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# Strategic Directions for Strengthening Nursing and Midwifery Services

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# Contents

<b>Foreword</b>	<b>vi</b>
<b>Introduction</b>	<b>1</b>
<b>Part 1. Policy directions</b>	<b>7</b>
1.1 Strategic Directions	9
1.2 Key result areas for strengthening nursing and midwifery services	13
<b>Part 2. Technical background</b>	<b>25</b>
2.1 Nursing and midwifery services as an integral part of health systems	27
Governments and health	28
Stewardship of nursing and midwifery services	28
The role of nursing and midwifery personnel in health service provision	28
2.2 Global context of nursing and midwifery services in health care	31
Human rights and global poverty alleviation	31
Epidemiological and demographic changes influencing nursing and midwifery services	32
Risks to health	33
Gender-related issues	33
The influence of globalization on health systems and the development of human resources for health	34
The effect of technology on health care delivery	35
Macroeconomic factors	35
Health systems reform and privatization	36
Research and capacity-building	37
<b>References</b>	<b>39</b>
<b>Annex.</b> Resolution WHA54.12 Strengthening nursing and midwifery	45

# Foreword



**Ensuring access to quality health services that are responsive to the needs and constraints facing health systems in the 21st century is a considerable challenge for governments. To succeed, it is imperative for a significant scaling up of interventions to take place alongside the strengthening of national health systems capacity.**

**Ensuring access to quality health services that are responsive to the needs and constraints facing health systems in the 21st century is a considerable challenge for governments. To succeed, it is imperative for a significant scaling up of interventions to take place alongside the strengthening of national health systems capacity.**

Nursing and midwifery services are a vital resource for attaining health and development targets. They form the backbone of health systems around the globe and provide a platform for efforts to tackle the diseases that cause poverty and ill-health. If we are to succeed in improving health systems performance, urgent action is needed to overcome the problems that seriously undermine the contribution these services can make to the vision of better health for all communities.

Among the most pressing concerns are the availability of nurses and midwives to deliver key health interventions that are necessary for countries to tackle diseases such as HIV/AIDS, tuberculosis and malaria. Migration of health workers as well as inadequate working conditions and inappropriate utilization of practitioners are all factors that constrain the provision of needed services. Failure to solve these problems will have serious implications for the quality and coverage of health care.

WHO and its partners have developed a framework for collaborative action to support countries in enhancing the capacity of nursing and midwifery

services to contribute to national health goals. *Strategic directions for nursing and midwifery services* is a document that outlines five key areas requiring intervention: human resources planning and capacity building, management of personnel, evidence-based practice, education, and stewardship. It provides a tangible response to resolution WHA54.12, which was adopted by the World Health Assembly in May 2001, and facilitates the achievement of WHO's four strategic directions as well as the United Nations Millennium Development Goals.

I do believe that moving forward will require exceptional advocacy, leadership, and a sound evidence base to support decision-makers in their choice of options that facilitate the provision of cost-effective, high quality nursing and midwifery care. A resolve to work together in a collaborative spirit with global, regional and national partners is essential in making a real difference to the health of people – a true commitment to care for both recipients and providers of nursing and midwifery care around the world.

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

Geneva, September 2002



# Introduction

**Health systems are facing an increasing number of challenges, while governments remain dedicated to searching for cost-effective options to enhance the capacity of national health systems to perform well. Within the context of limited financial resources, rising health care costs, increasing health demands and heightened public expectations, nursing and midwifery services provide a platform from which to scale up health interventions to assist in meeting national health targets. A variety of problems, however, continue to undermine the contribution of nursing and midwifery services.**

## Global Nursing and Midwifery Imbalance

Among the concerns expressed by governments is the migration and growing shortage of nursing and midwifery personnel. During the 107th session of the WHO Executive Board, in January 2001, Members expressed alarm regarding this troubling trend: unless effective action is taken to halt the growing migration of skilled nursing and midwifery personnel they feared that the quality of services and the health of the population would suffer (WHA, 2001). Reports of nursing shortages, inadequate working conditions, and poor distribution and inappropriate utilization of nursing personnel were among the many worries stated. Despite the consistent nature of these problems, the reasons fuelling the burgeoning health care crisis are varied (Buchan, 2002). Delegates to the Health Assembly noted that health care delivery is highly labour-intensive, with nurses and midwives playing an increasingly critical – but often overlooked – role; they concluded that fail-

ure to strengthen nursing and midwifery could seriously impair the quality of health care, access to services, the well-being of practitioners, and the achievement of national and global health goals.

Nursing and midwifery services are a subsystem of health services that are provided by a range of personnel. Globally, these services share common attributes that include:

- caring for, supporting and comforting clients;
- continuously assessing and monitoring health needs and responses to interventions;
- advocacy and education of clients and communities;
- identifying care gaps and developing appropriate responses;
- delivering and coordinating health services across the care spectrum.

Nursing and midwifery also complement and support other health care services and thus help to ensure the successful implementation of interventions that welcome life, promote or restore health or, conversely, enable the means to a peaceful, dignified and pain-free death.

### Critical matters confronting health services

The provision of health care has changed markedly over the past decade. Many countries are engaged in health sector reform. Strategies such as decentralization and privatization are forcing changes to traditional work patterns, health system governance and financing. Globalization and technological advances create new opportunities on the one hand, but also engender tensions that could significantly impact on the location and regulation of health care services. Sociodemographic changes have likewise added additional pressures to already strained health care systems. Chief among these is the burden placed on health care personnel as a result of the spreading epidemic of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). This additional stress takes its toll on nurses and midwives, many of whom have colleagues who suffer from, or have already succumbed to, the disease (Stilwell, 2001; ANA, 2001). The ability of health care systems to respond to these rapidly evolving challenges, to maintain and even improve quality, efficiency and equity of services, remains dependent on appropriately trained and supported health care professionals – available where and when they are needed.

A review of the literature and consultation with a variety of stakeholders has given rise to the following categorization of the most critical matters confronting nursing and midwifery services:

- Service delivery;
- Workforce;
- Education;
- Stewardship.

### Millennium Development Goals

Owing to a variety of factors, the nursing and midwifery services of individual nations remain at different stages of development. Overall level of national development and, by extension, the development of health care have had considerable impact. Many countries are now expressing a powerful desire to tackle and solve these issues – owing perhaps to an increasing realization on the part of individual governments of the necessity of strengthening service delivery in order to improve access to cost-effective, quality health care that will lead to better health and more productive societies (WHO, 2001). Further, at the Millennium Summit in September 2000, the Member States of the United Nations reaffirmed their commitment to working towards a world in which sustaining development and eliminating poverty would occupy the highest priority. Of the eight Millennium Development Goals (UN 2001), eight are directly related to health. Nursing and midwifery services contribute to the achievement of these goals in ways such as the following:

- monitoring poverty, by documenting the prevalence of underweight children;
- promoting gender equality, by educating girls and women about health;
- reducing child and maternal mortality, by delivering maternal and child health services;
- combating HIV/AIDS, malaria and other diseases, by lowering their prevalence through activities directed towards prevention and treatment.

To improve access to services and move the health and development agenda forward, governments, civil society, professional associations, educational institutions, nongovernmental organizations and international and bilateral organizations must take collaborative action to improve nursing and midwifery services and take it now.

**To improve access  
and move health  
we must take  
collaborative action  
now.**

The 54th World Health Assembly in May 2001 examined the Progress Report on the implementation of resolution WHA49.1 on strengthening nursing and midwifery. The report included a global situation analysis of services, as a result of which the Assembly adopted resolution WHA54.12. This resolution, reproduced

in the Annex, encourages Member States to give urgent attention to ways of improving nursing and midwifery in their countries and requested the Director-General, among other things, “to prepare rapidly a plan of action for the strengthening of nursing and midwifery and to provide for external evaluation at the conclusion thereof”.

### Principles guiding the global strategic directions

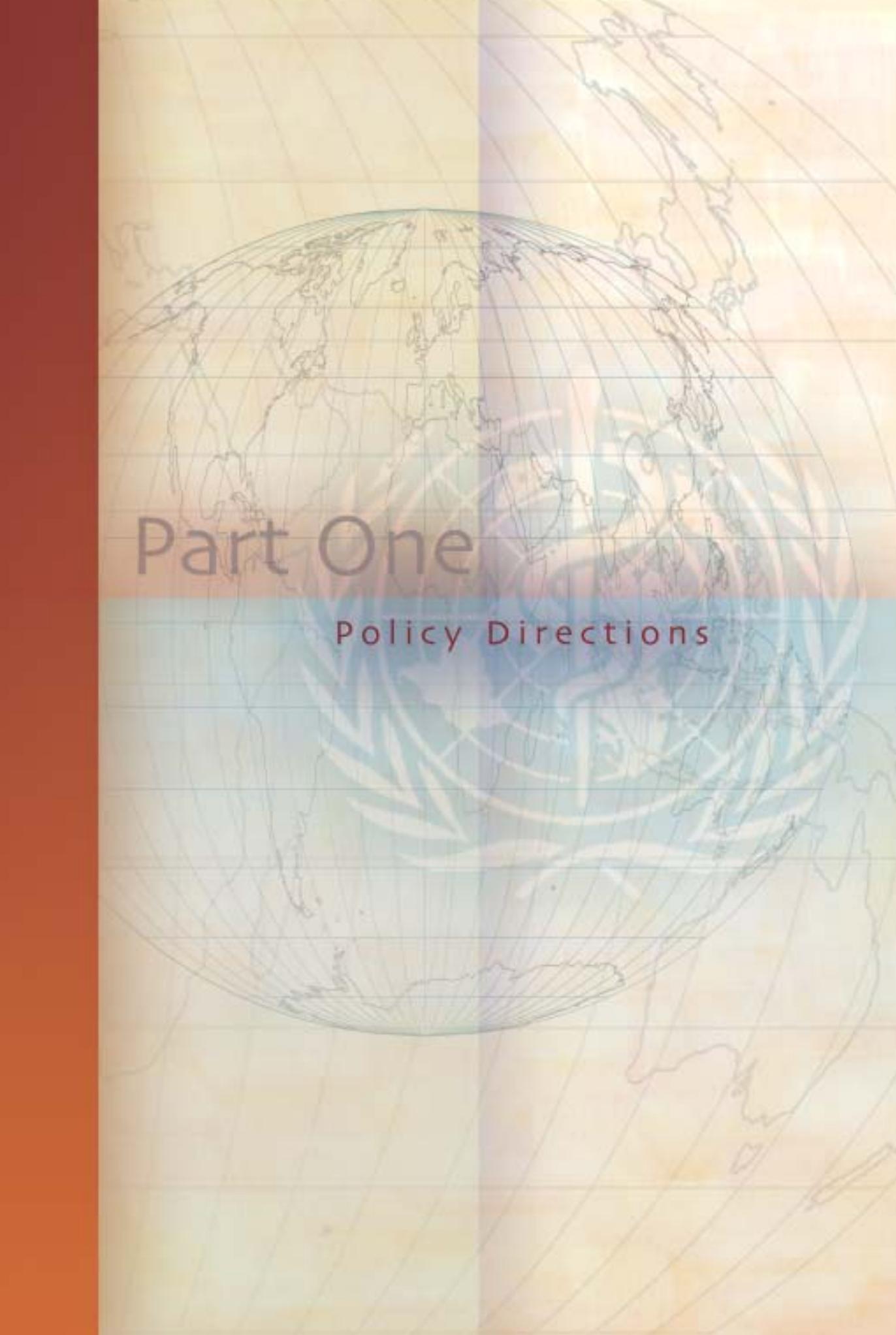
- *Partnership*: working together on common objectives, acting collaboratively and supporting each other’s efforts;
- *Relevance*: developing health services and systems guided by health needs, evidence and strategic priorities;
- *Ownership*: adopting a flexible approach to be implemented with local involvement that is designed to guide action at both the global and national levels;
- *Ethical action*: planning and providing health care services based on equity, integrity, fairness, and respect for gender and human rights.

These principles will also underpin implementation of the broad directions set out in this document.

### Evidence Policy Framework

These *Strategic Directions for Strengthening Nursing and Midwifery Services* provides an evidence-based framework for action that will be undertaken by WHO and its partners to support countries dedicated to improving the quality of nursing and midwifery services. There are four essential elements necessary to strengthen nursing and midwifery services. Each of these elements needs to be based on the best available evidence and requires advocacy, capacity building, research and development, and monitoring and evaluation to ensure that the **key result areas are translated into action and impact practice**. This document can also be used as a guide for action at the national level and to provide the basis for future policy dialogue at subnational levels.

The document consists of two sections. **Part I** introduces the Strategic Directions, Key Result Areas and Objectives with the Expected Results to achieve them. **Part II** discusses how nursing and midwifery services form an integral part of health services.



# Part One

## Policy Directions

# 1.1 Strategic Directions

The *purpose* of the *Strategic Directions for Strengthening Nursing and Midwifery Services* is to *support efforts to scale up national health systems capacity in order to meet health goals set by Member States in priority health areas including:*

- HIV/AIDS;
- Making Pregnancy Safer – Maternal and Infant Health (MPR);
- Tuberculosis (TB);
- Malaria;
- Adolescent Health (ADH);
- Mental Health;
- Chronic illnesses.

*The Strategic Directions for Strengthening Nursing and Midwifery Services will contribute to achieving WHO's four key strategic directions which are:*

- to reduce excess mortality, morbidity and disability, especially in poor and marginalized populations;
- to promote healthy lifestyles and reduce health risk factors that arise from environmental, economic, social and behavioural causes;
- to develop health care systems that equitably improve health outcomes, that respond to the demands of users and that are financially fair;
- to frame an enabling policy aimed at creating an institutional environment for the health sector and to promote an effective health dimension aimed at social, economic, environmental and development policy.

Improving the quality of, and access to, health care through strengthening nursing and midwifery services will also support the achievement of the **Millennium Development Goals**.

Policy-makers need to acknowledge the *urgency* of several major issues confronting nursing and midwifery services, as well as the key role that nurses and midwives play within health systems and communities in providing care, the overall aim being to realize the vision of better health outcomes for all. Urgent action is thus necessary in order to strengthen the contribution of nursing and midwifery services to health policy and systems development. This response needs to be based on regularly assessed evidence-based approaches that are capable of providing a variety of options.

### Key Result Areas (KRAs)

WHO and its partners in this nursing and midwifery initiative have identified five Key Result Areas (KRAs), each with specific objectives and expected results which are crucial to strengthening nursing and midwifery services. These will provide an overall structure under which the strategic directions will operate. An overview of the five areas is provided below. The KRAs are interrelated and therefore overlap to some extent, with capacity-building, research and development, advocacy, and monitoring and evaluation running through all five areas.

#### KRA 1: Health planning, advocacy and political commitment

*National development and health plans provide for adequate nursing and midwifery services and expertise.*

#### KRA 2: Management of health personnel for nursing and midwifery services

*National employment policies are implemented for the nursing and midwifery workforce that are gender-sensitive, based on healthy and safe work environments and conditions, provide for equitable rewards and recognition of competencies, and are linked to a transparent career structure.*

#### KRA 3: Practice and health system improvement

*Nursing and midwifery expertise is fully integrated into decision-making processes at all levels, and health systems use best available practices for the care of individuals, families and communities.*

#### KRA 4: Education of health personnel for nursing and midwifery services

*Competent practitioners with an appropriate skill mix are available to deal effectively with the current and future challenges of practice.*

#### KRA 5: Stewardship and governance

*Stewardship and governance of nursing and midwifery services involve the government, civil society and the professions to ensure the quality of care.*

### Implementation: Concerted Action

WHO and its partners\* believe that the efforts of more than one unit, department and organization are required to strengthen nursing and midwifery services. We recognize the importance of implementing KRAs according to country priorities while, at the same time, adapting them to the differing needs and health care contexts of both developing and industrialized nations. To support implementation of the strategic directions at the national level, WHO and its partners will provide technical advice, build capacity to use appropriate tools and methods, and support those countries that request assistance. WHO will also work with partners to strengthen the capacity of regional institutions in support of improving nursing and midwifery services.

Responsibility for specific areas of work may be lead by:

- WHO
- Partners
- or be jointly implemented.

### Implementation: Building Alliances

WHO and its partners have developed a Communications Strategy and resource mobilization plan designed to facilitate successful implementation of the Strategic Directions — especially at country level. These will be designed to fully utilize opportunities arising from partnership initiatives and alliances.

\* **Partners include:** International Labour Organization, United Nations Population Fund, United Nations International Children's Fund, International Council of Nurses (ICN), International Confederation of Midwives (ICM), Global Network of WHO Collaborating Centres for Nursing and Midwifery Development, International Society for Nurses in Cancer Care; International Federation of Nurse Anaesthetists, Sigma Theta Tau International Honor Society of Nursing.

### Implementation: Tracking

A plan for assessing the strategic directions for strengthening nursing and midwifery services is critical to tracking implementation as well as monitoring its impact on nursing and midwifery development, health systems performance, and health outcomes. WHO and its partners have therefore identified core performance indicators for each KRA and have established or incorporated data collection systems into existing mechanisms at global, regional and national levels in order to monitor and measure gains as well as losses. This will also enable the WHO secretariat and partners to provide a progress report, as requested in resolution WHA54.12, to the 56th World Health Assembly in 2003 and thereafter.

### Implementation: Immediate Action

The strategic directions set out in this document provide an evidence-driven framework from which WHO and its partners may guide collaborative global and regional action that is calculated to support countries in strengthening nursing and midwifery services over the period 2002–2008. Work within each of the KRAs is already under way. The focus for action in the period 2002–2004 is:

- examining human resources interventions to reduce personnel imbalances (linked to KRA 1);
- promoting safe working environments (linked to KRA 2);
- strengthening the evidence base for nursing and midwifery practice (linked to KRA 3);
- strengthening education (linked to KRA 4);
- building stewardship and leadership (linked to KRA 5).



Key Result Areas

for strengthening  
Nursing & Midwifery

## KEY RESULT AREA

# 1

## HEALTH PLANNING, ADVOCACY AND POLITICAL COMMITMENT

*National development and health plans provide for adequate nursing and midwifery services and expertise.*

**THE EFFECTIVENESS** of nursing and midwifery services is being compromised by an escalating global shortage of personnel (Aiken et al., 2001). This shortage, in turn, is a constraint on the provision of needed health services. The numerous, complex reasons for these shortfalls have yet to be adequately explored. Moreover, the migration of health personnel affects many countries and, ultimately, the provision of health services worldwide (Buchan & O'May, 1999). It is essential, therefore, that governments and other institutions involved in the recruitment and maintenance of human resources for health establish effective strategies designed to ensure adequate staffing, in order to successfully undertake the implementation of national health care plans (ICN, 1994). Given the pivotal role that nursing and midwifery practitioners play within the health care team, their expertise should be called upon when decisions aimed at enhancing health service efficacy and efficiency are made. Thus, key stakeholders must remain committed to altering the current policy-making environment. By taking a leading role in encouraging governments to address these pertinent issues, WHO is a catalyst for reform that is urgently needed.

## OBJECTIVES ► EXPECTED RESULTS

**1.1 To strengthen those mechanisms relating to human resources policy intervention and planning in order to contribute to the maintenance of adequate levels of nursing and midwifery personnel so that health systems may function more effectively.**

- 1.1.1 Staffing norms developed for specific health care contexts.
- 1.1.2 Guidelines developed for health workforce distribution and combinations of skills.
- 1.1.3 Models developed on causes of workforce shortage and migration within and between countries.
- 1.1.4 Uniform indicators and systems established for monitoring human resources levels, shortage and migration.
- 1.1.5 Tools developed for forecasting workforce shortage and migration.
- 1.1.6 Best practices collected, adapted and disseminated for human resources policy intervention, assessment and planning.
- 1.1.7 Ethical guidelines developed for international recruitment.

**1.2 To mobilize policy-makers, the general public, partners and health care practitioners to support changes designed to strengthen nursing and midwifery services and to enhance their contribution to health system performance and outcomes.**

- 1.2.1 Tools developed for working with communities, politicians, and policy-makers in order to raise awareness regarding the role and contribution of nursing and midwifery services as core resources for achieving health targets.
- 1.2.2 Tools and approaches developed for advocating the strengthening of nursing and midwifery services and the building of political alliances and support.
- 1.2.3 Evidence developed and disseminated to policy-makers on success stories of the nursing and midwifery contribution to health system goals.

**1.3 To foster an environment that enables nurses and midwives to make decisions and be directly involved in policy-making (including the allocation of funds) at all levels and thus support more efficient health outcomes.**

- 1.3.1 Mechanisms established or strengthened to ensure that nursing and midwifery expertise is included in the development of health policies and programmes at all levels, including those at WHO.
- 1.3.2 Political support strengthened for the adoption of effective nursing and midwifery models of care that focus on HIV/AIDS, Making Pregnancy Safer (MPR), Roll Back Malaria (RBM), Adolescent Health and Development (ADH), Mental Health, and tuberculosis (STOP-TB).

## KEY RESULT AREA

# 2

## MANAGEMENT OF HEALTH PERSONNEL FOR NURSING AND MIDWIFERY SERVICES

*National employment policies are implemented for the nursing and midwifery workforce that are gender sensitive, based on healthy and safe work environments and conditions, provide for equitable rewards and recognition of competencies, and are linked to a transparent career structure.*

**POOR WORKING CONDITIONS**, gender inequity, long hours and low wages are among the many reasons behind burnout of nurses and midwives, migration, low retention rate, lack of motivation, and job dissatisfaction (Buchan, 2000; ILO, 1997; ILO, 2000). The impact is most notably evident in the quality of care and health systems performance. The challenges of tackling these problems are well recognized. Among them are the public sector's already stretched health budget, as well as employment policies – particularly in many low and middle income countries – that are not solely the responsibilities of ministries of health.

To deal with these matters comprehensively, a multisectoral approach involving different stakeholders such as government and civil society will be required.

## OBJECTIVES ► EXPECTED RESULTS

**2.1 To promote healthy and safe working environments and conditions that are conducive to recruiting and retaining nursing and midwifery personnel.**

- 2.1.1 Evidence collected and disseminated on the impact of employment policies on individual and organizational provider performance – with specific reference to the nursing and midwifery workforce.
- 2.1.2 Innovative Guidelines established on processes for reviewing, changing and developing employment policies for human resources for health.
- 2.1.3 The impact examined of reform, privatization, and emergency situations on health care practitioners, with specific attention to nursing and midwifery personnel, and lessons learned disseminated.
- 2.1.4 Interdisciplinary and multisectoral collaboration established or strengthened at global, regional and national levels to develop, apply and monitor employment policies that are equitable and gender sensitive.

## PRACTICE AND HEALTH SYSTEM IMPROVEMENT

*Nursing and midwifery expertise is fully integrated into decision-making processes at all levels, and health systems utilize best available practices for the care of individuals, families and communities.*

**THE BEGINNING** of this century has seen a veritable revolution in medical advances, health care delivery and the requirements of population health needs increasingly in transition. In order to meet these challenges effectively, efficiently, and equitably, decision-makers at all levels require tools, information and capacity to assess health care needs; to choose interventions; to design policy options appropriate to their circumstances; and to conduct effective monitoring with the aim of enhancing health systems performance (World Bank, 1993; WHO, 1999; WHO, 2000). Decision-makers also require adequate information on evidence-based nursing and midwifery practices that will help them realize cost-effective and high quality health care (Vonderheid et al., 2001). It is therefore necessary that nursing and midwifery expertise and intelligence be fully integrated into all levels of the relevant decision-making process. Models of the organization and management of nursing and midwifery service delivery need to be analysed and the best practices identified.

## OBJECTIVES ► EXPECTED RESULTS

**3.1 To improve access to quality nursing and midwifery services as an integral part of health services aimed at individuals, families and communities – particularly among vulnerable populations. This may be accomplished through the enhanced integration of successful nursing and midwifery service delivery models within health care systems.**

- 3.1.1 Innovative approaches identified, adapted and disseminated to bridge gaps between the health system and the needs of the community, specifically in terms of home-based care, palliative care, health promotion, disease prevention, rehabilitation and emergency care.
- 3.1.2 A comprehensive research agenda developed to strengthen nursing and midwifery services.
- 3.1.3 Evidence base further developed with partners on cost-effective nursing and midwifery services and their impact on priority diseases such as HIV/AIDS, ADH, MPR, Mental Health, TB and Malaria.
- 3.1.4 Guidelines established on the utilization of nurses and midwives to improve health outcomes in selected priority areas.
- 3.1.5 Models identified, adapted and disseminated for evaluating nursing and midwifery services.
- 3.1.6 Development supported for setting standards for nursing and midwifery practice and access facilitated to tools for assessment.
- 3.1.7 Models of decision-making identified and promoted that optimize the contribution of nursing and midwifery expertise.

## EDUCATION OF HEALTH PERSONNEL FOR NURSING AND MIDWIFERY SERVICES

*Competent practitioners with appropriate skill mix are available to deal effectively with the current and future challenges of practice.*

**HEALTH SYSTEMS** are labour intensive and require qualified and experienced staff to function effectively. Health care provision requires that practitioners possess the knowledge and skills to respond and adapt to current and future health care priorities and needs, available resources, and the broader factors that shape the current health systems context (Egger, Lipson & Adams, 2000). New and rapidly changing challenges in health care demand that the education of nursing and midwifery practitioners be continuously updated. Other challenges include epidemiological and demographic shifts, medical and technological advances, rising public demand, health systems reform, and a need to surmount obstacles of poverty, gender and human rights (Heller, Oros & Durney-Crowley, 2001). Capacity building and, in particular, a sufficient supply of educators and trainers are central to ensuring that practitioners are equipped with the skills necessary to practice effectively. Ensuring the appropriate combinations of skills required to practice within different health service delivery contexts requires multidisciplinary and multisectoral collaboration.

## OBJECTIVES ► EXPECTED RESULTS

**4.1 To strengthen the core skills of nursing and midwifery practitioners in order to meet changing population and practice needs.**

- 4.1.1 Models and approaches developed and disseminated for integrating core competencies and updating curricula.
- 4.1.2 Core competencies developed and disseminated for nursing and midwifery practice at pre-registration and postregistration levels.
- 4.1.3 A framework of shared competencies established that shows the value of collaboration between nursing and midwifery with other disciplines.
- 4.1.4 Innovative approaches developed and disseminated in all aspects of education, optimizing the use of technology.
- 4.1.5 Innovative models developed and disseminated for continuing education of nurses and midwives, including programmes that focus on quality of care.
- 4.1.6 Development supported of effective approaches for building leadership capacity in nursing and midwifery, and access to them facilitated.
- 4.1.7 Tools developed and disseminated for different approaches to set and assess nursing and midwifery education standards.
- 4.1.8 Development of teaching capacity supported, with a focus on methodologies that link theory to practice and education to services.
- 4.1.9 Educational institutional capacity developed through twinning of nursing and midwifery schools; South–South and North–South collaboration; faculty development.
- 4.1.10 Interdisciplinary and multisectoral collaboration promoted at global, regional and national levels, to support networking and collaboration between disciplines and institutions.

## STEWARDSHIP AND GOVERNANCE

*Stewardship and governance of nursing and midwifery services involve the government, civil society and the professions to ensure the quality of care.*

**THE WORLD HEALTH REPORT 2000** states: “Stewardship is concerned with ensuring that government, organizations and individuals that compose the health system act as good stewards of the resources and trust given to their care” (WHO, 2000). To recognize the importance of stewardship is to ensure quality of care and the safety of the public, especially patients. To do so, however, requires meaningful regulatory mechanisms – especially in relation to the continued globalization of health care and the consequent migration of practitioners.

Awareness and expectations of the general public regarding health service provision are also increasing at a time when many countries face staffing shortages, rising health care costs and limitations on financial resources (Cassels, 1995).

Both individually and collectively, health care practitioners have a major role to play in regulating the profession and setting standards for care. As responsible and accountable stakeholders in the delivery of effective client care, health personnel – and especially nurses and midwives – must acknowledge the forces that drive health care and must become more involved in policy-making.

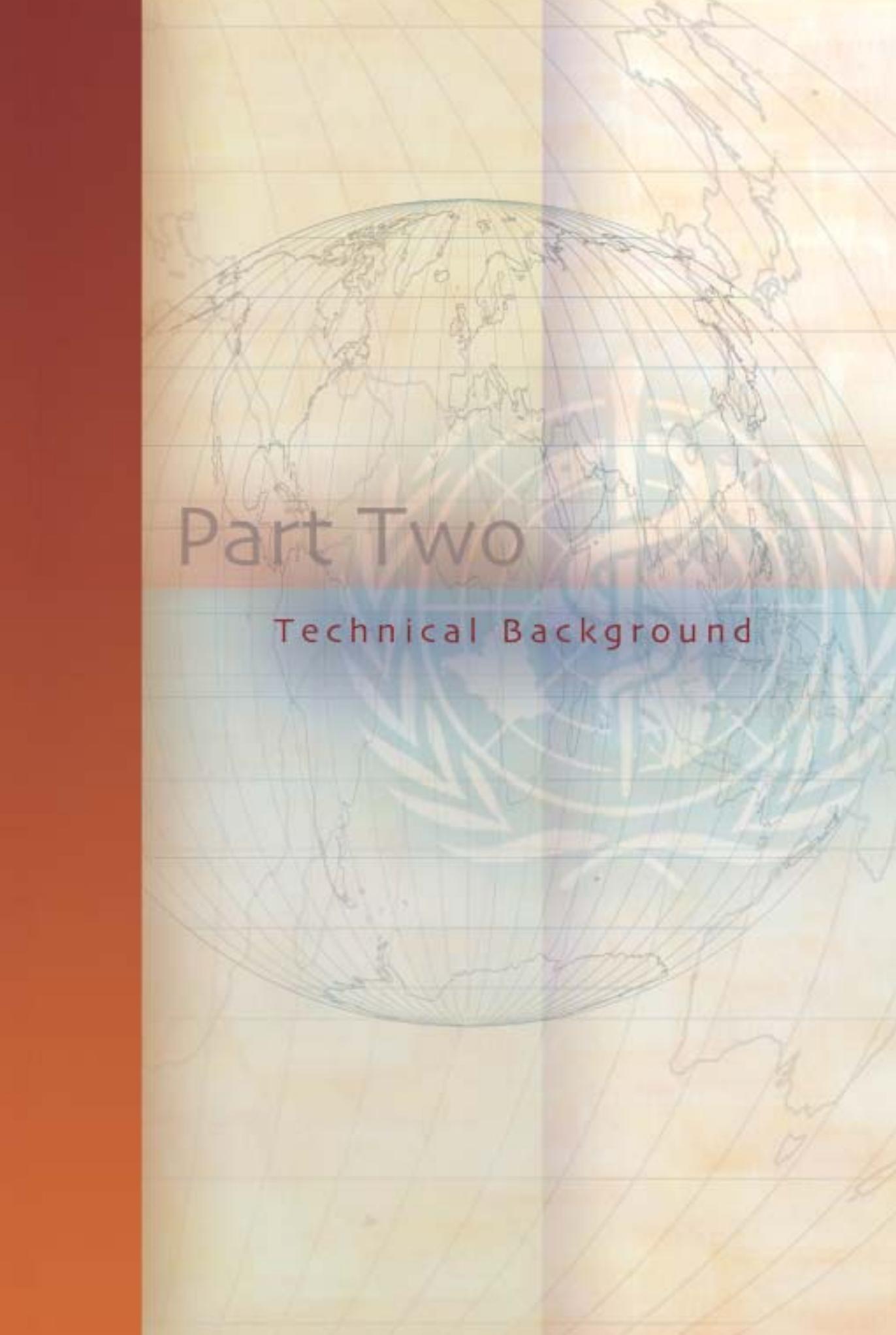
## OBJECTIVES ► EXPECTED RESULTS

**5.1 To support governments in the development of sound health systems stewardship and governance, with a particular focus on nursing and midwifery services.**

- 5.1.1 Tools made available on different approaches for nursing and midwifery regulations and legislation (for example, in the areas of nurse prescribing and evolving roles).
- 5.1.2 Evidence-based, cost-effective options identified for establishing or strengthening regulatory structures to support implementation of mechanisms such as registration, licensing and certification of health care practitioners.
- 5.1.3 Tools and mechanisms developed to ensure that legislative reforms are informed by and reflect the contribution and scope of nursing and midwifery services.
- 5.1.4 Tools and databases developed to assess the magnitude of organizational and individual provider errors and their implications for health care.
- 5.1.5 Approaches and mechanisms established for the prevention of organizational and individual provider errors.
- 5.1.6 Professional input facilitated in international trade agreements that have an impact on the legislation and regulation of health care practitioners.

**5.2 To empower nursing and midwifery professions and their regulatory bodies to assume responsibility for self-regulation and quality of care.**

- 5.2.1 Models and tools identified for educating nurses and midwives in the development of health policies, legislation and regulations.
- 5.2.2 Models and tools identified for enhancing the involvement of nurses and midwives in the development of legislation and regulations.
- 5.2.3 Guidelines developed or strengthened for accrediting nursing and midwifery education programmes, and their implementation facilitated.
- 5.2.4 Guidelines developed or strengthened for accrediting nurses and midwives, and their implementation facilitated.
- 5.2.5 Cost-effective models developed for improving the quality of nursing and midwifery practice.
- 5.2.6 Models developed for “whistle-blowing” legislation to protect health care practitioners who denounce malpractice.



# Part Two

## Technical Background

## 2.1 Nursing and midwifery services as an integral part of health systems

Nursing and midwifery services are one of the main pillars of health care delivery. Because they provide a platform for scaling up health interventions aimed at tackling poverty-related diseases, further investment in the development of quality services that maximize health gains requires greater attention (World Bank, 1993). Effective systems for regulation, education, research and performance management are key to strengthening the contribution of nursing and midwifery services in order to achieve the required improvement in health outcomes.

While policy-makers examine ways of capitalizing on nursing and midwifery services as integral to an overall strategy designed to improve health systems performance, nurses and midwives need to take on a leadership role. When their skills are utilized to full capacity, nurses and midwives have proved that they can cut costs and improve the quality of care within a variety of differing health care contexts (Aiken, Sloane & Sochalski, 1998; Brooten et al., 2001; Chappel & Dickey, 1993). More research is needed, however, to expand and consolidate evidence on cost-effective models of nursing and midwifery services that are designed to redress health care inequalities. Moreover, such evidence must be made available to policy-makers in order to justify decisions regarding cost-effective and quality care.

## Governments and health

As stewards of the health care system, governments have a responsibility to encourage coordination between stakeholders and to ensure quality of service. Stewardship should involve the clear definition of health care goals, the collection and effective utilization of relevant information, the setting of health care policies, advocacy, and the development of regulations designed to influence decision-making (WHO, 2000). Accordingly, countries should be searching for strategies that will provide them with the options to determine the best policies and the tools required to deliver high quality, essential care that ensures access for all.

## Stewardship of nursing and midwifery services

Given the important stewardship role that governments play in fostering and maintaining an effective and efficient health system, it is imperative that nursing and midwifery leaders be included in the health policy debate and be more actively involved in decision-making. To facilitate their inclu-

*In order to provide efficient, effective care and ensure patient safety, governments should facilitate strong partnerships with other health care professionals.*

sion, nursing and midwifery practitioners need to define a clear set of policies, goals and targets. Moreover, governments need to include both nursing and midwifery within an appropriate legal framework and invest in a qualified and well-educated workforce that will provide efficient, effective care and ensure patient safety. In order to do so, governments should facilitate strong partnerships with other health care professionals.

## The role of nursing and midwifery personnel in health service provision

Health care is highly labour intensive, with nursing and midwifery personnel comprising more than 50% of the labour force in many countries (O'Brien-Pallas et al., 1997). Examining the number of nurses is not the only answer. It is necessary to study other factors, such as the expenditure, quality of the care provided, access to services and relationship to health system performance and outcomes. Nursing and midwifery services make up a large component of health service provision and account for the majority of health care personnel: in some countries, up to 90% of health service practitioners are involved in delivering nursing or midwifery services. In

most countries, nurses and midwives not only provide health care in the hospitals and institutions, but also play an important role at home and within the community.

The Commission on Macroeconomics and Health states that the scaling up of health interventions to extend coverage of crucial health services to vulnerable populations will require the removal of structural constraints and the building of new capacity (WHO, 2001). Increasing the numbers and training of health personnel is integral to the scaling up process. The highest priority for scaling up is at the community level, where actual services are delivered. The Commission notes that at the 'close-to-client' level "a great deal of the work can be carried out by people other than doctors: by nurses and paramedical staff of various degrees of training, including midwives" (p. 65).

Health systems performance is ultimately based on the skills, knowledge and motivation of the people responsible for delivering these services. The most efficient number and appropriate combination of practitioners depends on available health systems resources, health needs, priorities and public expectations. The preparation, use, distribution and retention of human resources – including nurses and midwives as core providers of health care services – are critical to the attainability of national health targets and sustainability of the achievement.

Nursing and midwifery services span the spectrum of personal and non-personal health services and deal with various aspects of disease prevention, health promotion, treatment, rehabilitation and palliative care through a holistic, interdisciplinary approach. Practitioners undertake their duties in various settings and at all levels of the health care system, both independently and in collaboration with other health care practitioners (WHO, 1996). Duties of nurses and midwives include the following activities:

- Assessing and managing physical and mental health and illness;
- Planning, monitoring and ensuring the quality of health care interventions;
- Identifying, advocating, and coordinating a variety of health care systems resources and services required to ensure that health care needs are met and dealt with efficiently and expeditiously;
- Fostering collaboration with other members of the health care team in an environment that is conducive to healing;

- Teaching, providing advice and supervising individuals, families, communities and other practitioners;
- Taking on specialist and advanced practice roles where other practitioners are unavailable;
- Leading and participating in research projects designed to generate evidence for practice and policy improvement.

The growing global shortage of qualified nursing and midwifery personnel poses an increasingly serious obstacle to the achievement of national and global health care targets. The reasons for this dearth of trained personnel are complex and stem largely from matters arising from inadequate support systems, current policies and the overall changing health care sector context. Research in this area, particularly as it relates to nursing and midwifery services, is limited. More data are required in order to assess the impact of these shortages, in addition to research to identify effective strategies, policies, planning, and performance management as they pertain to nursing and midwifery services.

## 2.2 Global context of nursing and midwifery services in health care

Dr Gro Harlem Brundtland, Director-General of the World Health Organization, has called upon the international community to enshrine health as a basic human right (WHO, 1999). Without good health, the ability of individuals to participate fully in social and economic development remains an elusive dream. Ill-health affects not only the individual, but also family members, communities and the whole population.

### Human rights and global poverty alleviation

The United Nations has targeted poverty as one of the greatest challenges facing humanity in the 21st century. A growing body of evidence links improvements in health to poverty reduction and concomitant increases in economic activity and education (Wagstaff, 2001). Access to affordable and quality health care is therefore vital to the success of poverty alleviation programmes.

One of the key obstacles to poverty reduction is the subordinate status of women. Women in many countries experience health vulnerability as a result of violence, abuse and socioeconomic deprivation, which lead to higher morbidity and mortality rates (Standing, 1997). Despite increased awareness and a sense of urgency regarding the continued high maternal mortality rate in many countries, little progress has been made in improving women's health.

Gender discrimination is also well entrenched in the provision of health care. International action enabling women to gain access to quality health care and information that corresponds to their needs would go a long way towards closing the gender gap. To this end, nursing and midwifery services play an essential role in improving the health of the world's most vulnerable populations.

Health care services are increasingly rife with accounts of abuse involving nurses and midwives, including exposure to violence as well as unsatisfactory working conditions that further endanger nursing personnel – a growing

*If the goal of quality care is to be attained, nursing personnel must be sure of respectful treatment and a safe working environment.*

problem that jeopardizes the delivery of effective patient services. Because health care is a fundamental human right, it is necessary to support the rights of nurses and midwives to respect as care givers. At the basic level, respect translates into healthy and violence-free working conditions. The International Council of Nurses (ICN) and the International Confederation of Midwives (ICM) join with WHO in emphasizing that excessive workloads, unsafe working conditions and inadequate support can also be considered forms of violence and are thus incompatible with good practice. Eliminating all forms of abuse and violence against nurses and midwives is therefore necessary to prevent the deterioration of existing services. If the goal of quality care is to be attained, nursing personnel must be sure of respectful treatment and a safe working environment.

### Epidemiological and demographic changes influencing nursing and midwifery services

Continuing communicable and noncommunicable diseases, the re-emergence of infectious diseases, and increases in chronic illness represent a global challenge to health care systems around the world (WHO, 1999). The health care needs of ageing and disabled populations are shifting health services from the hospital to the community – resulting in an increased demand for responsive nursing services.

Researchers around the world estimate that mental health will be the leading cause of disease by 2020 – yet many nations remain ill equipped to cope with this escalating health care crisis. In the North, many countries are grap-

pling with health care systems increasingly stretched by chronic illness, while countries in the South are struggling to contain both communicable, as well as noncommunicable, diseases. Different models of health care will have to be developed in order to cope with rapidly evolving global health care needs – with inevitable ramifications for nursing and midwifery services as a whole. As WHO moves forward with innovative strategies designed to respond effectively to priority areas such as HIV/AIDS, TB, and safer pregnancy, nursing and midwifery services remain a vital resource essential to the realization of global, regional and national health care targets.

### Risks to health

Now, more than ever, governments and policy-makers are faced with many and varied risks to health. Finding the best balance between prevention and treatment is a major challenge; another is ensuring that preventive efforts are applied to the major risks. National efforts are needed to combat the widely distributed risks – high blood pressure, tobacco use, consumption of alcohol, physical inactivity, obesity and high cholesterol – which are now major threats to health throughout the world and the causes of much of the burden of disease in industrialized countries. *The World Health Report 2002* measures the amount of disease, disability and death that can be attributed to the most important risks to human health and calculates how much of this burden could be avoided if risk factors were reduced (WHA, 2002a). It proposes a framework, based on a number of studies, to assist governments in choosing cost-effective approaches that will lead to risk reduction and better population health outcomes. Nurses and midwives will be pivotal in supporting the implementation of cost-effective community-based interventions.

### Gender-related issues

In many countries, the health care sector workforce is mostly female. Although women predominate in numbers, they generally appear at the bottom of the hierarchy in terms of authority, remuneration, and educational preparation (Standing, 2000). The number of male nurses is small in many countries, but they are far more likely to hold senior positions (Standing & Baume, 2001).

Given the obvious disparities in wages and opportunity, it is imperative that policy-makers develop strategies that sustain and strengthen both the current and future professional nursing labour force. Among these could be the

*Given the obvious disparities in wages and opportunity, it is imperative that policy-makers develop strategies to strengthen the professional nursing labour force.*

establishment of incentives designed to attract the younger generation. Studies suggest that one of the main causes of the declining interest in nursing has been the expansion of career opportunities for women in traditionally male-dominated occupations (Staiger, Auerbach & Buerhaus, 2000). This phenomenon is driven by fundamental shifts in the labour market that now favour the more complete participation of women in all levels of the labour force. It is therefore necessary to design strategies that will close the gender gap in wages and opportunities and thus encourage future recruits to consider a career in nursing or midwifery.

### The influence of globalization on health systems and the development of human resources for health

Globalization has facilitated the rapid transfer of knowledge, resources and technology between borders and health care systems. Yet it also poses increased risks: transmission of disease, migration of qualified health personnel and a potential widening of the health care divide between developing and industrialized countries (Diaz-Bonilla, Babinard & Pinstrup-Andersen, 2001; ICN, 1999a). Developing countries need access to the tools, resources and supports to enable them to capitalize on opportunities while, at the same time, minimizing risks inherent in globalization in order to reverse the existing imbalance between health care haves and have-nots.

Continuing negotiations on the General Agreement on Trade in Services (GATS) may very well increase the effect of globalization on the movement of health care personnel. Furthermore, if investment in human resources development is not forthcoming, the “brain drain” from developing to industrialized countries will continue to accelerate as nurses and midwives (and other skilled health personnel) seek better educational and employment opportunities abroad. Such movements may further exacerbate staff shortages and produce an increasingly adverse impact on developing countries burdened with relatively poor health status and few economic resources (Buchan & O’May, 1999; ICN, 1999b). Maintaining a balance between the movement and supply of health care personnel poses a serious dilemma for ministries of health and health planners in general, and for nursing and midwifery in particular.

### The effect of technology on health care delivery

The rapid growth of information technology has already had a radical impact on health care delivery. Dramatic improvements in the accessibility of clinical data across a variety of settings have improved both care management and health outcomes. In addition, consumers are increasingly armed, through the Internet, with information previously available only to clinicians (Institute of Medicine, 2001). The challenge will be to ensure that developing countries overcome obstacles to developing and accessing technology in order to help narrow the North–South divide.

Technological advances in health care have created new opportunities to reduce significantly the risk of disease, improve life expectancy and enhance the quality of life. For example, genomics holds considerable promise for prevention, diagnosis and management of disease in the future (WHO, 2002b). Such promise heightens the expectations of both the general public and health care practitioners while, at the same time, raising new ethical and resource dilemmas. Major implications of these new developments cut across the scope of nursing and midwifery practice, affecting required competencies and the organization of services and day-to-day work. Furthermore, nurses and midwives will play a key role in ensuring that members of the public are well informed about the implications of technological advances.

### Macroeconomic factors

Economic downturn, debt servicing and geopolitical transitions have had serious repercussions on the development and performance of health systems, often resulting in reductions in the level of financial resources for the health care sector and thus precipitating reforms that do not necessarily benefit the patient.

A central feature of reforms has often involved fundamental alteration in health care financing. Many governments have thus moved away from strong central financing systems, with the result that nongovernmental funding sources play an increasingly important role (Cassels, 1995). Changes in methods of financing health care and remunerating practitioners have been shown to influence the volume, range, affordability and coverage of health care services in general and, in particular, quality and access to nursing and midwifery services (German Foundation for International

Development, 1999). Many countries are therefore undertaking experiments with different methods of financing health systems, in order to foster more equitable access to health care. Innovative financing mechanisms have the potential to extend the coverage of basic care by supporting nursing and midwifery services that have already been shown to be cost-effective. How such mechanisms may contribute to advancing both national health targets and the poverty alleviation agenda warrants further study.

The report of the WHO Commission on Macroeconomics and Health indicates that economic losses from ill-health have been underestimated. Countries with the weakest conditions of health and education have more difficulty in achieving sustained growth. In sub-Saharan Africa, losses resulting from HIV/AIDS are estimated to be at least 12% of annual GNP (WHO, 2001). The report also highlights that various essential interventions that are effective in reaching poor populations can be delivered at health centres and small facilities or through outreach services. Nurses and midwives are often key providers of care in these locations.

### Health systems reform and privatization

Because of cost-containment measures, inadequate allocation of resources to primary health care services and a lack of sufficient attention to planning of human resources, health care personnel fall far short of service demands in regard to their numbers, deployment and balance of skills. Nurses and midwives are consequently confronted with soaring caseloads and greater numbers of acutely ill patients, and are hampered by skills and support that do not always correspond to the demands of the care to be delivered (Egger, Lipson & Adams, 2000).

Financial retrenchment initiatives have also, in many cases, led to reduction or freezing of already low salaries, as well as a decrease in the number of available postings. Staff shortages, insufficient supplies and deteriorating facilities have worsened, further compromising already hazardous working conditions (WHO & ILO, 1999). The most vulnerable health care personnel are, in many cases, the first to be affected. With growing competition from the private health sector, nursing and midwifery practitioners are leaving the public service or are opting in increasing numbers to hold jobs in both sectors so as to make ends meet. This aggravates issues related to access – including those of quality and safety.

Cost-containment measures have similarly triggered repercussions that range far beyond direct service provision, as resources for strengthening systems relating to nursing and midwifery regulation, education and research either remain static or suffer a marked decrease. It is essential, therefore, that nursing and midwifery expertise be viewed as a resource critical to shaping and supporting more effective health reforms.

A growing body of evidence clearly identifies the implications of such reform on health systems and provider performance (Aiken & Sochalski, 1997). Nevertheless, more research is required to examine the specific obstacles and opportunities that face nursing and midwifery development and performance.

### Research and capacity-building

The evidence base for nursing and midwifery services has been growing, but it is still in the early stages of development. Recognition of the importance of research in informing evidence-based practice and policy is increasing in the field of health. A framework is needed for systematically identifying and reviewing the evidence on effective nursing and midwifery services, particularly in health priority areas, such as HIV/AIDS and making pregnancy safer. Despite this heightened awareness, the historical undervaluing of nursing and midwifery services – and the lack of importance accorded to building a supportive research culture and infrastructure – have seriously undermined progress in the development of knowledge. Major barriers continue to be insufficient financial resources for nursing and midwifery research, a lack of research organizations and networks, and inadequate access to basic technology, especially in developing countries (WHO, 2001).

Initial steps have been taken to strengthen the research capacity of nurses and midwives through incorporating research courses into their undergraduate and graduate curricula, coordinating in-service training, and supporting research fellowships. Building institutional capacity and networks as

*With growing competition from the private health sector, nursing and midwifery practitioners are leaving the public service.*

*The historical undervaluing of nursing and midwifery services contributes to insufficient financial resources for nursing and midwifery research.*

well as a critical mass of nurses and midwives with strong research skills, particularly in the developing countries, is imperative for advancing evidence-based health care.

Furthermore, mechanisms need to be in place to support the integration of evidence on effective nursing and midwifery services in policy and practice settings. Building publishing skills, increasing the number of national journals, extending access to technology, and facilitating the translation and adaptation of findings to different cultural, health care and decision-making contexts need to be part of a broader strategy of facilitating evidence-based health care (Johnson & Griffiths, 2001; Rodgers, 2000; Royle et al., 2000). Surmounting obstacles that prevent access to, and application of, existing evidence is crucial, particularly in the developing world.

## Conclusion

Nursing and midwifery services are one of the main pillars of health care delivery. They are also a vital resource and provide a platform for scaling up health interventions to assist in meeting national health targets.

Failure to strengthen the provision of nursing and midwifery services will seriously impair the quality of health care, access to services, well-being of practitioners, and the achievement of national and global health goals. Therefore, WHO and its partners have developed a framework for collaborative action to support countries in enhancing the capacity of nursing and midwifery services to contribute to achieving their national health goals. The Strategic Directions for Strengthening Nursing and Midwifery Services outlines five key areas requiring urgent intervention and support: human resources planning and capacity-building, management of personnel, evidence-based practice, education, and stewardship.

To achieve the objectives and expected results set forth in this document, governments, civil society, professional associations, educational institutions, non-governmental organizations and international and bilateral organizations must take collaborative action.

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# Annex

## Resolution WHA54.12 Strengthening nursing and midwifery

### The Fifty-fourth World Health Assembly,

**Having reviewed** the report on strengthening nursing and midwifery;  
**Recalling** resolutions WHA42.27, WHA45.5, WHA47.9, WHA48.8 and WHA49.1 which recommended action aimed at strengthening nursing and midwifery;  
**Recognizing** the importance of accessible health systems in efforts to improve the health of populations, as highlighted in The World Health Report 2000;<sup>1</sup>  
**Recognizing** the importance of using appropriate resources, including human resources, in the provision of health services;  
**Aware** that nurses and midwives play a crucial and cost-effective role in reducing excess mortality, morbidity and disability and in promoting healthy lifestyles, and concerned that further action is needed to maximize their contribution;  
**Concerned** about global shortages of nurses and midwives;  
**Recognizing** the importance of nursing services and midwifery services being the core of any health system and in national health;  
**Mindful** of the continuing need to work with the full range of partners whose work impacts on the health of the population, on health promotion and on health care,

#### 1. **URGES** Member States:

(1) to further the development of their health systems and to pursue health sector reform by involving nurses and midwives in the framing, planning and implementation of health policy at all levels;

<sup>1</sup> The World Health Report 2000: health systems: improving performance. Geneva, World Health Organization, 2000.

- (2) to review or develop and implement national action plans for health and models of education, legislation, regulation and practice for nurses and midwives, and to ensure that these adequately and appropriately reflect competencies and knowledge that enable nurses and midwives to meet the needs of the population they serve;
- (3) to establish comprehensive programmes for the development of human resources which support the training, recruitment and retention of a skilled and motivated nursing and midwifery workforce within health services;
- (4) to develop and implement policies and programmes which ensure healthy workplaces and quality of the work environment for nurses and midwives;
- (5) to underpin the above measures through continuing assessment of nursing and midwifery needs and by developing, reviewing regularly, and implementing national action plans for nursing and midwifery, as an integral part of national health policy;
- (6) to enhance the development of nursing and midwifery services that reduce risk factors and respond to health needs, on the basis of sound scientific and clinical evidence;
- (7) to prepare plans for evaluating nursing services;

## 2. **REQUESTS** the Director-General:

- (1) to provide support to Member States in setting up mechanisms for inquiry into the global shortage of nursing and midwifery personnel, including the impact of migration, and in developing human resources plans and programmes, including ethical international recruitment;
- (2) to provide support to Member States in their efforts to strengthen the contribution of nurses and midwives to the health of the populations and to take the necessary measures to increase the number of WHO collaborating centres for nursing and midwifery in developing countries;

- (3) to ensure the involvement of nursing and midwifery experts in the integrated planning of human resources for health, including to support Member States undertaking programmes of village skilled birth attendants by developing guidelines and training modules, as an expanded role of nurses and in particular midwives;
- (4) to continue to cooperate with governments to promote effective coordination between all agencies and organizations concerned with the development of nursing and midwifery;
- (5) to provide continuing support for the work of the Global Advisory Group on Nursing and Midwifery, and to take account of the interest and contribution of nursing and midwifery in wider aspects of the development and implementation of WHO's policy and programmes;
- (6) to develop and implement systems and uniform performance indicators at country, regional and global levels to monitor, measure, and report progress in achieving these goals;
- (7) to prepare rapidly a plan of action for the strengthening of nursing and midwifery and to provide for external evaluation at the conclusion thereof;
- (8) to keep the Health Assembly informed of progress made in the implementation of this resolution, and to report to the Fifty-sixth World Health Assembly in 2003.

**Ninth plenary meeting, 21 May 2001  
A54/VR/9**

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**Fatima Al-Rifai**, Chairperson of Advisory Group for Nursing and Midwifery for Arab Council of Ministers of Health, Arab League

**Katriina Laaksonen**, Nordic Nursing Association

**Margaret Fitsch**, International Society of Nurses in Cancer Care

**Mireille Kingma**, International Council of Nurses

**Olive Munjanja**, Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa

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## General Advice for the Use of the Strategic Directions for Nursing and Midwifery Services

Guidance on developing the Strategic Directions for Nursing and Midwifery Services (SDNM) was issued by Member States at the World Health Assembly in May 2001 in resolution WHA54.12.

The principles outlined in the SDNM can be applied to the national context. Key considerations in using the SDNM include:

- Ensuring that the national SDNM is consistent with the National Health and Development Plan;
- Getting all the key players on board: eg establish a committee with representatives of key stakeholders to provide guidance in the implementation of the SDNM and identification of priorities for action;
- Responsibility: Identify the responsible group(s) for each component of the national SDNM to be implemented;
- Monitoring: Select indicators to measure the progress and review of the implementation of the national SDNM.

We would appreciate receiving your feedback on the use of this document.



### Feedback form

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

What are your main areas of interest related to the SDNM?

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Questions and Comments:

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\_\_\_\_\_

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