

GLOBAL ADVISORY GROUP
ON NURSING AND MIDWIFERY

Report of the first meeting

Geneva, 30 November to 2 December 1992



The First Meeting of the Global Advisory Group on Nursing and Midwifery was organized in Geneva by the World Health Organization with financial support from the Overseas Development Administration, United Kingdom of Great Britain and Northern Ireland. Its contribution is greatly appreciated.

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1. Introduction:

Resolution WHA45.5 on "Strengthening nursing and midwifery in support of strategies for health for all" was adopted by the World Health Assembly in May 1992. It requested the Director-General to establish a global multidisciplinary advisory group on nursing and midwifery to advise the Director-General on all nursing and midwifery services, and in particular on:

- (a) developing mechanisms for assessing national nursing and midwifery service needs;
- (b) assisting countries with the development of national action plans for nursing and midwifery services including research and resource planning;
- (c) monitoring progress in strengthening nursing and midwifery in support of strategies for health for all.

The first meeting of the Global Advisory Group on Nursing and Midwifery took place in Geneva from 30 November to 2 December 1992. Membership of the Group was multidisciplinary in order to bring a range of knowledge and experience in global health needs and health care services delivery to bear on the issues under consideration. The list of participants, who were invited in their private capacity, appears in Annex 1.

2. Objectives of the meeting

The objectives of the first meeting were:

1. to identify the role of the Global Advisory Group and define strategies that would facilitate its work;
2. to assist WHO in developing a strategic plan of action towards implementing resolution WHA45.5;
3. to identify the potential contribution of nursing and midwifery to health care services;
4. to identify how the Global Advisory Group should function within the WHO organizational structure;
5. to formulate recommendations to the Director-General regarding the functions of the Global Advisory Group and its future activities.

3. Opening of the meeting:

The meeting was opened by Dr H. Nakajima, Director-General, who welcomed the participants. He spoke of greater life expectancy and the epidemiological transition which had resulted in a steep increase in the number of elderly people and those of all ages with chronic diseases. As a consequence, there was a greater need for care. Yet in almost every country the nurse/midwife workforce was dissatisfied and disenchanted, and it was the mission of WHO to see how to resolve the problem. In so doing it would have to look not only at the current services provided by nurses and midwives, but also at the new roles they could, and should, play. Many changes had occurred in recent years within the nursing/midwifery profession, and it was no longer possible to invoke a universal picture of a nurse. However, if nurses and midwives were to make an optimum contribution to health care, their functions had to be considered in relation to those of other members of the health workforce.

Dr J.-P. Jarrel, Assistant-Director General, then outlined the background to the meeting. In spite of WHO Expert Committees, Technical Discussions and Resolutions over the past four decades, many nursing / midwifery issues raised in WHO as far back as 1950 still remained unresolved. This was a complex and difficult area and new approaches and different solutions were needed. He hoped that the first meeting of the Global Advisory Group would delineate an initial strategy for the collaboration of all concerned countries, WHO regions, WHO headquarters, the Global Advisory Group, nongovernmental organizations, and other agencies such as donors.

The Group was expected to meet on a yearly basis, and its future membership would be structured to allow for continuity while recognizing the need for change. Sub-groups would be established to undertake specific tasks and/or to monitor progress. The Group would be supported at headquarters by a Coordinating Committee on Nursing and Midwifery.

4. Overview - Strengthening of nursing / midwifery in support of strategies for health for all:

Many successes have already been achieved in health development, but demographic changes, new diseases such as the AIDS pandemic with its devastating impact on many developing countries, and large-scale migrations and urbanization, all place new demands on services and on resources. While the global political situation has changed rapidly following the end of the "cold war", the hoped for "peace dividend" for social and economic development has not yet materialized. Rapid political change, accompanied by instant global communication, have resulted in greater demands for democracy and participation of the people. In the health sector this has in turn led to increased expectations for services and standards of care.

Prevailing political, cultural, and socioeconomic conditions have always played a significant part in shaping the ways in which nursing / midwifery services have been delivered. In the past, however, these conditions have not always been incorporated explicitly into the assessment of priorities, and into the forward planning for the development of nursing / midwifery personnel. In future, the mechanisms developed for assessing people's needs for nursing care, and the means by which they will be delivered, will have to take account of these broader factors. This is the essence of the new health paradigm.

The challenge for nursing / midwifery in moving forward in support of health for all lies in achieving strategies for the delivery of nursing / midwifery care based on the assessment of local health needs set within the context of a country's political, economic, social, and cultural resources. The

relationship between a country's economic development and the health of its people is becoming better understood. The development of nursing / midwifery personnel needs to build on this growing understanding in order to achieve the most culturally appropriate and cost-effective forms of service delivery.

Dr Miriam Hirschfeld, Chief Scientist for Nursing, asked the group to propose creative and new approaches to address the complex issues and help WHO to support countries bring about the changes needed to strengthen nursing / midwifery in support of health for all. She referred to the socio-political and historical context evident from the papers made available to the Global Advisory Group.^{1 2 3 4 5 6} These papers addressed both the background and possible ways forward which the Advisory Group might want to consider in its deliberations.

5. Method of work of the first meeting of the Global Advisory Group

5.1 Dr H. Minami was nominated as Chairman, Dr M. Violaki-Paraskeva as Vice-Chairman, and Ms J. Plotnick and Mr O. Adams as Rapporteurs.

5.2 The Group commenced its work in plenary and then divided into three sub-groups to discuss:

- Group 1: Developing mechanisms for assessing nursing and midwifery needs;
- Group 2: Assisting countries with the development of national action plans to strengthen nursing and midwifery services, including research and resource planning;
- Group 3: Monitoring progress in strengthening nursing and midwifery in support of strategies for health for all.

The Agenda and Schedule of work appears in Annex 2. Each group reported back to plenary with recommendations for action, and strategies for their implementation. These were refined in the plenary sessions into formal recommendations to the Director-General.

¹Global Advisory Group on Nursing and Midwifery. Background paper HRH/NUR/92.4, Geneva.

²Dr D. Nabarro, Chief Health and Population Adviser, Overseas Development Administration. Personal communication: "Some thoughts on the work to be undertaken by the Group", November 1992, London.

³Salvage, Jane. "From vision to action: national strategic planning for nursing", paper presented at the Third Meeting of European Government Chief Nurses, Bucharest, 29-31 October 1992. Unpublished WHO document ICP/HRH301/V.

⁴Commonwealth Secretariat, Report on the Commonwealth Meeting of Chief Nursing Officers and Professional Associations: "Challenges and Opportunities", Qawra, Malta, 7-10 September 1992.

⁵Proposal for Support and Work Plan, 1992-1993, prepared by the Maternal Health and Safe Motherhood Programme, WHO, Geneva. Unpublished WHO document.

⁶A collection of WHO documents of Expert Committees, Study Groups, and Technical Discussions on nursing and midwifery.

6. Progress in developing nursing / midwifery services:

After initial discussions, members expressed the need for additional briefing and information on a regional basis on reasons why previous resolutions on nursing / midwifery had not been more successfully implemented. The Regional Nursing Advisers responded to this request and provided information on issues which, based on their experiences, required attention. Following this, and further group discussions, the Global Advisory Group identified the need for WHO and countries to address a wide array of issues (see Annex 3), and agreed that the areas calling for specific action be included in the Group's recommendations.

6.1 Monitoring and enhancing the contribution of nursing / midwifery services:

Group and plenary discussions focused on the need to develop health information systems in many countries, with data on nursing / midwifery as an integral part. A difficulty to be overcome in monitoring the effectiveness of nursing / midwifery services was the lack of information on the numbers, roles and functions of nursing / midwifery personnel, and on the division of labour within the health care workforce. The Director-General's observation that it was no longer possible to invoke a universal picture of a nurse was recalled, since it was well recognized that nurses and midwives around the world carried out a diverse range of activities. Countries therefore needed to develop policies and strategies that identified current and defined new roles of health care workers.

In preventive and promotive care, nurses in many countries are the primary care-givers in communities, in particular to the most vulnerable populations, such as the urban poor, those in remote rural areas, mothers and children, the elderly, and those with chronic diseases. Midwives in particular have a crucial role in reducing neonatal and maternal mortality and preventing birth-related complications. In many countries, community/public health nurses or nurse practitioners diagnose and treat a wide range of common health problems.

Globally, the majority of nurses work in hospitals. Advanced medical technology in hospitals at the tertiary level makes highly skilled nursing care crucial to the survival and recovery of the patient. The Group expressed concern regarding the quality of care in hospitals, especially in many poor countries. It felt that WHO should support countries in developing managerial capabilities of nurses in order to improve health care delivery in hospitals as well as in communities.

6.2 Issues to be addressed

Based on the discussions in small groups and the plenary sessions, the Global Advisory Group agreed that a broad range of work was required to bring about genuine change and strengthen nursing / midwifery in support of health for all. The Group recommended that in the Action Plan that should be developed as a next step, a wide array of issues should be addressed. These issues were organized under the two headings of "Policy and Organizational issues" and "Professional/technical services", and are listed in Annex 4.

Subsumed within these broad areas are many of the complex issues which need to be addressed in order to strengthen nursing / midwifery services. Among them is the need to expand available models beyond those developed in western industrialized countries. Nursing / midwifery development must grow out of specific country realities. The Global Advisory Group identified a number of activities that should be undertaken in order to facilitate this process. For example, studies of the factors affecting the

development of nursing / midwifery should be initiated and work should be commissioned into the development of assessment tools in order that the contribution of nursing / midwifery to health for all can be evaluated. This includes the development of indicators to measure progress on a continuous basis.

The Global Advisory Group envisaged the following activities:

- a) the development of an Action Plan for WHO and the Global Advisory Group. This Plan will include short, medium and long-term strategies;
- b) foster close working relationships with WHO collaborating centres for nursing / midwifery, which should be encouraged to use their expertise to:
 - collaborate with WHO and countries in specific tasks required for the implementation of resolution WHA45.5;
 - improve the information available on different aspects of nursing / midwifery services at local and regional levels;
- c) support Member States in the development of strategic action plans for nursing / midwifery at national levels;
- d) promote wider distribution of appropriate WHO documentation which will give greater visibility to nursing / midwifery issues. Articles on nursing / midwifery should be encouraged in WHO periodicals and other publications.

Future WHO meetings such as the 1993 Study Group on Nursing Beyond the Year 2000 and the 1994 Expert Committee on Nursing and Midwifery Practice will work within the spirit and policy framework provided by the Global Advisory Group.

7. Conclusions and recommendations:

Progress in resolving many of the issues relating to nursing / midwifery services over the last forty years has been disappointingly slow. The major conclusion from the first meeting of the Global Advisory Group, expressed in plenary discussions, was the need for genuine political commitment from Member States and WHO. Such commitment is essential to meet the objectives of resolution WHA45.5 and the challenge of providing health services up to the year 2000 and beyond. Based on the plenary and group discussions, and responding to its Terms of Reference, the Global Advisory Group therefore recommended:

The Director-General:

1. to declare nursing / midwifery a priority area for action in WHO. This should be reflected in the 9th General Programme of Work;
2. to make an official statement emphasizing the importance of nursing / midwifery in the new paradigm for health, and their crucial role in the work towards achieving health for all;

3. to initiate a review of the structures and resource allocations (human, logistic and financial) at WHO headquarters, regions, and countries. The staffing and funding of the nursing units should reflect the needs and demands for adequate implementation of resolution WHA45.5;
4. to propose to the Executive Board as a possible topic for Technical Discussions at the World Health Assembly "The role of nursing and midwifery in achieving health for all";
5. to further encourage WHO collaborating centres for nursing / midwifery to contribute their expertise towards the implementation of resolution WHA45.5;
6. to facilitate the above recommendations by strengthening the role of the HQ nursing unit to ensure close and active collaboration among the Coordinating Committee for Nursing and Midwifery and other programmes so that activities related to nursing / midwifery development are coordinated and implemented;
7. to request Regions to consider introducing mechanisms which should address the issues related to:
 - a) establishing organizational structures which would enable Regional Nursing Advisers and the Nursing units to coordinate all issues affecting nursing / midwifery services and personnel;
 - b) strengthening coordination among programmes to ensure an integrated approach in countries to nursing / midwifery activities;
 - c) reviewing the workload of Regional Nursing Advisers - staffing and funding of the Nursing units should reflect the growing needs and demands;
8. to urge countries to:
 - a) appoint a focal point for nursing / midwifery in the ministry of health to disseminate information and work with the WHO Representative to facilitate action to implement resolutions adopted by the Executive Board and World Health Assembly;
 - b) establish policies, strategic directions and actions for nursing / midwifery, and ensure that resolutions and decisions are adapted accordingly;
 - c) ensure that the resources allocated for the implementation of resolutions are consistent with the support indicated in the World Health Assembly, the Executive Board and the Regional Committees;
 - d) appoint nurses and midwives to the governing bodies of the Organization and include them in their delegations.

The Global Advisory Group

1. to form a subgroup, with Secretariat and external support, to develop a strategic plan of action towards the realization of resolution WHA45.5, including future activities of the Group. This plan should be developed by May 1993 and presented to the Group at its meeting in November 1993;
2. to support WHO in promoting the development of:
 - a) policies for nursing / midwifery;
 - b) the development at all levels of practical guidelines for National Action Plans for nursing / midwifery and their implementation at country level;
3. to undertake an advocacy role to promote innovative developments in the field of nursing / midwifery;

The WHO Secretariat

1. to respond to country requests for support in developing leadership and managerial capability of nursing / midwifery personnel as part of the intersectorial team needed for the development and implementation of the national action plans;
2. to respond to country requests for support to develop a management information system which would enable countries to better plan and manage the nursing / midwifery workforce and service delivery.
3. to identify and develop the potential contribution of nursing / midwifery to health care services, through health systems research, and prepare a report on the initial stages of these initiatives for the 1993 Global Advisory Group meeting agenda. (A list of proposed objectives appears in Annex 5);

LIST OF PARTICIPANTS*

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Dr Méropi Violaki-Paraskeva, Honorary Director-General of Health, Athens, Greece (Member of the WHO Executive Board)

Ms Mercedes Villalobos, Professor of Nursing, National University, Former Vice-President of University and Dean of College of Nursing, W.K. Kellogg Consultant, Bogota, Colombia

* Dr Azeb Tamrat, Vice-Minister of Health, Addis Ababa, Ethiopia was unable to attend.

Observers

Ms C. Hollcran, Executive Director, International Council of Nurses , Geneva

Ms J. Walker, Secretary General, International Confederation of Midwives, London, United Kingdom

Regional Nursing Advisers

Ms E. W. Isaacs, Regional Office for Africa

Ms M. Manfredi, Regional Office for the Americas

Professor E. Abou Youssef, Regional Office for the Eastern Mediterranean

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Ms T. Miller, Regional Office for the Western Pacific

Representatives of the HQ Coordinating Committee for Nursing and Midwifery

Dr S. Anderson, Global Programme on AIDS

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Miss C.F. Williams, Secretary

GLOBAL ADVISORY GROUP ON NURSING AND MIDWIFERY

Geneva, 30 November to 2 December 1992
Salle A

AGENDA AND SCHEDULE OF WORK

Monday, 30 November 1992

- 09.30 - 10.30 hrs. Opening Session:
- Welcoming remarks: Dr H. Nakajima, Director-General
 - Appointment of: Chairman, Vice-Chairman, Rapporteurs
 - Introduction of participants
 - Adoption of the Agenda
- 10.30 - 11.00 hrs. COFFEE BREAK
- 11.00 - 11.30 hrs. - Introductory remarks: Dr J.-P. Jardel, Assistant Director-General
- 11.30 - 12.30 hrs. - Purpose of the meeting: Dr M.J. Hirschfeld
- Overview: Terms of Reference: General discussion on:
Terms of Reference as they relate to health care needs, the gaps in health care services, and the potential contribution of nursing and midwifery
1. developing mechanisms for assessing nursing and midwifery service needs, (resolution WHA45.5 operative paragraph 4.(1)(a));
 2. assisting countries with the development of national action plans for nursing and midwifery services including research and resource planning (resolution WHA45.5 operative paragraph 4.(1)(b));
 3. monitoring progress in strengthening nursing and midwifery in support of strategies for health for all (resolution WHA45.5 operative paragraph 4.(1)(c).
- 12.30 - 14.00 hrs. LUNCH BREAK
- 14.00 - 15.30 hrs. Continuation of general discussion
- 15.30 - 15.45 hrs. COFFEE BREAK
- 15.45 - 17.00 hrs. Introduction to plan of work for Day 2, and group work
- 17.30 hrs RECEPTION

Tuesday, 1 December 1992

- 09.30 - 09.45 hrs. Plenary: review of previous day's minutes
- 09.45 - 10.45 hrs. Group work
- Group 1: • developing mechanisms for assessing nursing and midwifery service needs (L.10)
 - Group 2: • assisting countries with the development of national action plans for nursing and midwifery services including research and resource planning (L.14)
 - Group 3: • monitoring progress in strengthening nursing and midwifery midwifery in support of strategies for health for all. (L.18)
- 10.45 - 11.00 hrs. COFFEE BREAK
- 11.00 - 12.30 hrs. Continuation of group work
- 12.30 - 14.00 hrs. LUNCH BREAK
- 14.00 - 15.00 hrs. Continuation of group work
- 15.00 - 15.30 hrs. COFFEE BREAK
- 15.30 - 17.00 hrs. Plenary: reporting of group work

Wednesday, 2 December 1992

- 09.30 - 09.45 hrs. Review of previous day's minutes
- 09.45 - 10.45 hrs. Group work: • strategies for implementation of the previous day's recommendations
- Each group will address this in relation to the topic it had discussed previously
- 10.45 - 11.15 hrs. COFFEE BREAK
- 11.15 - 12.30 hrs. Plenary: reports of group work
- 12.30 - 14.00 hrs. LUNCH BREAK
- 14.00 - 15.30 hrs. Plenary: • review of recommendations and discussion on the future role and work of the Global Advisory Group
- 15.30 - 15.45 hrs. COFFEE BREAK
- 15.45 - 16.45 hrs. Continuation of plenary discussion
- 16.45 - 17.00 hrs. Closing session.

**Issues identified by the Global Advisory Group as
calling for specific action by WHO and by Member States**

1. WHO

- a) A clear vision, with associated policies, and strategic direction for nursing / midwifery should be developed at headquarters, regional, and country levels of WHO.
- b) The organizational structure should enable the Regional Nursing Advisers to address and coordinate both the issues of personnel policy, management and development (usually located in HRH divisions) as well as the issues addressing nursing / midwifery service delivery in all relevant programmes.
- c) Policies and programme activities related to nursing / midwifery services should be strengthened in specific programmes at headquarters (e.g., CDD, EPI, FHE, GPA, IWC) and at regional levels. WHO support to countries should use an integrated approach in which all programme areas with implications for nursing / midwifery services development are involved.
- d) the workload of Regional Nursing Advisers and the Nursing unit at HQ must receive realistic consideration, as it is currently impossible to promote all the necessary research and development work as well as to provide full assistance in implementing resolution WHA45.5 within each country.

2. Member States

- a) A focal point for nursing / midwifery should be identified in the ministry of health in order to disseminate information and facilitate action on resolutions which are adopted by the Assembly, Executive Board, and Regional Committees. The focal point should work closely with the WHO Representative and Regional Nursing Advisers to plan action.
- b) A clear vision, associated policies, and strategic direction and action for nursing / midwifery should be developed in Member States.
- c) The relationship between the resources allocated for the implementation of resolutions related to nursing / midwifery in countries and the support which they are given by Member States in the World Health Assembly, Executive Board and Regional Committees, should be more consistent.

Issues to be addressed in a forthcoming Action Plan recommended by the Global Advisory Group

Policy and Organizational issues, related to:

- health care policies for strengthening the contribution of nursing / midwifery;
- structures in health care organizations and the representation of nursing / midwifery personnel within them;
- division of labour between health care personnel in different political, cultural and socioeconomic conditions;
- legislation and regulatory mechanisms to support nursing / midwifery services;
- allocation of resources to nursing / midwifery services as a proportion of the total health care budget;
- authority and remuneration according to responsibility.

Professional/technical issues:

- the current contribution of the work of nurses and midwives to health care services, and the potential contribution which could be made, especially in the area of community development and participation;
- the development of country-relevant approaches and tools with a potential for strengthening national capabilities and which are responsive to the needs identified by countries, e.g. compile and analyse success stories in different countries focusing on social, cultural, religious and political factors that facilitate nursing / midwifery development; it is also important to analyze factors which hinder positive development;
- the contribution of nursing / midwifery personnel to the development and management of health care services;
- the need for research into nursing / midwifery's contribution to health care services, considering quality, cost-effectiveness, and health outcome measures;
- basic, post-basic and continuing education needs in nursing / midwifery, including the contribution of higher education to prepare nurses and midwives to assume leadership roles in health care services;
- ways to ensure close collaboration with WHO initiatives such as the Action Plan for safe motherhood, the Child Summit, and the campaign for the eradication of poliomyelitis;
- methods of using the potential of collaborating centres for nursing / midwifery development more effectively.

Examples of objectives for health systems research:

- a) to identify the core role and functions of different professional groups (nurses, midwives, physicians, other health professional groups) in the least developed, developing and industrialized countries with different variations of publicly financed health care systems;
- b) to identify the potential extra benefits that nurses and midwives could bring to the quality and equitable distribution of health care in these three settings;
- c) to estimate the investments that governments must make to ensure that the core roles and functions are fulfilled (investments in education, remuneration, professional management, e.g., registration, accreditation; and infrastructure, e.g. transportation and equipment);
- d) to estimate the total cost of these investments in relation to the total budget available for health care as compared to the possible health outcomes and social / economic benefits;
- e) to determine the social and economic justification for making these investments and to indicate the level of investment that might be reasonable for governments to make;
- f) to develop strategic indicators for the monitoring of progress on the development of nursing / midwifery services.

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