5-10:30</td>
<td>Panel 1:</td>
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<tr>
<td></td>
<td>• SDGs, UHC and health systems innovations: Marie-Paule Kieny (video), WHO/HQ</td>
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<td></td>
<td>• SDGs, UHC in the context of AFRO: Delanyo Dovlo, WHO/AFRO</td>
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<tr>
<td>10:30-10:45</td>
<td>Interventions from CNMOs and discussions:</td>
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<tr>
<td></td>
<td>Oman: Majed Al Maqbali</td>
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<td></td>
<td>Zimbabwe: Cynthia Chisokela</td>
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<tr>
<td>10:45-11:00</td>
<td>Break</td>
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<tr>
<td></td>
<td><strong>Objective 1:</strong> To discuss the implications of the global health mandates and strategies on</td>
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<td>the future of the nursing and midwifery workforce for an effective advocacy and investment.</td>
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<tr>
<td>11:45-12:30</td>
<td>Interventions from CNMOs and discussions:</td>
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<tr>
<td></td>
<td>Australia: Debra Thoms</td>
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<tr>
<td></td>
<td>Thailand: Kanjana Chunthai</td>
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<td></td>
<td>USA: Sylvia Trent-Adams</td>
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<td>12:30-12:45</td>
<td>Reflections on 2014 - 6th GCNMOs Forum achievements:</td>
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<tr>
<td></td>
<td>Ghana: George Kumi Kyeremeh</td>
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<td></td>
<td>Bhutan: Tandin Pemo</td>
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<td>Ireland: Siobhan O’ Halloran</td>
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<tr>
<td>12:45-13:00</td>
<td>Discussions</td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>Lunch break</td>
</tr>
<tr>
<td>14:00-14:15</td>
<td>Roles and responsibilities of CNMOs:</td>
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<td></td>
<td>Bahamas: Marcel Prisca Johnson</td>
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<td>14:15-14:30</td>
<td>The Strategic Directions for Strengthening Nursing and Midwifery 2016-2020:</td>
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<td>WHO/HQ: Mwansa Nkowane</td>
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<td>Investing in nursing and midwifery:</td>
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<tr>
<td></td>
<td>Jordan: Rowaida Al-Maaitah</td>
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<tr>
<td>14:30-15:00</td>
<td>Discussions</td>
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## DAY 1: 18 MAY 2016

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<tr>
<td>15:00-15:45</td>
<td>Panel 3:</td>
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<tr>
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<td>Contribution of ICM and ICN in the implementation of the WHO and other</td>
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<td></td>
<td>global health mandate in closing the nursing and midwifery gaps:</td>
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<tr>
<td></td>
<td>ICM, Netherlands: Frances Ganges</td>
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<td></td>
<td>ICN, Switzerland: Frances Hughes</td>
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<td>The future of nursing and midwifery and regulation:</td>
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<td></td>
<td>U.S.A.: David Benton</td>
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<tr>
<td>15:45-16:00</td>
<td>Interventions from GCNMOs and discussions:</td>
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<td>Qatar: Nabeela Al Meer</td>
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<td>Solomon Islands: Larui Michael</td>
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<td>16:00-16:15</td>
<td>Break</td>
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<tr>
<td>16:15-16:45</td>
<td>Introduction to group work:</td>
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<tr>
<td></td>
<td>Group work on gaps and needs in the context of SDGs, UHC and global</td>
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<td>strategies</td>
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<td>16:45-17:00</td>
<td>Summary of gaps and needs</td>
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<td>17:00</td>
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## DAY 2: 19 MAY 2016

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<tr>
<td>09:00-09:10</td>
<td>Recap of day 1</td>
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<td>09:10-10:10</td>
<td>WHO HQ and regional activities:</td>
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<td>WHO/EMRO: Arwa Oweis</td>
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<td>WHO/EURO: Galina Perfileva</td>
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<td>WHO/AFRO: Magda Awases</td>
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<td>WHO/HQ: Julia Samuelson</td>
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<td>CNMOS governance and accountability:</td>
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<td>Singapore: Tan Soh Chin</td>
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<td>South Sudan: Janet Michael</td>
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<tr>
<td>10:10-10:30</td>
<td>Discussions and interventions</td>
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<tr>
<td>10:30-10:45</td>
<td>Break</td>
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<tr>
<td>10:45-11:45</td>
<td>Group work on possible interventions</td>
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<tr>
<td>11:45-12:30</td>
<td>Summary of priorities and key interventions</td>
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<tr>
<td>12:30-13:00</td>
<td>Discussions and interventions</td>
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<tr>
<td>13:00-14:00</td>
<td>Lunch break</td>
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<tr>
<td>14:00-15:30</td>
<td>Presentation of the Forum Statement:</td>
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<td></td>
<td>Sweden: Charlotta George</td>
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<td>Final comments and interventions:</td>
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<td></td>
<td>The way forward: Mwansa Nkowane</td>
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<tr>
<td></td>
<td>CNMO, South Africa: Nonhlanhla Makhanya</td>
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<tr>
<td></td>
<td>Closing remarks: Sheila Tlou and Jim Campbell</td>
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<tr>
<td>15:30</td>
<td>End of Forum</td>
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</tbody>
</table>
Annex 2. Lists of participants:

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Report of the Seventh Global Forum for Government Chief Nurses and Midwives
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Annex 3. 2016 GCNMO Forum Statement

The future of nursing and midwifery workforce in the context of the Sustainable Development Goals and universal health coverage

Forum Statement
The goal of the World Health Organization and its Member States is to achieve the highest attainable levels of health for all people. A number of health development approaches have been directed toward this goal from primary health care in the 1970s through to the Millennium Development Goals (MDGs), and the current Sustainable Development Goals (SDGs). The commitment made by Member States to universal health coverage reinforces the need for a strengthened nursing and midwifery contribution to achieve good health outcomes.

Although many countries still have nursing and midwifery workforce shortages, we the Government Chief Nursing and Midwifery Officers recognize that, in addition to increasing our numbers, more must be done in order to realize these professions’ full potential. Consequently, we acknowledge the importance of ensuring the quality, acceptability, relevance and sustainability of our future nursing and midwifery workforce.

Strengthening nursing and midwifery services in our respective countries is possible by using the latest evidence-based knowledge and relevant technologies to create policies and management systems that support practice and leadership which deliver quality services to individuals and communities within the distinctiveness of our health systems.

In the context of this Forum and in support of the Global Strategy on Human Resources for Health: Workforce 2030 and the Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020, we commit ourselves to: a) strengthening governance and accountability, b) maximizing capacity and capability and realizing the potential of the nursing and midwifery workforce and c) mobilizing political will, commitment and investments for nursing and midwifery.
Strengthening governance and accountability

Strong governance and accountability are crucial in order to ensure that the overall processes of planning and coordination of nursing and midwifery development are efficient and focused on priorities. Establishing strengthened mechanisms that ensure quality education and practice, and clarify relationships and roles, can help to ensure good quality of services in countries. For this purpose, we commit ourselves to doing the following:

- Work with relevant partners to translate and implement the Global Strategy on Human Resources for Health: Workforce 2030 and the Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020 to maximize the nursing and midwifery contribution to patient care and good health outcomes;
- Advocate for the establishment of Government Chief Nursing and Midwifery Officers positions in countries requesting assistance;
- Develop robust national workforce plans for nursing and midwifery development to meet national strategic plans;
- Participate in leadership capacity-building programmes to increase governance accountability skills and promote innovation;
- In collaboration with key partners, strengthen regulatory mechanisms for nursing and midwifery practice.

Maximizing capacity and capability and realizing the potential of the nursing and midwifery workforce

Sustainable development of nursing and midwifery requires efficient planning and use of existing and future resources. The education, deployment, management and retention of nurses and midwives need to be properly coordinated and managed to ensure an appropriate balance of local competencies and skill-mix. We therefore commit ourselves to doing the following:

- Work with educational institutions, nursing and midwifery associations and regulatory authorities to develop and implement quality educational standards;
- Collaborate with educational institutions, nursing and midwifery associations, regulatory bodies and other key nursing and midwifery stakeholders to develop and/or strengthen mechanisms for interprofessional education and collaborative practice;
• Encourage nursing and midwifery research development by advocating for the provision of funding and supportive infrastructure;

• Foster the development of multisectoral partnerships to support comprehensive development of all aspects of nursing and midwifery education, practice and management;

• Establish mechanisms for recognizing and rewarding best practice and excellence in nursing and midwifery.

**Mobilizing political will, commitment and investments for nursing and midwifery**

Government and decision-makers’ support, commitment and investments are vital for strengthening nursing and midwifery services. We therefore commit ourselves to promote the above by doing the following:

• Work with politicians and decision-makers to ensure that nursing and midwifery development is adequately reflected in national human resources and overall national health plans;

• Use research evidence on nursing and midwifery programmes in countries as a basis for policy and strategic interventions and advocacy with relevant stakeholders;

• Analyse and update respective Government Chief Nursing and Midwifery Officers roles and responsibilities to reflect existing and future country needs.
Annex 4. Launching speech for the Global strategic directions for strengthening nursing and midwifery 2016−2020

Launching Speech given by Her Royal Highness, Princess Muna Al-Hussein of the Kingdom of Jordan

Distinguished ladies and gentlemen, eminent public health leaders, government chief nursing and midwifery officers and other leaders here present. It is my immense privilege and pleasure to launch this edition of the Global strategic directions for strengthening nursing and midwifery 2016–2020. This is the second time I have had the rare honour of launching the strategic directions – the first being in the year 2002. This edition of the Global strategic directions is more action-oriented and sets the tone for a robust and ambitious approach to guide nursing and midwifery development at all levels in order to ensure better care and healthier lives for all people.

In order to achieve this, forging strong and strategic partnerships will be extremely crucial to scaling up nursing and midwifery development in the next five years. The Global strategic directions, through their objectives and goals, present an extensive amount of work that will require more far-reaching efforts and synergies. The present state of global health and the current challenges being faced in both nursing and midwifery development means that we will fall short of the vision of achieving universal health coverage and the Sustainable Development Goals if we do not work together. I therefore call on all stakeholders – nurses and midwives, policy-makers, academics, nongovernmental organizations, professional associations and civil society – to explore, within their constituencies, areas and opportunities that can be executed in partnerships in order to harness mutual competencies. Equally important critical success factors to unlock the potentials of the Global strategic directions include political will and leadership for capacity-building. All hands must therefore be on deck to ensure that these critical success factors are carefully brought together and embedded in multistakeholder and multisectoral approaches tailored to specific local contexts in order to make meaningful impact at community level. This will serves as a bold way of showing our leadership, our faith and our commitment to bettering health and saving lives.
At this stage, I would like to recognize the great effort that has been put into the preparation and development of this document. From my understanding, there has been a series of consultations with several key stakeholders, including a global web-based consultation that received input from literally every corner of the globe. The result of all this hard work is a major part of what brings us here today and, hopefully, will serve as a springboard for a solid nursing and midwifery development in the future. Together, as key beneficiaries and users of this document, it is my immense pleasure to present you with the Global strategic directions for strengthening nursing and midwifery 2016–2020 on the occasion of this launching ceremony. I look forward to seeing the concrete results that will be achieved through implementation of the strategic directions across countries and continents.

Thank you all.
## Annex 5. List of key resolutions and global strategic documents

### World Health Assembly resolutions

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<tr>
<th>Resolution</th>
<th>Link</th>
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<td>WHA59.23: Rapid scaling up of health workforce production</td>
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<td>WHA62.12: Primary health care, including health system strengthening</td>
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<td>WHA64.7: Strengthening nursing and midwifery</td>
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### Global strategic documents

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<thead>
<tr>
<th>Strategy</th>
<th>Link</th>
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<td>Every Newborn: an action plan to end preventable deaths</td>
<td><a href="http://apps.who.int/iris/bitstream/10665/127938/1/9789241507448_eng.pdf?ua=1">http://apps.who.int/iris/bitstream/10665/127938/1/9789241507448_eng.pdf?ua=1</a></td>
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