

CONTENTS

| | |
|---|----|
| Executive Summary | 1 |
| 1. Introduction..... | 2 |
| 2. WHO Strategic Directions | 4 |
| 3. WHO Health Systems Performance Initiatives | 5 |
| 4. WHO Human Resource Initiatives | 6 |
| 5. Macroeconomics and Health..... | 6 |
| 6. Global Trends and Progress in WHO Priority Areas..... | 7 |
| 7. WHO Regional and Global Trends in Nursing and Midwifery | 10 |
| 8. International and Nongovernmental Organization reports | 20 |
| 9. GAG/NM Working Groups..... | 23 |
| a) Working Group on Policy..... | 23 |
| b) Working Group on Human Resources | 25 |
| c) Working Group on WHO Priorities..... | 27 |
| 10. GAG/NM Discussions..... | 29 |
| 11. Briefing with the Director-General’s representative..... | 31 |
| 12. Recommendations to the Director-General and WHO Regional Directors..... | 32 |

Annexes

| | |
|---|----|
| Annex 1 – Agenda of the Meeting | 34 |
| Annex 2 – List of participants | 37 |
| Annex 3 – List of Background Documents | 38 |
| Annex 4 – World Health Assembly Resolutions | 41 |
| Annex 5 – Munich Declaration..... | 45 |
| Annex 6 – Nursing and Midwifery Resolution (EMRO)..... | 47 |
| Annex 7 – Executive Board Progress Report on Resolution WHA49.1 | 48 |
| Annex 8 – Note for the Press No. 17 | 52 |

Executive Summary

The Sixth Meeting of the Global Advisory Group on Nursing and Midwifery (GAG/NM) was convened to discuss (i) future directions for strengthening the contribution of nursing and midwifery services to the World Health Organization's initiatives, and (ii) global trends and conditions relating to health, socioeconomic development, health reform, and health system performance. Growing awareness of the relationships between poverty, health, and economic development was central to all the discussions, underscoring the importance of WHO's commitment as well as the contribution of nursing and midwifery to any strategy for global poverty reduction.

Considerable thought was given to the role of nursing and midwifery services in the performance of national health systems within the framework of three core health system functions: stewardship, resource generation, and service provision. The importance of an adequate supply of nursing and midwifery providers, and of their competency levels and distribution was emphasized because this group of health workers is a critical component of the infrastructure for providing essential health services.

The crisis in the health systems of Member States due to a shortage of nursing and midwifery personnel was a key theme in all discussions at the meeting. The globalization of the nursing and midwifery labour market, which is largely a result of the migration of nurses and midwives from less developed to more developed countries, was seen as a growing problem exacerbating the shortages and producing a disproportionate adverse impact on developing countries with relatively poor health status and few economic resources. In addition, new threats to the nursing and midwifery workforce are proliferating due to workplace violence and political conflict.

The development of an evidence base for nursing and midwifery services globally was seen as a pressing need to demonstrate the cost-effectiveness of innovative models of care that respond to health service needs, particularly among poor and vulnerable populations. Given the pivotal role that nurses and midwives play within health systems and communities in promoting health, the lack of opportunity for contributing nursing and midwifery expertise to policy-making processes at the global, regional, national and local levels was identified as a major concern and area for action.

Based on the convergence of several factors, such as progress in implementing World Health Assembly resolution WHA49.1, the rapidly growing global crisis within the nursing and midwifery workforce, increasing recognition of the relationship between development, poverty and health, and the continuing need to develop measures of health systems performance, **the following recommendations were made to the Director-General, and through the Director-General to the WHO Regional Directors.**

1. *Recommendation on an evidence base and information on the impact of nursing and midwifery services*
 - WHO should form strategic alliances with partners to identify uniform, core indicators and build up a solid body of evidence to inform national health policies, particularly in the area of cost-effective nursing and midwifery services and their impact on priority diseases such as HIV/AIDS, tuberculosis, and malaria.
2. *Recommendations on health policy*
 - WHO should provide support in strengthening the capacity of ministries of health to review national health policies, plans and systems, and to enhance the contribution of the nursing and midwifery services in meeting the needs of vulnerable and marginalized populations.
 - Considering the critical shortage of nurses and midwives globally, WHO should review national efforts for health workforce planning and identify models appropriate to different health systems in order to ensure that human resources are more relevant to the actual needs of the service and the population. This would include mechanisms for the dissemination of these models and the development of guidelines on the use of such models.

- WHO has to develop mechanisms to ensure the input of nursing and midwifery expertise at the earliest possible phase in the development of WHO policies and programmes at all levels of the organization, and encourage countries to open up their own policy-making processes to nursing and midwifery inputs.

3. Recommendation on advocacy for nursing and midwifery services

- WHO should establish mechanisms to inform policy-makers and the public about the impact and contributions of nursing and midwifery services in meeting the health needs of under-served populations and to advocate the use of such services when there is evidence confirming their quality and cost-effectiveness.

4. Recommendation for capacity-building

- WHO should assist Member States in promoting and supporting sustainable programmes that will build and strengthen the leadership capacities of nurses and midwives, and increase their involvement and contribution to health policy development and decision-making processes and the management of health systems.

Strategies to complement the recommendations

Strategies and approaches were identified to address current and emerging issues, especially the growing crises relating to the safety and adequacy of the nursing and midwifery workforce. The following strategies were considered complementary to the recommendations.

- WHO should conduct round-table discussions on the nursing and midwifery workforce in the context of health systems performance and identify appropriate nursing and midwifery interventions that could impact on global health needs, particularly for vulnerable and marginalized populations.
- WHO should develop/strengthen partnerships to fund demonstration projects and case studies to evaluate the impact and cost-effectiveness of nursing and midwifery services in country priority areas such as HIV/AIDS, making pregnancy safer, malaria and tuberculosis, especially for the vulnerable and marginalized populations.
- WHO should serve as a role model for the regions and countries in the employment and inclusion of nurses and midwives in policy-setting arenas and in the management of WHO priority areas through effective action, which will ensure that job descriptions are based on competency and attract multidisciplinary health experts.
- WHO should expand the number of WHO fellowship opportunities for nurses and midwives at all levels, in order to build their leadership capacities to strengthen evidence-based nursing and midwifery practice and contribute to policy-making processes. The numbers and proportions of such fellowships and the use of the increased skills and capacities should be monitored and reported.
- WHO should include core indicators for nursing and midwifery services as part of regional surveillance systems that monitor country-level health status.

1. Introduction

The Sixth Meeting of the Global Advisory Group on Nursing and Midwifery (GAG/NM) was held at the World Health Organization (WHO) headquarters, Geneva, on 19–22 November 2000. This was the first meeting of the newly appointed GAG/NM members. Under the auspices of the reformed GAG/NM, Dr Etta Banda was appointed the new Chairperson. The outgoing Chairperson, Dr Marla Salmon, was asked to serve until the role was transferred to Dr Banda on the second day of the meeting. Dr Ilta Lange and Dr P.J. Maddox (temporary advisor) were appointed Rapporteurs.

The terms of reference for the Global Advisory Group on Nursing and Midwifery are as follows:

- To advise the Director-General on nursing and midwifery as an important resource for improving the health of all people, increasing equity of health outcomes, and ensuring the right of all people to health.
- To guide the development of the Global Agenda for Nursing and Midwifery within the health agenda.
- To provide policy advice on how the responsiveness of health systems to peoples' health needs can be optimized through the effective use of nursing and midwifery services which are based on research as scientific evidence.
- To support the development and use of nursing and midwifery outcome indicators in relation to health gains and health status.
- To participate in resource mobilization and efforts for the effective implementation of the Global Agenda for Nursing and Midwifery.
- To collaborate in establishing mechanisms for monitoring the progress of nursing and midwifery contributions to the health agenda and to the implementation of the Global Agenda for Nursing and Midwifery.

The objectives of the Sixth GAG/NM meeting included the following:

- To inform GAG/NM on the WHO Corporate Strategy, which will guide its work over the three year term;
- To review the Director-General's progress report on implementing World Health Assembly resolution 49.1 (WHA49.1) on strengthening nursing and midwifery, and recommend actions and future directions;
- To provide recommendations to develop mechanisms that will optimize health care and health systems through nursing and midwifery services, especially in WHO priority areas.

The programme for the meeting was structured around presentations by WHO staff on selected WHO priority areas, as well as nursing and midwifery progress at the global and regional levels; presentations from partner organizations on progress and future directions; small working group sessions to discuss strategic issues and develop draft recommendations; plenary sessions to present and discuss group work and subsequently develop consensus on critical issues and recommendations for nursing and midwifery services; and a briefing with Dr David Nabarro, Executive Director, regarding GAG/NM recommendations to the Director-General. Given the new membership of GAG/NM and the revitalized WHO vision and priorities, a considerable proportion of the first half of the meeting was allocated to presentations on WHO's corporate strategy.

The agenda of the meeting and list of participants are given in Annexes 1 and 2, respectively.

Background to the Global Advisory Group on Nursing and Midwifery

The Global Advisory Group on Nursing and Midwifery was created in response to global concerns for ensuring adequate nursing and midwifery services worldwide. In 1992, the World Health Assembly adopted resolution WHA45.5 on Strengthening Nursing and Midwifery in Support of Strategies for Health for All, which urged the Director-General to establish a multidisciplinary Advisory Group. Thus, one outcome of the resolution was the creation of this Global Advisory Group and its ongoing work.

In 1996, resolution WHA49.1 on Strengthening Nursing and Midwifery enabled the Group to continue to be responsible for advising WHO's Director-General on matters relating to the effectiveness of nursing and midwifery services and concerning this workforce around the world.

The GAG/NM was composed of new members for this sixth meeting. The revitalized Global Advisory Group on Nursing and Midwifery will ensure both continuity and alignment with future directions of the World Health Organization, enabling the Group to play a more pivotal role in providing policy advice to facilitate the achievement of global health goals.

2. WHO Strategic Directions

Mr Orvill Adams, Director, Department of Organization of Health Services Delivery (OSD), opened the meeting on behalf of Dr Julio Frenk, Executive Director, Evidence and Information for Health Policy, who conveyed his apologies for not being able to address the meeting because he had to extend his mission in Mexico. Mr Adams and others presented an overview of the following strategic directions and current programme priorities for the World Health Organization.

- *Strategic Direction 1:* Reducing excess mortality, morbidity and disability, especially in poor and marginalized populations.
- *Strategic Direction 2:* Promoting healthy lifestyles and reducing risk factors to human health that arise from environmental, economic, social and behavioural causes.
- *Strategic Direction 3:* Developing health systems that equitably improve health outcomes, respond to people's legitimate demands, and are financially fair.
- *Strategic Direction 4:* Framing an enabling policy and creating an institutional environment for the health sector, and promoting an effective health dimension for social, economic, environmental and development policies.

WHO's new emphasis includes the following elements:

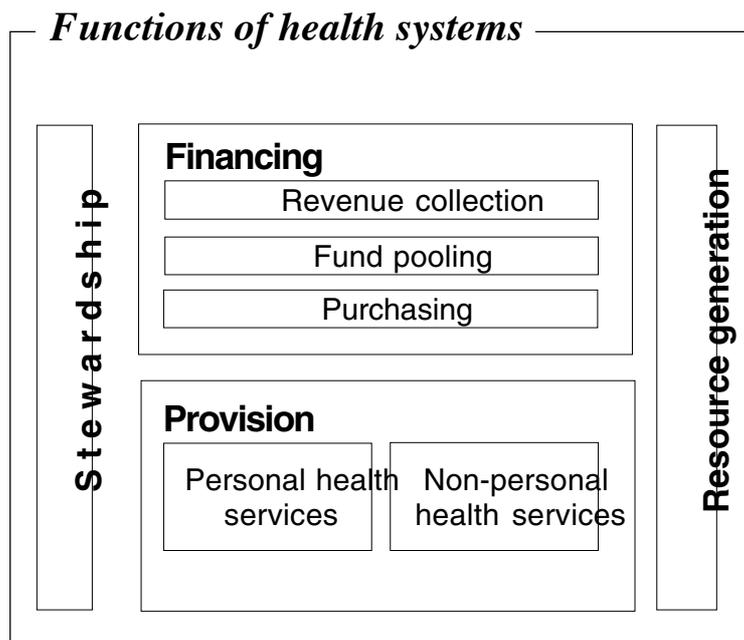
- a broader approach to health, with a particular focus on links between health and poverty reduction;
- a greater role in establishing wider consensus on health policies, strategies and standards through the generation and application of research, knowledge and expertise;
- more effective action to improve health and decrease inequities in health outcomes through careful negotiation of partnerships which will serve as a catalyst for action;
- an organizational culture that encourages strategic thinking, global influence, prompt action, creative networking, and innovation.

As indicated by the Director-General, WHO's concern about the impact of poverty, the deteriorating economic conditions, and the growth of marginalized populations around the world would serve to galvanize a 'scale-up' to address the interwoven problems of disease and poverty. The WHO links with other important campaigns for world health in addressing health priority areas especially to reach the vulnerable populations. Future priorities include the following:

1. Evidence base for health policy
2. Health systems development
3. HIV/AIDS, malaria, and tuberculosis
4. Safer pregnancy
5. Freedom from tobacco
6. Food safety, blood safety, mental health
7. Noncommunicable diseases.

As more intensive interventions are needed to tackle the conditions that contribute to poverty (e.g. HIV, tuberculosis, malaria, childhood illnesses, and reproductive ill-health), WHO expects to adjust its priorities accordingly. To this end, with a focus on the potential of health to reduce poverty, WHO has taken three steps in:

- defining its policy on poverty, including links to inequality and equity, broader development goals, and its policy for the Copenhagen Plus 5 Summit;
- focusing a review of technical packages for health interventions that directly relate to the world's poorest billion people;
- creating a Commission on Macroeconomics and Health (CMH).



In response to a query by GAG/NM members about the participation of nursing and midwifery experts at the policy and programmatic levels within WHO, it was pointed out that the Senior Scientist for Nursing and Midwifery and other nurses and midwives are already providing input at these levels from their various positions throughout the Organization, through cross-cutting programme mechanisms. The GAG/NM members expressed concern about the adequacy of this approach and called on WHO to strengthen nursing and midwifery mentorship and input in policy processes within WHO. They also stressed the importance of clearly monitoring and articulating nursing and midwifery contributions in every WHO programme and priority area.

3. WHO Health Systems Performance Initiatives

Mr Orvill Adams, Department of OSD, introduced the World Health Report 2000, entitled *Health Systems: Improving Performance*, which emphasized the pivotal role of the health sector in economic development. The premise of the report recognizes that the defining purpose of a health system is to improve and protect health, and also that health systems should be concerned with fairness in the way people pay for health care, how systems respond to people's expectations, and how people are treated. The goals of the health system must also be concerned with reducing inequalities in ways that improve the health of those who are worse-off. Yet, health is not at the centre of the countries' development agendas. In addition, many health professionals ignore the complexity of systems, where the health sector is only one contributor to improving the health of populations.

The WHO framework for health systems performance was explained and a diagram of the WHO Health Systems Functions model is shown below.

- Three components of this model have particular significance for nursing and midwifery services within the context of influencing health system performance; they are resource generation, stewardship, and the provision of services. The following are definitions of the core functions of health systems:
- *Service delivery* includes health facilities performance, institutional indicator development, accountability mechanisms, technology use and maintenance, support services logistics, and demand factors.
- *Resources development* includes the health workforce, education and training, health personnel performance, human resources indicator development, management strengthening, and health management information systems.

- *Stewardship* includes system design, process of policy development and strategic planning, priority-setting, macroeconomic analysis, performance assessment, regulation and legislation, and change management.
- *Financing* includes collecting revenues, pooling contributions, and purchasing services.

GAG/NM members discussed the critical role that nurses and midwives play in these functional areas and reinforced the importance of nursing and midwifery input into such stewardship functions as health policy development and health workforce planning. It was noted that WHO's Health System framework was very useful for broadening the perspectives of the Ministry of Health (MOH) and other stakeholders in addressing population health needs and service planning. The four functions of the health system were seen as critical in enabling or inhibiting efforts to improve health and in providing health services, especially nursing and midwifery services, in cost-effective ways.

4. WHO Human Resource Initiatives

Mr Adams and Dr James Buchan, Scientist, Human Resources for Health, OSD, presented WHO activities in the area of human resource management. A meeting of the Global Health Workforce Strategy Group (GHWSG) in December 2000 was announced.

The purpose of the GHWSG is to support the work of WHO and other stakeholders in improving health services through improved performance of the health workforce. Nursing and midwifery comprises the largest component of the GHWSG work plan. Interest in human resource planning and management has emerged as a high priority, given that health service personnel are often the target of health reform, particularly those initiatives that are designed to produce health system cost savings.

GAG/NM members discussed the importance of nursing and midwifery contributions to health care and the fact that outcomes are difficult to quantify. Yet, it is widely recognized that health workers such as qualified skilled nurses and midwives significantly affect health system performance. The growing shortage of nursing and midwifery personnel and its undermining impact on health system functioning around the world exemplifies the critical role that nurses and midwives play in meeting health system goals. WHO indicated that a series of papers have been commissioned for presentation at the December meeting of the GHWSG to address some of the issues raised.

Dr Buchan stated that the anticipated outcomes of the GHWSG meeting were to develop an improved understanding of determinants of successful approaches to human resources management, establish an evidence base, and achieve consensus among stakeholders on a strategy for research and the development of knowledge tools. This effort is expected to be a beginning, not a conclusion, for a coordinated plan of action related to critical issues in human resources management in health services.

GAG/NM commended WHO for its current research agenda on the health workforce, with its focus on a variety of issues from migration to job satisfaction. However, it was suggested that the findings should be disseminated more quickly and to a wider audience. Also, WHO needs to serve a valuable role in mentoring countries in adapting research to workforce-related needs. Members also recommended developing and disseminating successful workforce planning models and intervention options, and providing technical assistance to support implementation at country level.

GAG/NM members were keenly interested in how nursing and midwifery services that utilize qualified nurses and midwives might be incorporated and strengthened as WHO moves forward with work in these areas. There were concerns about the lack of active nurse and midwife participation within such initiatives and increased involvement was recommended. WHO indicated that nursing and midwifery expertise is being reflected in the work of the GHWSG through nurse and midwife representation on the Steering Committee, as well as involvement in the preparation of background papers and participation in the GHWSG meeting.

5. Macroeconomics and Health

Dr Andrew Cassel, Director General's Office, and Dr Sergio Spinaci, Executive Secretary, WHO Commission on Macroeconomics and Health (CMH), presented a report on the CMH. The

Commission was established in January 2000 by the WHO Director-General, Dr Gro Harlem Brundtland, in response to the need to place health at the centre of the development agenda.

The CMH is examining the economic case for scaling up priority health interventions to tackle poverty-related health conditions. WHO is in the process of linking its initiatives as a series of efforts that have interrelated impacts and benefits on economic development. Examples include the benefits of addressing polio eradication as well as the impact of tobacco and mental ill-health on the economic conditions of communities. WHO is seeking innovative ways of enhancing the performance of health systems to improve their responsiveness, and of financing fairness and equity.

Working groups of the Commission will complete their work and begin drafting a final report by September 2001. A synthesis of recommendations from the report is targeted to be ready by December 2001. The final report is to be disseminated to the international development community and to Ministers of Health at the World Health Assembly in 2002.

GAG/NM members urged WHO to ensure that input from the nursing and midwifery perspective was taken into consideration in the drafting of the Commission's report. They further requested that the CMH should examine the possibility of having working groups to assess the role and impact of nursing and midwifery services on health and economic development.

6. Global Trends and Progress in WHO Priority Areas

The Director-General addressed the Global Advisory Group for Nursing and Midwifery, and briefly reviewed WHO's strategic directions. This was followed by reports from WHO Programme staff on global health trends and progress in selected priority areas. A summary of the presentations is given below.

Director-General's overview of WHO Strategic Directions

The WHO Director-General, Dr Gro Harlem Brundtland, welcomed the new GAG/NM members and extended her appreciation to the outgoing and incoming chairpersons. She fully acknowledged Dr Marla Salmon's role in ensuring the continuity of GAG/NM and in representing GAG/NM in meetings with her during the past two years, and thanked her warmly for her input. The Director-General stressed the need to provide better evidence on the contributions of nursing and midwifery to improve the health of people. She said that she was looking forward to working with Dr Etta Banda, the new GAG/NM chairperson.

Since assuming office in the World Health Organization in 1998, the Director-General saw a need to place health at the centre of national agendas. She saw a link between health, poverty and economic conditions. WHO believes that policy must address all aspects of these areas. In an effort to stimulate the action of others, and to extend and advance the WHO mission, new partnerships and intersectoral collaboration are being pursued. Dr Brundtland felt that broader partnership efforts were particularly important to change conditions and facilitate the provision of services for marginalized populations. WHO viewed nurses and midwives as playing a central role in advocating service delivery in matters relating to pregnancy and pre-pregnancy, child care, access to health services by the poor, and health promotion.

In reviewing the terms of reference for GAG/NM members, the Director-General emphasized the importance of keeping her advised on the unique contributions that nursing and midwifery services could make. She requested realistic advice with respect to global challenges for health and development. Dr Brundtland wished the GAG/NM members a successful meeting and was looking forward to their recommendations.

GAG/NM acknowledged the Director-General's directions and expectations for advice, which emphasized the importance that GAG/NM be fully active. It was indicated that members could be better prepared for such meetings if they could receive a full set of references and background reading material well in advance of the meeting. GAG/NM membership may give these experts credibility in advancing the important role of nursing and midwifery services as well as greater WHO visibility. GAG/NM emphasized the need to recognize the role of health professionals in delivering services and shaping health policies, such as their involvement in the Tobacco Framework Convention. The

Director-General was requested to give a high priority to ensuring that policy directions invest in nurses and midwives.

HIV/AIDS Programme

Dr Gerbase, Family and Community Health Cluster, reported that HIV/AIDS was said to be the fastest growing threat to national development in most countries around the world. Nearly 34 million persons are infected, with the rates in Africa and certain Asian and South American countries reaching as high as one in four of the population. In the year 2000, these regions were the most affected on the globe.

The manifestations of HIV infection and its spread vary by region. More women than men are infected in sub-Saharan Africa, where very young women are especially vulnerable. A new model explaining the impact of AIDS intervention demonstrates a linkage between HIV/AIDS and sexually transmitted diseases (STD)/sexually transmitted infections (STIs). As STDs decrease, new cases of AIDS also fall.

GAG N/M members noted that nursing and midwifery services play an important role in women's reproductive health care (including HIV prevention), especially in the areas of teaching, treatment coordination, and palliative care. They emphasized the need for evidence to demonstrate that nursing and midwifery services are a cost-effective strategy to reduce the cost of AIDS prevention and care. Evidence is also lacking on the capacity of nurses and midwives to increase access to services for vulnerable populations. HIV/AIDS is an area where nurses and midwives can demonstrate their value and impact to governments and those who fund health services, particularly in terms of their contribution to increasing health service access for vulnerable populations. GAG/NM members also raised concerns about the effect of HIV/AIDS on health care providers who are infected with the virus. They requested that studies be commissioned to examine the impact of this disease on the nursing and midwifery workforce and the provision of services.

Making Pregnancy Safer (MPS) Programme

Dr L. De Bernis, Family and Community Health Cluster, reported that Making Pregnancy Safer (MPS) is a long-standing initiative of WHO. Skilled birth attendants have been, and will continue to be, the key to the programme's documented success in reducing pregnancy-related mortality and morbidity. The services of nurses and midwives are considered by the MPS programme to be central to global progress in pregnancy safety. The MPS programme has identified nurses and midwives as cost-effective providers for family planning, especially throughout the childbearing years, in addition to their role in post-abortion care, pregnancy care, and intra- and post-partum care.

GAG/NM members elaborated on the role that WHO plays in ensuring that skilled birth attendants are adequately prepared and that the right legislative environment is created in countries for delivery of services to women and infants. Nurses and midwives make a significant contribution to extending the WHO MPS programme in the following ways: advising on national policy for women's health, advocating the use of skilled birth attendants, participating in the development of standards for women's health services, conducting research on the effectiveness of nursing and midwifery interventions, and monitoring and evaluating women's health conditions.

Global Trends in Mental Health

Dr B. Saraceno, Director of Mental Health, WHO, and Dr M. Bertolote, Mental Health Programme, reported on the global trends in mental ill health. GAG/NM members were informed that the global burden of mental health disease is increasing worldwide. Trends indicate that the incidence of mental ill health (MIH) has increased from 9% in 1990, and is projected to reach 14% by 2020. Today, many cost-effective drug interventions are available to effectively treat MIH. Unlike many other diseases, the most important challenge in treating mental health problems globally relates to lack of access to care. Trends indicate that mental health treatment gaps are increasing in industrialized and non-industrialized countries alike due to lack of access to care and medication. This is occurring at a time when effective pharmacological treatments for MIH problems are well known, yet variations in practice are great and the availability of pharmaceutical agents is problematic. WHO's focus in mental ill health is on depression, suicide prevention, epilepsy, and schizophrenia. Because of the growth of MIH globally, WHO is identifying it as a new priority area.

GAG/NM members discussed the contribution of nurses and midwives, noting that mental health services are critical to attacking MIH problems around the globe. Nurses and midwives perform a wide range of activities beginning with teaching patients self-care to providing primary health care

services, because they have the knowledge, skills and professional values that are recognized by mental health professionals as needed to address MIH problems, and to coordinate care and services with multiple disciplines across the health sector. The main obstacles for nurses and midwives in improving MIH care are lack of training about MIH treatment and lack of authority (decision-making power) to identify problems and intervene to provide individual services and coordinate care. In response, WHO indicated that it has identified a need to increase the capacity of nurses and midwives and increase their authority to identify MIH problems and provide care, coordination and services globally. GAG/NM members further raised their concern regarding the lack of involvement of nursing and midwifery expertise in the development of the WHO Mental Health Strategy and requested that WHO ensure the input of nurses and midwives in the World Health Report (WHR) for 2001 on Mental Health. They also requested that innovative nursing and midwifery models of care be reflected in the WHR 2001.

7. WHO Regional and Global Trends in Nursing and Midwifery

The WHO Regional Advisers for Nursing and Midwifery described the issues relevant to nursing and midwifery services in their six regions. Following these, the Senior Scientist for Nursing and Midwifery at WHO headquarters reported on the global trends.

Consistent with previous reports from the WHO regions (with a few exceptions), nursing and midwifery personnel constitute the largest component of the health workforce and deliver, or supervise, most of the health services provided worldwide. Health conditions, economic circumstances and financial resources vary widely by region and across Member States, as does the state of nursing and midwifery education and practice and the capabilities and management of health systems. Observations about current conditions in the region, as well as future challenges and opportunities are summarized below from the Regional Advisers' reports.

African Region (AFRO)

Ms Magda Awases, Regional Adviser for Nursing and Midwifery, gave an overview of the region and the current socioeconomic, demographic and political conditions affecting health in Africa.

Across the region, health care delivery systems are weakened by declining economic resources. Gross Domestic Product was reported as having declined from 0.9% to -1.9% from 1982 to 1992. Twenty-nine of 46 countries are classified as the least developed on the globe. HIV/AIDS is pandemic and civil conflict and wars affect many countries, disrupting health services and adding to health problems. In many cases, local conflicts endanger the lives of health care providers, particularly nurses and midwives.

The population living in urban areas in the region has risen from 21% to 32.4% and is estimated will rise to 43.3% by 2015. Overcrowding and poor living conditions make it impossible to provide basic services that promote health, such as water and sanitation in many countries. Nutrition is poor and rates of communicable diseases (especially HIV/AIDS, malaria, tuberculosis and poliomyelitis) are the highest on earth. Besides infectious diseases, problems of violence against children and women are increasing. During the 1990s, health problems affecting the poor and populations living in rural areas deteriorated, and an increased burden of disease (especially among women and children) was noted.

There are concerns that the public sector health services are under-funded and unsuccessful because of shortages in staff, supplies, equipment and transportation. While many countries have highly skilled and dedicated health workers providing services at all levels, they are often demoralized by the inadequate performance of many health systems. The following topics are among the concerns and challenges affecting the quality of health services and the condition of nursing and midwifery services in the region:

- Regulation and legislation for nursing and midwifery
- Nursing leadership and management
- Nursing and midwifery education and practice
- Management and infrastructure of health systems.

The biggest challenges to ensure the sustainability of nursing midwifery services are:

- The gap between education and practice
- Retention of nurses and midwives in countries
- Weakened leadership and management
- Utilization levels, mix and distribution of nurses and midwives
- Maximizing the contribution of nursing and midwifery services
- Adaptability of nurses and midwives
- Motivation of the workforce in difficult conditions
- Increased initiatives for continuing education of nurses and midwives.

Amidst the challenges and needs in the region, work efforts are underway to:

- increase the participation of nurses and midwives in national health policy development;
- improve educational programmes;
- improve working conditions;
- increase legislation and regulation to improve standards of practice.

The establishment of three WHO Collaborating Centres indicates investment and resource commitment to help nurses and midwives to improve practice and influence health conditions in the region. In addition, health sector reforms have given impetus to redefining the roles of nursing and midwifery and to strengthening nursing and midwifery education.

Future directions are targeted at:

- Refocusing nursing and midwifery education and practice in Africa
- Strengthening regulation/legislation organizations
- Strengthening primary health care, community and home care
- Leadership and management
- Advancing the evidenced-based research agenda for nursing and midwifery services.

Region of the Americas (AMRO/PAHO)

Reports were received from Ms Maricel Manfredi and Dr Sandra Land, Regional Advisers for Human Resources and Health Systems at the Pan American Health Organization (PAHO). Dr Land presented an overview of conditions in the region of the Americas and the vast array of challenges, opportunities and accomplishments.

Member countries and their socioeconomic, political and health systems vary considerably. Health and socioeconomic conditions in the USA and Canada are unique compared to those found in Central and South America and the Caribbean. Across the region, 35% of inhabitants live in poverty. In countries where poverty has decreased, the gap between rich and poor has increased. In general, the need to improve the education of the general population and the need for employment is critical.

Country level health conditions are reported by PAHO in the Basic Indicators 2000 Report. Among the many factors that affect health conditions reported in the Americas, the following were highlighted:

- Health sector reform

- Inequities between and within countries
- Aging demographics and deteriorating family structure
- New and faster communication systems
- Consolidating democracies
- Decentralization
- Globalization (particularly the health workforce)
- New and re-emerging health problems (especially communicable diseases).

The condition and practice of nursing and midwifery vary widely. Excluding the USA and Canada, most countries are experiencing unstable employment, underemployment, nurse migration problems, and an under-regulated labour market. Employment opportunities for nurses in the USA and Canada are increasing, as the shortage of nurses increases over time. For nurses and midwives across the region, there is lack of career development, low salaries and poor (or worsening) working conditions. The following issues and challenges were identified as critical:

- effective leadership is needed to focus on healthy societies;
- the issue of non-equitable health services needs to be addressed;
- nursing education and professional development are not keeping pace with society's needs;
- health resource development should be more responsive to health service needs;
- intersectoral strategic alliances need to be further developed and strengthened.

In several countries, the physician to population ratio is higher than the nurse to population ratio. In general, the interests of physicians influence nursing practice domains and professional opportunities for nurses, and not necessarily the interests of the population. In Chile, for example, nurse-managed well-baby clinics have produced successful public health outcomes at low cost. Nurses, who are the primary providers of these services, are being threatened by physicians' attempts to assume responsibility for these services at a higher cost.

In general, the low social status of nurses and lack of public awareness about the capabilities of nurses and midwives, along with registration/regulatory oversight and the absence of nurses in government positions and policy-making processes, are a threat to nursing and midwifery practice quality and opportunity.

Amidst these challenges, however, successes have been observed as nursing roles have been recognized for:

- Mental health services and programmes
- Essential functions in the public health services
- Rehabilitation services and programmes
- Reproductive health services
- Prevention/control of cancer and services for palliative care.

Strong and active work with WHO Collaborating Centres in the region and other professional efforts have served to support successful efforts related to:

- Pan American Nursing Research Colloquia
- Multicentre research projects
- Publications in priority areas
- Capacity building in nursing for:
 - information systems

- accreditation
- policy formation.

Future directions for nursing and midwifery in the PAHO region will focus on:

- Action plans and political involvement of nursing
- Management of nursing in institutional development
- Management of quality standards and protocols for care
- Information systems for standardized nursing care
- Centres of excellence for nursing care.

As concerns nursing education, efforts will focus on work related to:

- Professional career ladder
- Practice continuum competencies
- Capacity-building
- Postgraduate education (especially for faculty)
- Continuing education
- Accreditation
- Flexible educational processes and use of technology.

Concerning the impending retirement of Ms Manfredi, GAG/NM members expressed much interest in how PAHO will proceed to fill the position and involve nurses and midwives in WHO headquarters' operations. The synergy and positive impact of the working relationship that characterized the 'Land-Manfredi team effort' were acknowledged by GAG/NM.

Eastern Mediterranean Region (EMRO)

Dr F. Al-Darazi, Regional Adviser on Nursing and Allied Personnel for the Eastern Mediterranean Region, reported that among the 23 countries in the region, many are in conflict and there are considerable country-level health disparities between those with wealth and those in poverty. The range of socioeconomic, demographic, political and environmental trends characterizing conditions in the region are given below:

- 53% of the population live in rural areas
- 41% are below 15 years of age
- Dependency ratio is 82%
- Adult literacy rate (15+ years) is 56.9%
- 90% of the population live in low to middle income countries.

Among the health conditions of the region, the following challenges exist:

- Infant mortality rate of 72 per 1000 live births (60% neonatal)
- Maternal mortality rate of 44 per 10 000 live births (12% of maternal deaths globally)
- Malaria, tuberculosis and cholera remain high in counties with damaged health systems
- The number of young smokers is increasing.

The political and demographic challenges reported for the region include the following:

- Health care financing (substantial under-funding)
- Escalating costs of health care

- Drain of health professionals
- Non-equitable distribution of the workforce
- Acquisition of new technology and science (affordability).

Like other regions of the world, the Eastern Mediterranean is observing an increase in the double disease burden (communicable and noncommunicable disease growth). In the region, this is the result of changing lifestyles and extended life expectancy. In addition, food-borne diseases are increasing, as is mental ill health. Environmental issues exacerbate these trends, owing to urbanization, scarcity of water resources, and environmental hazards.

The challenges for nursing and midwifery services include the following:

- Increased demand for nursing and midwifery education and services
- Lack of accurate and reliable data about nursing and midwifery
- Institutionalization of nursing regulation
- Nursing and midwifery leadership and management development
- Quality improvement of nursing and midwifery practice
- Provision of evidenced-based practice.

The opportunities reported within the region include:

- Better prepared national nurses at the basic level
- Increasing numbers of nurses and midwives prepared at higher levels
- Political commitment from the Ministry of Health
- More applicants to nursing and midwifery education
- Creation of nursing structures at the national level
- Public demand for increased quality of care
- Increased opportunities for networking
- Increased public awareness about the roles and impact of nurses and midwives.

European Region (EURO)

Ms A. Fawcett Hensey, Regional Adviser for Nursing/Midwifery, gave an overview noting common challenges and opportunities relating to health systems as well as to nursing and midwifery Services in the European region. Wide variation is observed in the region comprised of 51 Member States and 870 million inhabitants. Among the Member States, five account for the highest-ranking countries in terms of health as reported by WHO (World Health Report 2000), in contrast to countries that ranked 130 to 154. Poverty conditions in the European Region also vary, ranging from 1% to 76%. Eighteen to 20 countries have large aging populations.

Among the identified challenges for in the region are:

- Inequities in health care
- War and resulting loss of infrastructure in the health system
- Rise of communicable and noncommunicable diseases
- Poverty
- Aging populations
- High infant and child mortality in Newly Independent States and CCEE countries.

New and emerging challenges and opportunities were identified for nursing and midwifery in the region and related to:

- Health care reform

- Primary health care and substitution
- Public health
- Making pregnancy safer
- Aging populations
- Mental illness
- Reducing inequities and poverty
- Influencing policy
- Recruitment and retention .

Considerable effort and progress are observed in nursing and midwifery education, legislation, leadership development. Major attempts are being made by many of the members states to integrate nursing and midwifery as part of the health care reform movement. The EURO Nursing and Midwifery Programme focused heavily on the development of the capacity of nurses and midwives to enable them to make effective contributions at all levels of the health care system through the development and dissemination of technical tools. Progress has been observed in the establishment of family-focused community nursing and midwifery programmes. A multi national research study on the Family Health Nurse has been implemented in 18 Member States. A longitudinal study on Nursing and Midwifery Education has also been started which will track developments in education over the next decade. The immigration of nurses and the growing shortage of nurses and midwives continue, mostly in urban areas in the majority of the Member States in the Western part of the region. The problem is particularly acute in the United Kingdom.

The priority efforts in the region are centred on interventions and strategies identified in the Munich Declaration, which *was signed by Ministers of Health in June 2000 (see Annex 5)*. Regular reports are provided on the progress and evaluation of the implementation of the Declaration. A meeting to monitor and evaluate implementation is called for in 2002.

South-East Asian Region (SEARO)

Dr Duangvadee Sungkhobol, Regional Adviser for Nursing and Midwifery, reported on current conditions and challenges in the South-East Asia Region. Conditions in the region are related to a variety of socioeconomic and health conditions. The double burden of disease is growing, as the following trends from this region indicate:

- 40% of the world's maternal deaths
- 41% of world deaths due to infectious diseases
- 38% of the world's tuberculosis cases
- 25% of the world's HIV cases
- 68% of the world's poliomyelitis cases
- 78% of the world's leprosy cases.

The health system is being taxed by the burden of persistent, emerging and re-emerging communicable diseases and an increase in chronic, noncommunicable diseases. Nursing and midwifery services in the region have measurably contributed to improving health status by ensuring accessibility of selected health services (especially in rural and remote areas). Progress has been attributed to the impact of health centres led by nurses and midwives in Thailand, village midwives in Indonesia, and through public health midwives in Sri Lanka. The foremost challenge in the region is a continuing shortage and maldistribution of nursing and midwifery personnel, along with imbalances in the numbers and types of nurse and midwife personnel in relation to other categories of health personnel.

Opportunities for strengthening nursing and midwifery services and improving the conditions of health in the region are influenced by a high level of community trust and respect for nursing and midwifery, and by strong national nursing and midwifery networks that have created a sense of unity and purpose. The backdrop for future efforts is affected by:

- Health system reform processes

- Increased attention to cost-effectiveness in health care (including health promotion and disease prevention)
- Increasing awareness of the need for advanced education and training for educators, managers, practitioners and researchers in nursing and midwifery services
- Increasing and strengthening midwifery in order to improve women's health and reduce maternal mortality.

Challenges in the region are centered on:

- Need to develop effective nursing and midwifery leadership capacity
- Lack of nurse/midwife understanding about the importance and processes of politics and the political system
- Low social status of nurses and midwives
- Weak or non-existent nurse and midwife registration/regulation systems.

Future directions in the region call for a focus on:

- increasing the involvement of nurses and midwives in health system reform and in the
- development of national health policy and plans;
- strengthening nursing and midwifery leadership and management (including basic education, interdisciplinary leadership and management development);
- strengthening regulatory systems for nursing and midwifery;
- developing and implementing standards for nursing and midwifery practice;
- developing models for PHC nursing/midwifery practice and community/home-based care;
- involving nurses and midwives in health services research;
- expanding/continuing regional networking and collaboration in nursing and midwifery initiatives (especially with WPRO).

Western Pacific Region (WPRO)

Ms Kathleen Fritsch, Regional Adviser in Nursing, reported on the conditions in the Western Pacific Region, trends related to health status, and the challenges and opportunities relating to nursing and midwifery services. This region is geographically vast, comprised of 36 Member States with variable demographic, health and socioeconomic conditions. The majority of countries are small island states, with the bulk of the region's population residing on the Asian mainland. The Pacific Island countries are remote, with small land masses and populations. They have limited industrial activity and thus limited employment opportunities. Scarcity of water, problems of water quality and waste management, precarious physical environments, and weak, dependent economies are common concerns for the Pacific Islands.

Challenges in the region are fueled by levels of national expenditure on health, levels of external funding, health financing reforms, and health care costs. Factors and trends influencing health sector development and health systems in the region include:

- Decreasing levels of external funding for health services
- Demographic and epidemiological trends, including increased life expectancies and projections for significant increases in persons aged 60 and over
- Sexually Transmitted Infections (STI) and HIV rates and high maternal mortality rates in five developing countries
- Continued communicable diseases associated with poverty
- Rising rates of noncommunicable diseases, which are linked to unhealthy lifestyles, including cardiovascular and cerebrovascular diseases, diabetes and cancer
- Disparate health service coverage and access to services, particularly for marginalized and poor populations
- Health reform initiatives including decentralization, privatization, structural reforms, and alternative financing mechanisms.

Infrastructure and delivery of health services in the region are affected by:

- inequitable resource allocation with a sustained bias towards higher-cost curative care and hospital-provided care;
- variable quality of health services;
- lack of establishment of administrative capacity-building and mechanisms for accountability prior to institution of health reforms;
- health facilities sometimes in poor repair with inadequate staff, supplies, equipment and essential medications;

- human resource management problems, including low salaries of health workers, lack of career paths, decreasing health worker morale and motivation, and lack of formal performance management system policies and guidelines.

Some 77% of Member States, responding to a 46-item questionnaire distributed in preparation for a report on World Health Assembly resolution WHA49.1, indicated nursing shortages in health settings as follows: 68% in primary health, 73% in hospital settings, and 68% in mental health settings.

Innovative education programmes and practice models are being developed, but continued support for nursing educators to learn and utilize participatory and adult-learning and problem-based methodologies is needed. Graduates often struggle in practice because they have only learned through passive, rote-learning methods. In addition, students lack access to books in general and especially the updated editions and have inadequate preparation in foundational knowledge and skills in the areas of math, science and writing.

Health service delivery patterns are continuing to become more integrated and oriented towards primary health care, community-based care, home health care and geriatric care. Models of advanced nursing practice are evolving in the following areas: community-based integrated nursing services, nurse practitioners serving rural and remote communities, nurse anesthetists, and mental health nurses.

The need for the involvement of nurses and midwives in health reforms and policy-making, particularly in the development of national action plans and with legislation and statutory registration to ensure professional competence for nursing and midwifery services, was noted. There is also a lack of sufficient applied research capacities in the nursing and midwifery professions in Member States. The value of regional collaboration with SEARO and the positive impact of this on improving midwifery practice in the region were also reported.

Priority areas of work for the future are:

- supporting countries in carrying out in-depth nursing/midwifery situational analyses and in analysing and addressing health workforce issues;
- strengthening management and leadership capacity;
- building health research capacities;
- supporting efforts to strengthen nursing education and educational institutions;
- promoting clinical capacity-building;
- supporting efforts to improve the quality of health services.

WHO headquarters: priorities in the nursing and midwifery programme of work

Dr Naeema Al-Gasseer, Senior Scientist for Nursing and Midwifery at WHO headquarters, presented an overview of the efforts and initiatives within WHO programmes that draw on or impact on nursing and midwifery services. It was indicated that the incumbent is responsible to work across the Clusters in WHO headquarters and that the Nursing and Midwifery Programme is based on the WHO strategic direction that members had been informed of earlier.

The need for an evidence base and information on nursing and midwifery interventions to guide and inform policy is a priority. This is a paramount need for strengthening the scientific and ethical foundations of health policies and programmes so that they respond better to the needs of the population through health systems that perform optimally in terms of equity, quality and efficiency.

As part of the preparation for developing a progress report on resolution WHA49.1 on Strengthening Nursing and Midwifery, a situation analysis was conducted. The analysis utilized in-depth country case studies on progress and programme impact in the six WHO regions. The global strategy for nursing and midwifery will be based on this situation analysis and the work of OSD and other WHO technical programmes. GAG/NM members were briefed on the contents of the report on strengthening nursing and midwifery (see Annex 6), which was for discussion by the WHO Executive Board in January 2001. In particular, evidence on the cost-effectiveness of nurses and midwives and the

effectiveness of nursing and midwifery interventions in health service provision are the focus of current and future work.

Nursing and midwifery contributions to work managed by WHO teams and clusters is underway. Highlights of contributions and accomplishments relate to:

- Workforce mobility and migration (with the Human Resources for Health Team).
- Making Pregnancy Safer programme.
- Violence in the health care sector (with ILO, ICN and Public Service International).
- HIV/AIDS and TB fact sheets (joint activity between OSD and Communicable Diseases Cluster).
- Safe Injection Global Network (with Health Technology and Pharmaceuticals).
- Integrating adolescent health in nursing and midwifery curriculum (joint activity between OSD and Family and Community Health Cluster).
- Home-based care (with Noncommunicable Diseases and Mental Health Cluster).
- Credentials and accreditation of health professionals (with Human Resources for Health Team).

Additional work in the areas of identifying the quality of care parameters and research to inform resource development and stewardship functions (especially leadership and management and improving working conditions and legislation) is needed. Future efforts of WHO-led initiatives will be established and extended in partnership with nongovernmental agencies, professional groups, new organizational partners, the Global Network of WHO Collaborating Centres, and the Global Advisory Group on Nursing and Midwifery.

GAG/NM members acknowledged the work that has been done in WHO at both global and regional levels and the preparation for the progress report on the implementation of resolution WHA49.1. It was noted that several trends in nursing and midwifery progress had been identified across the regions. Health reform globally is impacting on public health, the provision of nursing and midwifery services, and the conditions of work. It has produced a variety of impacts within the health system ranging from reducing access to health services to the erosion of the quality of care. Nurses and midwives have first-hand experience of these implications and must be provided with opportunities to participate in policy and planning for health system reform.

Unstable and changing governments have added to the complexity and barriers that nurses and midwives face in trying to gain access to policy-makers and policy-making arenas. New governments might be more amenable than established governments to WHO recommendations relating to nursing and midwifery, especially recommendations about involvement in setting health policies.

Barriers to changing and equalizing power gradient problems affecting nursing and midwifery services and the inclusion of nurses and midwives in policy-setting arenas need to be identified. Furthermore, GAG/NM members emphasized the importance of investing in leadership development for nurses and midwives at all levels. This is particularly vital for nurses who are in high visibility positions and who may be called upon to inform policy-makers or have an opportunity to engage in the legislative or regulatory arena.

The Advisory Group expressed concern that a global human resource crisis in health systems is evolving rapidly due to shortages in skilled nursing and midwifery personnel, maldistribution problems, and decreasing workforce participation. The aging of nurses and midwives in many regions is exacerbating the problem. Furthermore, nurse migration from less developed to more developed countries is a growing problem that compounds the shortage issue and produces a disproportionately adverse impact on the developing countries with few economic resources. This contributes to increasing inequities in health service provision that largely affect the poor. There is a need to build-up an evidence base on migration of nurses and midwives which will in turn have an impact on health systems.

Nursing and midwifery human resource planning and management factors relevant for policy consideration based on evidence include the following: national compensation trends (especially salaries), labour/management relations, international migration, and conditions of work (including workplace safety and violence).

GAG/NM noted that a poor public image of nurses and midwives is a fundamental problem adversely affecting a variety of interrelated issues including: career selection, interdisciplinary relations, inadequate pay and compensation, opportunities for advancement, role expectations, and participation in macro-level decision-making. It was proposed that the employment of nurses and midwives by WHO to serve in publicly visible roles would indirectly help to increase the credibility and prestige of the profession. This would assist in creating a platform to advance and recognize nursing and midwifery contributions to health around the globe. It was also recommended that when best practices can be identified for improving the image of the profession, WHO should disseminate findings in working papers and monographs.

It was also noted that country emergencies that have catastrophic impacts are increasing and generally result in the decimation of national health systems. Countries with such catastrophic circumstances require urgent and significant intervention to rebuild their capacity for health care. Protection of health personnel is also needed under such circumstances. GAG/NM members recommended that WHO should advise countries experiencing such circumstances and serve as the focal point for forming partnerships to fund and support emergency responses.

8. International and Nongovernmental Organization reports

Representatives from some international and nongovernmental organizations briefed GAG/NM members on their activities and accomplishments.

Global Network of WHO Collaborating Centres

Dr Mary Wakefield, representing Dr Rita Carty from the Secretariat, described the structure of the Global Network of WHO Collaborating Centres, summarized the goals of the global network, and reviewed current priorities and accomplishments. These include:

- promoting global human resource development;
- promoting population health;
- facilitating communication between WHO, the Secretariat and individual Collaborating Centres.

The discussion reinforced the importance of alignment between WHO's priorities and programmes and the activities of the Collaborating Centres. Dr Al-Gasseer summarized the history and results of WHO's 1999 review of Collaborating Centres and Advisory Groups which was discussed by the WHO Executive Board at its 105th session in January 2000. The report reinforced the utility of these mechanisms and made recommendations for improvement. Among the recommendations was the need to strengthen the terms of reference for Collaborating Centres that have goals consistent with the WHO programme of work.

International Council of Nurses (ICN)

Ms Judith Oulton, Executive Director of the International Council of Nurses which consists of Nursing Associations in 122 countries, reported on ICN's purpose and mission and informed the GAG/NM members that ICN is discussing new models for country membership to enable their representation in the largest group of nurses worldwide. ICN has three strategic goals: to bring nursing together worldwide; to advance nursing worldwide, and to influence health policy. ICN's three pillars are professional practice, regulation, and socioeconomic welfare. Vision will be translated into action by new models for membership and a new fee structure, as well as development of the Board and Council of Nurse Representatives. Accomplishments were highlighted for several projects, in particular:

- Professional practice foci: a Revised code of ethics; Leadership for change in 45 countries and negotiations for the Project underway in 10 countries, Fact sheets (on TB/DOTS, Gender, HIV/AIDS, Stress, Injuries etc.), and Congress 2001 in Copenhagen.
- Monograph series (e.g. Telenursing, Cross border regulation, Issues in professional regulations, Aging, Financial skills, Genetics, Collaborative practice and community development).
- International Classification Nursing Practice
- Successful international congresses and planning underway for 2001 in Copenhagen.

- Several joint projects with partners such as ILO, WHO, and Public Service International (PSI) including mobility studies, and violence in the health sector.

Future initiatives were focusing on credentials and standards, the socioeconomic welfare of nurses and midwives, leadership, and a nurse mobility study.

The theme of the International Nurses' Day for the year 2001 will focus on ICN's public awareness campaign entitled "Nurses Everywhere: United against Violence".

GAG/NM members suggested that ICN should make their reference documents more widely available to NGOs in order to expand dissemination.

International Confederation of Midwives (ICM)

Ms Petra Ten Hoop-Bender, Secretary General of the International Confederation of Midwives, reviewed the organization and mission of ICM and described its current work activities, including:

- Congresses
- Publications
- Motherhood workshops.

Progress was reported in selected areas relating to pregnancy care and the outcomes of attended births. Participation in the Safe Motherhood Initiative was noted.

It was reported that membership had increased to 82 in 65 countries. One of the main significant achievements has been the development of the Provisional Essential Competencies for Basic Midwifery Practice which is now being field tested. The Standing Committees on Research and Education are preparing concurrent workshops to be held at the next Triennial Congress in Vienna, Austria in April 2002. The ICM is venturing into many partnerships, which are bringing new opportunities and links to support midwifery and raise its profile. Some of these projects include the establishment of a database on midwifery care, a project on addressing domestic violence with the International Women's Health Coalition and the American College of Nurse-Midwives, and the establishment of in-county maternal health programmes with JHPIEGO, an affiliate of Johns Hopkins University in Baltimore, USA. ICM is currently co-chairing the Inter Agency Group for Safe Motherhood with the World Bank and works closely with UN agencies on the subject of skilled attendance at birth.

It was noted that both ICN and ICM are in official relations with WHO and are partners in many joint projects with different WHO programmes.

International Labour Organisation (ILO)

Dr Mireille Kingma described current work efforts at ILO which are centred on a 'decent work' agenda. The primary role of the International Labour Organisation is to promote opportunities for men and women to obtain decent and productive work in conditions of freedom, equity, security and human dignity. The relevance of ILO activities and programmes is particularly important for nurses in four areas:

- Work rights
- Employment
- Social protection
- Social dialogue.

The casual employment of health professionals has increased and continues to increase. It is a priority area for ILO's work. ILO supports nurses and midwives in their attempt to reach their personal and professional goals. Current programmes are targeting workplace violence and there is a joint project with ICN, WHO, and Public Service International with the aim of developing sound policies and practical approaches for the elimination of violence. The ILO is seeking partners for their many initiatives (including research).

GAG/NM members were informed that at an ILO meeting in 1998 on Terms of Employment and Working Conditions in Health Sector Reform, some of the concerns emphasized were:

- Reform initiatives in health care focused on cost containment as opposed to cost effectiveness
- The deterioration of working conditions in the course of the reform process
- Very low and often delayed payment of health workers in developing countries and countries in transition.
- Increased stress and violence expressed in the health sector.

GAG/NM members endorsed and emphasized the need for nurses and midwives to work in partnership with others—stakeholders, sectors, consumers, and providers—in order to put forward policy recommendations and garner support for broad changes in nursing and midwifery services. At the same time, nurses and midwives need access to capacity-building opportunities that would allow them to acquire and utilize communication, networking, brokering and negotiating skills to work effectively with potential partners and create or strengthen intersectoral alliances and collaboration.

United Nations Population Fund (UNFPA)

Ms Ewa Orzechowska, representing UNFPA, indicated that nurses and midwives play an essential role in all aspects of reproductive health care. There is a need to increase the enrolment of male nurses because, in many cultures, men prefer to be attended and counselled by males, especially in the area of reproductive and sexual health. UNFPA said that they are pleased to be engaged in an open dialogue between different professional categories.

UNFPA reported their active cosponsorship of the Safe Motherhood Initiative (SMI), with a focus towards improving skilled attendance at birth. UNFPA emphasized the importance of expanding the scope of practice of nurses and midwives and for legislation to be in place to ensure that the skills of qualified and competent nurses and midwives be used to the maximum. It was indicated that often midwives are trained but are limited by the absence of standards and legislation to allow them to practise their skills.

9. GAG/NM Working Groups

GAG/NM members broke up into three Working Groups to discuss critical issues, based on the background documents and the discussions about WHO programmes of work. In addition to the presentations, two of the background documents addressed human resources and one addressed evidence-based nursing and midwifery interventions. The working groups formulated draft recommendations relating to policy, human resources, and WHO priority areas. The results from these sessions are presented below.

a) Working Group on Policy

Group Facilitator, Dr M. Salmon; Rapporteur, Dr. M. Wakefield; Presented by Dr M. Salmon; Members: Dr A. Green, Mrs S. Rao, Ms. E. Orzechowska, Ms. K. Fristch, Dr. S. Al-Majali, Ms A. Fawcett Hensey, Dr F. Al-Darazi, Ms. Vena Persaud and Dr N. Al-Gasseer.

Background

There are four converging issues:

1. The rapidly growing global crisis in nursing and midwifery workforce supply.
2. Reports to the WHO Executive Board and World Health Assembly on progress in nursing and midwifery, based on resolution WHA49.1.
3. *Expanded recognition of the relationship between development, poverty, and health.*
4. Continued concern about developing measures of health system performance, and about the adequacy of the workforce across countries.

Selected Issue

Emerging shortages in nursing and midwifery skilled personnel are directly influencing the potential success of targeted programmes, particularly, with respect to improving the health of the poor and vulnerable.

Recommendations

1. WHO Global Agenda and Policy Formulation

- Recommend to the Executive Board that round-tables be convened during the next World Health Assembly to address issues concerning the sufficiency of nursing and midwifery services, in the face of expanded efforts related to health and poverty and to cabinet priority programmes.
- Request that Human Resources Ministries and Human Resources policy leaders, as well as midwifery services experts, be represented in a country's delegation to the World Health Assembly.
- Recommend the development of a global conference to focus on current and emerging issues relating to sufficiency of nursing and midwifery services, include key partners such as WTO, ILO, other United Nations agencies, ICN, ICM, etc.

2. Underlying Analytic and Evidence Base

- Convene an Expert Committee to develop key health systems performance indicators, which will measure the contributions and status of the nursing and midwifery workforce and services across the health systems.
- Convene an Expert Committee to analyse the primary and secondary economic benefits, and the cost of nurses and midwives to the health system in the broader social context (giving particular consideration to nursing and midwifery as avenues for economic opportunity with related benefits to families and communities).
- Analyse current and emerging programme priorities with respect to the need for policy and scientific input of experts in nursing and midwifery services (WHO headquarters and Regions).
- Strategically appoint such experts to existing and emerging efforts (WHO headquarters and Regions).
- Plan a process for updating GAG/NM members on these efforts and their outcomes.
- Analyse the relative contribution of nursing and midwifery services to improved health, and the overall responsiveness of the health system (WHO headquarters and Regions).

3. Capacity-building and Support for Sustainable Change

- Develop the internal capacity for technical assistance relating to leadership development, policy formulation, human resource planning, health systems performance assessment, and ongoing surveillance (WHO headquarters and Regions).

4. Ongoing Advocacy and Assurance

- Develop high-level organizational strategies to provide visibility for—and highlight the importance of nursing and midwifery contributions to—health outcomes, the social value of nurses and midwives, and the support of WHO for their work (headquarters and Regions).
- Actively advocate and promulgate positions, evidence and information, underscoring these views (WHO headquarters and Regions).
- Foster and maintain strategic alliances with partners to forward the goals of enhancing health outcomes through nursing and midwifery services, particularly in target programmes (WHO headquarters and Regions).
- Develop a plan and budget to provide sufficient technical, analytic, and logistical support to achieve all of the above (WHO headquarters).
- Utilize and support the GAG/NM as a mechanism for identifying appropriate opportunities for the engagement of experts in nursing and midwifery services, and in policy and programmatic efforts, as well as for monitoring progress in these areas,

fostering external partnerships for part of this work, and keeping the Director-General apprised of progress and potential strategies for an enhanced impact.

b) Working Group on Human Resources

Group Facilitator, Dr P. Maddox; Rapporteur, Dr. G. Perfilieva; Presented by Dr G. Wojcik; Members: Prof. M.D. Kadja, Prof. I. Lange, Mr M.P. Duc, Ms M. Manffredi , Dr S. Land and Mr. O. Adams.

Background

Workforce policy should be linked to the country's overall health policy agenda.

Issue # 1. Workforce policy should be linked to the country's overall health policy agenda. Workforce imbalances are prevalent. Differences between a variety of elements indicate the far-reaching scope of the problem:

- Rural/urban disparities
- Nurse/physician ratio disparities
- Nurses per 10 000 population disparities
- Public/private disparities
- Skill level disparities

Recommendations

- WHO is commended for its current research agenda on the health workforce, focusing on a variety of issues, from migration to job satisfaction. However, work on disseminating the findings/results more quickly and to a wider audience is needed. Also, WHO could serve a valuable role in mentoring countries in adapting research to meet needs that relate to the workforce. Prototype health workforce policies that are built on evidence to address workforce issues are needed.
- Technical tools based on a variety of planning models are needed by countries to use in making country-specific planning mechanisms. WHO could provide both technical assistance to countries and provide model options for Human Resource Planners and Chief Nurses for countries' reference (especially to link to efforts that make such efforts sustainable).

Issue # 2. Workforce Data and Information

- Better data are needed to inform public policy.
- There is also a need for a common lexicon and standards of measures/units of analysis per category defined. Policy should be data informed, especially for the following areas of concern:
 - Evidence of the impact of nursing and midwifery services
 - Supply of nurses and midwives
 - Nurse and midwife workforce participation
 - Cost-effectiveness of nursing and midwifery services.

Recommendations

- Develop and disseminate workforce planning models and provide technical assistance for implementation. Carry out ongoing research and dissemination of the findings and recommendations, with intervention options for country level health agenda.
- WHO should commission comparative studies and track data on workforce activity, and impact on selected established evidence indicators for international, regional, and national level systems.

Issue # 3. Education and Practice

- There is a growing need for some international consensus on the definition of roles and on the preparation and education requirements for similar health personnel, as follows:
 - Education and practice
 - Basic requirements and career development strategies
 - Role/job categories
 - Scope of practice
 - Regulation.
- The school/career pathway may be unclear or poorly defined in some countries. Proliferation of categories of health workers complicates the skill mix challenge. In addition, the continuing education of health professionals is important to ensure competence over the career lifetime.
- WHO should increase its corporate professional advice from nurses and midwives on matters related to their employment, satisfaction, and practice.

Recommendations

- Disseminate model programmes for regulatory and oversight interventions to demonstrate the best practices on managing long-term career employment.
- Provide leadership to countries and regions

Issue # 4. Conditions of Work

- Demand and utilization of health personnel is typically related to cost factors.
- Payment for services influences the scope of service autonomy, given that providers will not perform services for which they will not be reimbursed.
- Problems in the current work situations represent (in some countries) a national crisis.
- Problems exist related to:
 - Labour practices
 - Violence in the work place
 - Compensation
 - Job dissatisfaction
 - Lack of practice autonomy.
- Inadequate staffing levels and poorly equipped work environments contribute to poor quality and staff dissatisfaction, which in turn relates to increased turnover.
- The composition of the health care team also affects quality and productivity. Staff skill mix, staffing levels, and staff competency likewise affect quality and productivity.

Recommendations

- WHO is encouraged to continue studies with collaborating agencies to examine the impact of selected work conditions. Dissemination of study results should be rapid and broadly based.
- Employment of nurses and midwives by WHO to serve in publicly visible roles indirectly helps to increase the credibility and prestige of the nurse and midwife. This is a useful strategy for the very difficult problem of influencing the public image. This helps create a platform to advance and recognize nursing and midwifery contributions. In addition, when best practices can be identified, or identified within a particular delivery system context, WHO should disseminate the findings in working papers and monographs.

Issue # 5. Leadership and Management

- The need to improve interdisciplinary work relationships and collaboration. This is necessary for communication and effective work relations between the following groups: physicians and nurses and midwives, nurses and midwives and managers, and nurses and midwives and lesser skilled staff. Nurses and midwives must have the skills to manage and supervise the work of others. Additionally, the ability to find and support partnerships, funding supporters, and entities from sectors other than health care is important in 2000. The ability to negotiate and plan for a variety of constituents is essential. Leadership training is needed to increase nursing ability to manage conflicting priorities for cost efficiency with quality of care and staff satisfaction in managing human resources.

Recommendations

- WHO can fund fellowships and internships for junior staff, which will serve as a mentor to those serving in such capacities.

Issue # 6

- Country emergencies that have catastrophic impacts and result in the decimation of national health systems are on the rise. Countries with such catastrophic circumstances require urgent and significant intervention to rebuild their capacity for health care. Protection of health personnel is also indicated under such circumstances.

Recommendations

- WHO should advocate for countries in such circumstances and serve as the focus for forming partnerships to fund and support emergency responses.

c) Working Group on WHO Priorities

Group Facilitator: Dr S. Vonderheid; Group Rapporteur, Dr E. Abou Youssef; Group Presenter, Dr P. Chibuye; Members: Dr J. Thompson, Dr W. Srisuphan and Dr D. Sungkhobol

The following are barriers for nurses and midwives in contributing to and advancing global health priority areas:

- Limited involvement of nurses and midwives in the development of WHO's programmes, policies and strategies.
- WHO priority areas continue to have a vertical approach.
- Limited advocacy in priority areas for nursing and midwifery services, even when WHO focal points are involved.
- Evidence-based policy gap: policy-makers are not fully using existing evidence that nursing and midwifery interventions are effective in improving health and health system outcomes.
- Effective nurse- and midwife-led service models are not adopted or considered in WHO programmes. Further, WHO is not playing a catalytic role in replicating nursing and midwifery-led models.
- Gender bias and the unfavourable image of nurses and midwives and their contribution to priority health areas.
- Inadequate information flow between all levels at WHO and, especially, between WHO programmes and the Senior Scientist for Nursing and Midwifery.
- Lack of disaggregated data to show the impact of nursing and midwifery services on the performance of health systems.
- Best practices of nursing and midwifery services are not institutionalized at country level.

- Lack of in-house expertise at all levels of WHO in nursing and midwifery to ensure active involvement in priority areas, which is further complicated by a lack of resources.

The following are opportunities for nurses and midwives in contributing to and advancing the global health priority areas:

- WHO positions now are open to nurses and midwives.
- For the priority areas identified by WHO, nurses and midwives are the largest and best-positioned workforce functioning within any network of community and local health care workers. This is particularly true in the context of primary health care and the increasing access to traditionally underserved, poor and marginalized populations. Further, nurses and midwives deliver quality, cost-effective services.
- Nurses and midwives have expertise in health promotion, disease prevention, and rehabilitation and are ideally placed to work in partnership with communities.
- Effective models of nursing and midwifery care and services are available and can be utilized in WHO priority areas.
- Nurses and midwives provide integrated services that address all WHO priority areas.

Recommendations

- A mechanism so that nurses and midwives are invited in the earliest possible phase in the development of WHO priority areas should be developed.
- The Director-General needs to appoint nurses and midwives as members of the expert and advisory panels on strategic priority areas when these are established.
- WHO needs to use existing evidence that shows the impact of nursing and midwifery services on priority health areas.
- WHO should include nurses and midwives in groups that design and implement programmes that address priority health areas.
- The post of Regional Adviser should be a repository of evidence for nursing and midwifery services, which will contribute to health and health systems.
- WHO should support the development of indicators to monitor and evaluate the contribution of nursing and midwifery services.
- WHO should support the development of a nursing and midwifery database on nursing and midwifery service contributions, in partnership with other stakeholders, such as professional organizations.
- WHO should develop policies to strengthen the role and function of focal points. Focal points should be briefed regarding nursing and midwifery knowledge, effectiveness, and contacts that serve as resources.
- Gender-sensitive seminars, following gender-sensitive approaches, should be provided as part of WHO staff development.
- Progress of gender equity across WHO posts and programmes should be monitored.

Framing the next step:

Following the above presentations, the GAG/NM members discussed the observations and recommendations. In the context of framing the next steps, Dr Miriam Hirschfeld and Dr Marla Salmon provided an important historical perspective and recommendations on GAG/NM members' role.

Dr Miriam Hirschfeld addressed three points. First, she provided her perspective on the expectations of the GAG/NM. This was followed by her summary of one practical strategy that could facilitate the work of GAG, and lastly the identification of one area in health care where nurses and midwives could have a significant input.

Dr. Hirschfeld stated that a critical role of GAG/NM is to provide strong support to the Senior Scientist for Nursing and Midwifery in WHO. Since GAG/NM members put forward a number of important recommendations for strengthening nursing and midwifery, the expectation is that these recommendations will be implemented. But this is a difficult task without support at all levels, including the level of GAG/NM itself. The members must therefore think about how these recommendations will be implemented and how GAG/NM can support the implementation process.

With regard to a strategy to facilitate the work of GAG/NM, Dr Hirschfeld identified the importance of having nursing and midwifery expertise within WHO, and therefore felt that it was very crucial that GAG/NM assist in reinstating the committee that reviews all vacancy notices for appropriate qualifications and necessary competencies at WHO in order to ensure that posts are open to a wide range of candidates from different disciplines, including nurses and midwives. GAG/NM could facilitate this process by identifying relevant organizations and top-level candidates around the globe for disseminating WHO vacancy notices.

GAG/NM could also identify initiatives (e.g. from the World Bank, at country level, etc.) that would benefit from nursing and midwifery inputs, and encourage appropriate nursing and midwifery representation. An important area where nursing and midwifery could contribute both conceptually and practically, even though the initiative does not fall under the nursing and midwifery programme within WHO, is home-based care. The initiative is based on nursing thinking and the realization that there is a massive double burden of disease in developing and developed countries and a great need for extending the delivery of care outside of institutions to the home setting. Nurses and midwives can make a difference by identifying areas where nursing and midwifery services can be accessible to the most vulnerable people.

Dr M. Salmon conveyed her hope and expectations that GAG/NM members, as reflected in their observations on the previous day, could focus on policy recommendations aimed at international, regional and national levels of impact. She stated that it was important to ensure that work is strategic and adds value, and that GAG/NM should stay away from operational advice. She stressed that GAG/NM members are accountable for the recommendations they put forward and this should be an operating principle. She indicated that given the mandate, GAG/NM members need to focus their energies, come prepared and use technology to their advantage, and ensure that they capitalize on the timing of key issues and events within WHO. She said that as health systems are in crisis, GAG/NM is charged to do something about it.

The Global Advisory Group thanked Dr Hirschfeld and Dr Salmon and indicated their appreciation to Dr Salmon for her leadership over the past three years as Chairperson of the Group and for her active role in ensuring the continuity of this Group.

10. GAG/NM Discussions

The GAG/NM discussions on the final day of the meeting reflected many previous concerns raised at the previous (fifth) GAG/NM meeting in 1997. The members expressed continued concern that programmes and staffing within WHO headquarters did not adequately reflect nursing and midwifery expertise. It was noted that opportunities for nurses and midwives to fill WHO posts had declined. Nurses and midwives were not encouraged or given the opportunity to be considered for positions, especially since many positions stipulate a medical degree. Concerns were raised about the rationale for specifying medical degree requirements for selected posts and the adverse impact of this on opportunities for applicants with non-medical, advanced degree backgrounds.

It was also observed that there was limited nurse and midwife participation in the WHO Regional Offices, which is characteristic of the situation in most countries at the Ministry of Health level. Few individuals with experience and training in nursing or midwifery services serve in positions of influence in government agencies and legislative bodies. This limits the influence of nursing and midwifery expertise on the formulation of health policies and in the leadership and management of health service organization and programmes. Consistent with the last GAG/NM report, this problem stems from and contributes to the low status of nursing and midwifery.

It was recommended that WHO should support and advocate the active involvement of nurses and midwives in workforce planning, as well as in national health planning and reform initiatives. Members recognized the full range of constraints (social, political and economic) that underlie future

efforts to change this situation. A common and compelling view that emerged in the course of the Advisory Group's deliberations was the concern that nurse and midwife engagement in policy-making is absolutely critical to future progress towards health goals. Development of nursing and midwifery capacity for such participation was characterized as 'urgently needed'. It is equally important that in order to involve nurses and midwives in policy formulation, the policy-making structures all levels, both nationally and internationally, are opened up to allow full participation by professional groups like nurses and midwives

The discussions also highlighted the continuation of health workforce problems globally relating to the numbers, mix of skills, and deployment of health care workers, including nursing and midwifery personnel. Problems due to nurse and midwife shortages and the number and magnitude of underserved geographical areas are increasing globally. GAG/NM members described the situation as critical in many countries.

While the circumstances of health workforce issues vary across the globe, there was consensus that WHO should provide leadership and support, in collaboration with partners, in addressing the following areas of concern:

- Growing gaps between training and practice requirements (especially in dissemination and implementation of available standards relating to basic or entry-level training requirements).
- Proliferation of non-standardized categories/roles of health service providers (including nursing and midwifery personnel).
- Lack of statutory or regulatory standards and mechanisms for nursing and midwifery practice in many countries.
- Encroachment and subsequent reduction of the scope of nursing and midwifery practice, based on economic competition from other health providers.
- Need for a global repository of data (standardized) on workforce supply and migration (including contributing factors), especially for nurses and midwives.
- Leadership to identify evidence-based interventions, models of care, and standards that optimize service quality and population health goals.
- Investment in research and standards for evaluating the cost-effectiveness of nursing and midwifery services.

Throughout the meeting it was acknowledged that WHO plays a critical role in influencing the direction and nature of national health plans. The role of WHO in disseminating findings that support mechanisms to improve public health outcomes, particularly those that are cost effective, and in advocating nursing and midwifery services that respond to health system and population needs is vital. Even when evidence is available to support health-improving practices (e.g. use of skilled birth attendants), they may not be used without purposeful marketing or advocacy that must come from non-nurse/midwife sources. WHO should identify mechanisms to call attention to health systems practices that fail to use the knowledge and skills of nurses and midwives, which will facilitate access to health services and improve health outcomes.

It was recognized that change in nursing and midwifery services within national health systems will require the joint efforts of WHO, NGOs and other stakeholders. Also, GAG/NM members, through their appointment to the WHO Global Advisory Group, may have additional credibility and leverage which will enable them to advance important messages about nursing and midwifery services and open a dialogue with stakeholders who are normally not accessible to nurses and midwives.

The challenges related to poverty, inequity, and health cannot be addressed without sufficient nursing and midwifery services... The growing global crisis in nursing and midwifery services calls into question the feasibility of making real health strides without directly addressing this issue.

Three broad conclusions emerged from the Global Advisory Group's deliberations:

- 1) The challenges related to poverty, inequity, and health cannot be addressed without sufficient nursing and midwifery services, and progress on WHO priority targets is also undermined.
- 2) The growing global crisis in nursing and midwifery services calls into question the feasibility of making real health strides without directly addressing this issue.
- 3) Many areas of concern relating to nursing and midwifery continue to persist and lack of progress in these areas is observed since the last World Health Assembly resolution.

Based on the above deliberations and conclusions, as well as recommendations drafted by the three Working Groups, several recommendations and strategies concerning nursing and midwifery were adopted by the Global Advisory Group (see below).

11. Briefing with the Director-General’s representative

As the Director-General’s representative, Dr David Nabarro, Executive Director of the Office of the Director-General, was briefed on the strategic issues and recommendations proposed by the Global Advisory Group. Ms K. Sujatha Rao, Vice-Chairperson of GAG/NM, delivered the following address on behalf of the participants of the Sixth GAG/NM meeting at its closure.

“Of highest concern to WHO and developing countries today is the need to reduce the diseases of poverty. For a majority of the poor in these developing countries, access to even minimal care and primary health care services is difficult or unavailable. It is for want of access to such care that there is a high incidence of maternal and infant mortality in the poorest nations. In addition, we have problems with tuberculosis, malaria and HIV/AIDS.

“It is in this context that strengthening nursing and midwifery services deserves serious attention, as it is this segment of the health system that can, if appropriately supported, achieve affordable health outcomes and goals for the most vulnerable populations. We must recognize that polio eradication is now becoming a reality, largely as a result of action by many dedicated community and public health nurses.

“It is therefore very important to address the emerging crisis in nursing and midwifery, which is likely to worsen on account of the General Agreement on Trade in Services (GATS). The crisis of shortages and maldistribution of nursing and midwifery skills, which affects health service delivery in our developing countries, must be quickly and evenly addressed. If not, those who will suffer most will be the poor. Addressing the crisis now is also necessary to ensure WHO’s goals and to obtain the resources necessary for country participation in new initiatives to tackle poverty-related health conditions through scaling-up priority health interventions.

“The Sixth GAG/NM meeting discussed in depth the issues relating to nursing and midwifery in the above context and came up with a set of recommendations, which cover several broad areas, which we would like the Director-General to consider. The recommendations are based on the following observations:

- 1) Recognition of the need for an evidence base for planning, service delivery, and cost-effectiveness of nursing and midwifery services.
- 2) Need for capacity-building in the areas of nursing services at all levels regarding leadership for policy, service delivery, and advocacy.
- 3) Need for recognition that the available mechanisms are inadequate for ensuring input of nursing and midwifery expertise in policy formulation for health at all levels.

“We thank you for this opportunity to discuss WHO’s efforts in the light of current and emerging needs amenable to nursing and midwifery services and interventions, particularly in our poorest countries.”

Dr Nabarro responded by stating that the critical role of nurses and midwives in the health system was recognized and emphasized that the skills and competence they bring to health care are essential for improving health. He noted that the Global Advisory Group had raised the issue of the growing global crisis in nursing and midwifery services for the first time and he invited GAG/NM members to

elaborate on the factors that are contributing to the crisis, particularly those that characterize the situation in their respective countries. GAG/NM members had identified a complex array of factors fueling the crisis as well as the impact on service access, quality, and population health in their own countries. They provided examples that demonstrated the current state of the nursing and midwifery workforce in these countries and the impact on health system performance.

Dr Nabarro proposed a preliminary three-pronged strategy to address the nursing and midwifery crisis, which focused on 1) generating evidence to support the mainstreaming of effective nursing and midwifery services within the health system, 2) identifying opportunities for increasing awareness and support for key issues relating to the crises (such as a technical briefing at the World Health Assembly), and 3) finding stakeholders in positions of power who will listen and assist in moving the agenda forward. He concluded by assuring GAG/NM members that the Director-General would be briefed on the recommendations they had put forward. He also stated that the recommendations would be incorporated into the global nursing and midwifery plan of action and that WHO would report back on progress.

With the support of Dr Nabarro, a Note for the Press was drafted by the WHO Spokesperson's Office at the close of the meeting, which highlighted the critical issues that had been raised at this Sixth meeting of the Global Advisory Group on Nursing and Midwifery. The key message was as follows. Given that nurses and midwives are vital for effective health system functioning and that they play a pivotal role in strategies to improve the health of the poor, the escalating shortage of nursing and midwifery resources globally demands immediate attention from policy-makers and the public worldwide. *The Note for the Press was widely disseminated around the world and can be found in Annex 8.*

12. Recommendations to the Director-General and WHO Regional Directors

1. *Recommendation on an evidence base and information on the impact of nursing and midwifery services*
 - WHO should form strategic alliances with partners to identify uniform, core indicators and build up a solid body of evidence to inform national health policies, particularly in the area of cost-effective nursing and midwifery services and their impact on priority diseases such as HIV/AIDS, tuberculosis, and malaria.
2. *Recommendations on health policy*
 - WHO should provide support in strengthening the capacity of ministries of health to review national health policies, plans and systems, and to enhance the contribution of the nursing and midwifery services in meeting the needs of vulnerable and marginalized populations.
 - Considering the critical shortage of nurses and midwives globally, WHO should review national efforts for health workforce planning and identify models appropriate to different health systems in order to ensure that human resources are more relevant to the actual needs of the service and the population. This would include mechanisms for the dissemination of these models and the development of guidelines on the use of such models.
 - WHO has to develop mechanisms to ensure the input of nursing and midwifery expertise at the earliest possible phase in the development of WHO policies and programmes at all levels of the organization, and encourage countries to open up their own policy-making processes to nursing and midwifery inputs.
3. *Recommendation on advocacy for nursing and midwifery services*
 - WHO should establish mechanisms to inform policy-makers and the public about the impact and contributions of nursing and midwifery services in meeting the health needs of under-served populations and to advocate the use of such services when there is evidence confirming their quality and cost-effectiveness.

4. Recommendation for capacity-building

- WHO should assist Member States in promoting and supporting sustainable programmes that will build and strengthen the leadership capacities of nurses and midwives, and increase their involvement and contribution to health policy development and decision-making processes and the management of health systems.

Strategies to complement the recommendations

Strategies and approaches were identified to address current and emerging issues, especially the growing crises relating to the safety and adequacy of the nursing and midwifery workforce. The following strategies were considered complementary to the recommendations.

- WHO should conduct round-table discussions on the nursing and midwifery workforce in the context of health systems performance and identify appropriate nursing and midwifery interventions that could impact on global health needs, particularly for vulnerable and marginalized populations.
- WHO should develop/strengthen partnerships to fund demonstration projects and case studies to evaluate the impact and cost-effectiveness of nursing and midwifery services in country priority areas such as HIV/AIDS, making pregnancy safer, malaria and tuberculosis, especially for the vulnerable and marginalized populations.
- WHO should serve as a role model for the regions and countries in the employment and inclusion of nurses and midwives in policy-setting arenas and in the management of WHO priority areas through effective action, which will ensure that job descriptions are based on competency and attract multidisciplinary health experts.
- WHO should expand the number of WHO fellowship opportunities for nurses and midwives at all levels, in order to build their leadership capacities to strengthen evidence-based nursing and midwifery practice and contribute to policy-making processes. The numbers and proportions of such fellowships and the use of the increased skills and capacities should be monitored and reported.
- WHO should include core indicators for nursing and midwifery services as part of regional surveillance systems that monitor country-level health status.

Given that nurses and midwives are vital for effective health system functioning and that they play a pivotal role in strategies to improve the health of the poor, the escalating shortage of nursing and midwifery resources globally demands immediate attention from policy-makers and the public worldwide.

Annex 1 – Agenda of the Meeting

Objectives

- To inform the Global Advisory Group on the WHO Corporate Strategy which will guide the work of the Group over its three-year term.
- To review the Director-General's progress report on World Health Assembly resolution 49.1 (WHA49.1) on strengthening nursing and midwifery, and recommend actions and related future directions.
- To provide recommendations to develop mechanisms which will optimize health care and health systems through nursing and midwifery services, especially in WHO priority areas.

Sunday 19 November

| | |
|---|---|
| 17:00 - 18:45 | Evening Meeting |
| 19:00 | Dinner |
| 1. Welcome | Mr O. Adams, Director, Department of Organization of Health Services Delivery , WHO |
| 2. Introduction | Dr M. Salmon, Chairperson of Global Advisory Group on Nursing and Midwifery |
| 3. Orientation session | Dr O. Adams & Dr N. Al Gasseer |
| Minutes of Steering Committee & review of priorities | Dr N. Al-Gasseer Senior Scientist for Nursing and Midwifery, WHO |
| 4. Discussions | Dr M. Salmon |

Monday 20 November

| | |
|-------|--|
| | Background, updates, overviews |
| 8:30 | Registration |
| 9:00 | Opening Remarks Mr O. Adams, Director, on behalf of Dr J. Frenk, Executive Director of Evidence and Information for Policy Cluster |
| 9:20 | Welcome and Introductions Dr M. Salmon |
| 9:45 | Review and adoption of the agenda Appointment of new Chairperson for GAG/NM Election of Vice Chairperson and Rapporteurs |
| 10:00 | WHR 2000 on Health Systems Performance Mr O. Adams |
| 10:30 | Coffee break |
| 10:45 | WHO corporate strategy and key areas Dr A. Cassel, Director-General's Office |
| 11:20 | Commission on Macroeconomics and Health (CMH) Dr S. Spinaci, Executive Secretary, CMH |
| 12:00 | Discussions |
| 12:30 | Lunch break |
| | WHO Selected Priority Areas |
| 13:30 | Making Pregnancy Safer Dr L. De Bernis |
| 14:00 | HIV/AIDS Dr A. Gerbase, HSI |
| 14:30 | Mental Health Dr B. Saraceno, Director Mental Health Dr M. Bertolote, Mental Health |
| 15:00 | Discussion on implications of these issues for nurses and midwives |

15:30 Coffee break

16.45 **Organizations' Briefing:**

- International Council of Nurses (ICN) Ms J. Oulton
- International Confederation of Midwives Ms P. ten Hoope-Bender
- Global Network of WHO Collaborating Centre for Nursing and Midwifery Dr M. Wakefield
- International Labour Organisation (Sectoral activities) Dr M. Kingma
- United Nations Population for Funds

17:00 Key points of the day by GAGNM

Tuesday 21 November

Working session

-
- | | | |
|-------|---|---|
| 8:30 | Overview of goals and agenda for the day | Dr E. Banda Chairperson of Global Advisory Group |
| 9:00 | Director-General's Remarks | Dr Gro Harlem Brundtland |
| 9:30 | WHO Nursing and Midwifery Programme (Presentations by WHO Regional Advisers for Nursing & Midwifery & Senior Scientist for Nursing and Midwifery) | |
| 9:30 | AFRO | Ms M. Awases |
| 9:40 | AMRO | Dr S. Land & Ms M. Manfredi |
| 9:50 | EMRO | Dr F. Al-Darazi |
| 10:00 | SEARO | Dr Duangvadee Sungkhobal |
| 10:10 | Discussions | |
| 10:30 | Coffee Break | |
| 10:40 | EURO | Ms A. Fawcett Hensey |
| 10:50 | WPRO | Ms K. Fristch |
| 11:00 | Discussions | Dr E. Banda, Chairperson |
| 11:45 | Progress report on implementation of World Health Assembly Resolution WHA 49.1: Framework; Process; Findings; Overview | Dr N. Al-Gasseer & Mr O. Adams |
| 12:45 | Lunch Break | |
| 13:45 | Working Groups | Dr P.J. Maddox & GAG/NM members |
| 15:30 | Coffee break | |
| 15:45 | Working Groups (Cont) | |
| 17:00 | Group presentations | |
| 18:00 | Director General's Reception honouring the GAG/NM members | |

Wednesday 22 November

Working session

-
- | | | |
|-------|---|----------------------------------|
| 8.30 | Plenary | Dr E. Banda |
| 9:00 | Health Systems: Key issues (service delivery; workforce) | Mr O. Adams & Dr J. Buchan |
| 9:30 | Discussion | |
| 10:00 | Coffee Break | |
| 10:15 | Framing next steps: Effectively engaging nurses, midwives and other stakeholders: Historical perspectives and recommendations on GAGNM members' role | Dr M. Hirschfeld Dr M. Salmon |
| 11:15 | Draft Final recommendations | |
| 12:30 | Lunch break | |
| 13:30 | Review the process of finalizing the report of this meeting. | |

**Comments and review of the meeting by GAGNM
members**

14:30 **Closure of meeting**

Dr N. Al Gasseer
Dr D. Nabarro
Dr E. Banda

Annex 2 – List of participants

GAG/NM members

Dr Eta Elizabeth Banda (*Chairperson*), Management Sciences for Health, Bisho, South Africa

Dr Peggy S. Chibuye, Senior Public Health Specialist, USAID/Zambia, Lusaka, Zambia

Prof. Mianno Daniel Kadja, Professor of Sociology, University of Abidjan, Abidjan, Côte d'Ivoire

Professor Ilta Lange (*Rapporteur*), Director, School of Nursing, Pontificia Universidad Católica de Chile, Santiago, Chile

Dr Joyce Thompson, Associate Dean for Graduate Studies, School of Nursing, University of Pennsylvania, Philadelphia, USA

Dr E.Y. Abou Youssef, Nurse Midwife Expert, Alexandria, Egypt

Dr Sawsan Majali, Assistant Professor of Nursing, Director of Community Service Office, University of Jordan, Amman, Jordan

Ms Grazyna Wójcik, Deputy Director, Dept. of Science and Human Research in Health Care, Ministry of Health, Warsaw, Poland

Andrew Thomas Green, International Division, Nuffield Institute for Health, Leeds, United Kingdom

Ms K. Sujatha Rao (*Vice-Chairperson*), Joint Secretary, Ministry of Health & Family Welfare, New Delhi, India

Dr Wichit Srisuphan, Associate Professor, Dept of Public Health Nursing, Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand

Mr Muc Pham Duc, Head of the Nursing Office, Department of Therapy, Ministry of Health, Hanoi, Viet Nam

Dr Isaac Ake,¹ Deputy Secretary for Health, Department of Health, Papua New Guinea

Mrs Kirsten Stallknecht,¹ President of International Council of Nurses, Allerød, Denmark

Dr Marla Salmon (*Ex-Officio Chairperson*), Dean and Professor, The Well Hodgson Woodruff School of Nursing, Emory University, Georgia, USA

Professor Galina Perfilieva, Dean, Faculty for Higher Nursing Education, Moscow Medical Academy, Moscow, Russia

Observers

Ms Petra ten Hoope-Bender, Secretary General, International Confederation of Midwives, The Hague, Netherlands

Ms Judith Oulton, Chief Executive Officer, International Council of Nurses, Geneva, Switzerland

Dr Denise Geolot, Director, Division of Nursing, Bureau of Health Professions, Health Resources Services Administration Department of Health and Human Services, Maryland, USA

Dr Mireille Kingma, representing the International Labour Organisation

Dr Mary Wakefield, representing the Global Network of WHO Collaborating Centres for Nursing/Midwifery Development, WHO Collaborating Centre for Nursing and Midwifery, College of Nursing and Health Sciences, George Mason University, Virginia, USA

Ms Ewa Orzechowska, representing the United Nations Population Fund, Geneva, Switzerland

WHO Participants

Dr P.J. Maddox (*Facilitator/Rapporteur*), Temporary Adviser

¹ Unable to attend

Regional Nursing Advisers

Ms M. Awases, Regional Adviser for Nursing/Midwifery, WHO Regional Office for Africa
Dr F. Al Darazi, Regional Adviser for Nursing and Allied Health Personnel, WHO Regional Office for the Eastern Mediterranean
Ms A. Fawcett Henesy, Regional Adviser for Nursing/Midwifery, WHO Regional Office for Europe
Ms M. Manfredi, Regional Nursing Adviser, WHO Regional Office for the Americas
Dr S. Land, Regional Nursing Adviser, WHO Regional Office for the Americas
Dr Duangvadee Sungkhobol, Regional Adviser, Nursing and Midwifery, WHO Regional Office for South-East Asia
Ms K. Fritsch, Regional Adviser in Nursing, WHO Regional Office for the Western Pacific

Headquarters

Dr D. Nabarro, Executive Director, DGO
Mr O. Adams, Director, Organization of Health Services Delivery (OSD)
Dr A. Cassel, DGO
Dr M. Hirschfeld, Director, CCL
Dr N. Mboi, Director, FCH/WHM
Dr D. Saraceno, Director, NMH/MSD
Dr S. Spinaci, Executive Secretary, CMH
Dr N. Al Gasseer, Senior Nursing and Midwifery Scientist, MGT/OSD
Mr M. Banda, SPM/OSD
Dr J. Buchan, HRH/OSD
Dr A. Gerbase, HIV/AIDS/STI Initiative
Dr J. Heldrup, MGT/OSD
Dr S. Lwanga, HRH/OSD
Ms V. Persaud, MGT/OSD
Dr S. Vonderheid, MGT/OSD
Dr J.M. Bertolote, MSD/MBD
Dr L. De Bernis, FCH/RHR
Dr D. Evans, EQC/GPE/EIP
Dr S. Mpandas, FCH/RHR
Mr T. O'Connell, VAB/EPI
Dr J. Sheppard, CPE/SMT
Ms M. Skold, SDE/HSD

Annex 3 – List of Background Documents

1. World Health Organization. *Basic Documents*, Forty-second Edition, 1999.
2. Global Advisory Group on Nursing and Midwifery: Terms of Reference.
3. Report of the Steering Committee of the GAG/NM held in Geneva from 30 November to 2 December 1999.
4. Recommendations from the 1997 Global Advisory Group on Nursing and Midwifery Report.
5. *The World Health Report 2000. Health Systems: Improving Performance - Overview.* WHO/WHR/00.1

6. EB105/2: *Towards a Strategic Agenda for the WHO Secretariat*. Statement by the Director-General to the Executive Board at its 105th session.
7. Presentation to the Development Assistance Committee of the OECD by the Director-General, Paris, 9 November 2000. WHO/DG/SP/197.
8. Copies of slides on Making Pregnancy Safer - presentation.
9. *Making Pregnancy Safer Progress Report*. October 2000.
11. WHO/RHR/006. *Making Pregnancy Safer. A Health Sector Strategy for Reducing Maternal and Perinatal Morbidity and Mortality*.
12. *Evidence and Information for Policy*. The Commission on Macroeconomics and Health (CMH). Overview - 8 September 2000, Rev.1.
13. Copies of Slides on WHO and HIV/AIDS/STI presentation.
14. The Global Response to HIV/AIDS: The Essential Role of Nursing and Midwifery Services.
15. *WHO's Initiative on HIV/AIDS and Sexually Transmitted Infections*. Report 1999 - WHO 2000.
16. WHO Initiatives on HIV/AIDS and Sexually Transmitted Infections: Supporting Countries to Improve their Health Systems Response to HIV/AIDS.
17. *Roll Back Malaria* Press Kit.
18. Small booklet. *The Most Serious Diseases of Poverty*.
19. WHO Direction in Mental Health (Presentation).
20. Nursing and Mental Health Care Needs and Obstacles.
21. *Setting the WHO Agenda for Mental Health* - WHO/MNH/99.1.
22. World Health Day - 7 April 2001.
23. Health Systems: Key Issues (Service Delivery; Workforce).
24. *Building Evidence-Base of the Nursing and Midwifery Contribution to Health*. Commissioned by WHO.
25. Health Systems and Human Resources Challenges.

26. Reports from:

- International Council of Nurses
- International Confederation of Midwives
- United Nations Population Fund
- International Labour Organisation
- Global Network of WHO Collaborating Centres for Nursing and Midwifery

27. Regional presentations from:

- AFRO
- AMRO
- EMRO
- EURO
- SEARO
- WPRO

28. Munich Declaration. *Nurses and Midwives: A Force for Health* (17 June 2000).

29. Draft EB107/6. *Strengthening Nursing and Midwifery: Progress and Future Directions. Report by the Secretariat.* (Agenda item 3.4 Strengthening Health Services Delivery: Human Resources).

30. Draft WHO Executive Board INF.DOC or Annex to EB107/6 - Agenda item 3.4 *Strengthening health services delivery: Human resources - Strengthening nursing and midwifery* (resolution WHA49.1).

31. World Health Assembly resolution WHA49.1.

32. World Health Assembly document A49/4. *Implementation of Resolutions. Report by the Director-General.* This document presents progress reports on the implementation of resolutions of the Health Assembly.

33. EB97/INF.DOC./2. *Strengthening nursing and midwifery.* The purpose of this document is to provide details to supplement the progress report on implementation of resolution WHA45.5, contained in document EB97/13.

34. World Health Assembly resolution WHA45.5.

Annex 4 – World Health Assembly Resolutions

WHA45.5 Strengthening nursing and midwifery in support of strategies for health for all

The Forty-fifth World Health Assembly,

Having considered the Director-General's report on strengthening nursing and midwifery in support of strategies for health for all,² and the discussions at the eighty-ninth session of the Executive Board;

Recalling resolution WHA42.27;

Mindful of the growing demand for and cost of health care in countries throughout the world;

Concerned at the continued shortage of nursing and midwifery personnel and the urgent need to recruit, retain, educate, and motivate sufficient numbers to meet present and future community health needs;

Recognizing the need to increase the Organization's nursing and midwifery activities at all levels;

Committed to the promotion of nursing and midwifery as essential health services in all countries, for the development and improvement of health-for-all strategies;

1. THANKS the Director-General for his report;
2. URGES Member States:
 - (1) to identify their nursing and midwifery service needs and, in this context, assess the roles and utilization of nursing and midwifery personnel;
 - (2) to strengthen managerial and leadership capabilities and reinforce the positions of nursing and midwifery personnel in all health care settings and at all levels of service, including the central and local services of health ministries and the local authorities responsible for the programmes concerned;
 - (3) to enact legislation, where necessary, or take other appropriate measures to ensure good nursing and midwifery services;
 - (4) to strengthen education in nursing and midwifery, adapt educational programmes to the strategy for health for all, and revise them where appropriate, in order to meet the changing health care needs of populations;
 - (5) to promote and support health services research that will ensure the optimal contribution of nursing and midwifery to health care delivery, with particular emphasis on primary health care;
 - (6) to ensure appropriate working conditions in order to sustain the motivation of personnel and improve the quality of services;

² See Annex 1.

(7) to ensure the allocation of adequate resources (financial, human and logistic) for nursing and midwifery activities;

(8) to ensure that the contribution of nursing and midwifery is reflected in health policies;

3. REQUESTS WHO regional committees to reinforce regional actions in order to enable Member States to implement the above provisions effectively and to identify sources for financing such actions in those States which are undergoing economic structural reform programmes or which have other special needs;

4. REQUESTS the Director-General:

(1) to establish a global multidisciplinary advisory group on nursing and midwifery, with the express purpose of advising 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;

(2) to mobilize the increased technical and financial support required to implement the provisions of this resolution;

(3) to ensure that the interests of nursing and midwifery services are taken into account in policy implementation and programme development, and that nursing and midwifery experts participate in WHO committees as appropriate;

(4) to strengthen the global network of WHO collaborating centres for nursing and midwifery with a view to the implementation of health for all;

(5) to report on progress made in the implementation of this resolution to the Forty-ninth World Health Assembly.

WHA49.1 Strengthening nursing and midwifery

The Forty-ninth World Health Assembly,

Having reviewed the Director-General's report on strengthening nursing and midwifery;³

Recalling resolutions WHA42.27, WHA45.5, WHA47.9 and WHA48.8 dealing with the role of nursing and midwifery personnel in the provision of quality health care in the strategy for health for all, and with education of health care providers;

Seeking to apply the spirit of the International Conference on Population and Development (Cairo, 1994), the World Summit for Social Development (Copenhagen, 1995), and the Fourth World Conference on Women (Beijing, 1995);

Concerned about the problems resulting from the emergence of new diseases and the re-emergence of old diseases as highlighted in *The world health report 1996*;

Concerned about the necessity of effectively utilizing health care personnel, in view of rising costs, and mindful of the cost-effectiveness of good nursing/midwifery practice;

Recognizing the potential of nursing/midwifery to make a major difference in the quality and effectiveness of health care services in accordance with the Ninth General Programme of Work;

Recognizing the need for a comprehensive approach to nursing/midwifery service development as an integral part of health development to maximize the contribution of nurses and midwives to achievements in the field of health;

Recognizing also that such an approach must be country-specific and be assured of the active involvement of nurses and midwives at all levels of the health care system, together with the recipients of health care, policy-makers, the public and private sectors, representatives of professional associations and educational institutions, and those who have responsibility for social and economic development,

1. THANKS the Director-General for his report and for the increased support to nursing in Member States;

2. URGES Member States:

(1) to involve nurses and midwives more closely in health care reform and in the development of national health policy;

(2) to develop, where these do not exist, and carry out national action plans for health including nursing/midwifery as an integral part of national health policy, outlining the steps necessary to bring about change in health care delivery, ensuring further development of policy, assessment of needs and utilization of resources, legislation, management, working conditions, basic and continuing education, quality assurance and research;

(3) to increase opportunities for nurses and midwives in the health teams when selecting candidates for fellowships in nursing and health-related fields;

(4) to monitor and evaluate the progress toward attainment of national health and development targets and in particular the effective use of nurses and midwives in the priority areas of equitable access to health services, health protection and promotion, and prevention and control of specific health problems;

(5) to strengthen nursing/midwifery education and practice in primary health care;

³ Document A49/4, part II.

3. REQUESTS the Director-General:

- (1) to increase support to countries where appropriate in the development, implementation and evaluation of national plans for health development including nursing and midwifery;
- (2) to promote coordination between all agencies and collaborating centres and other organizations concerned in countries to support their health plan and make optimal use of available human and material resources;
- (3) to provide for the continued work of the Global Advisory Group on Nursing and Midwifery;
- (4) to promote and support the training of nursing and midwifery personnel in research methodology in order to facilitate their participation in health research programmes;
- (5) to keep the Health Assembly informed of progress made in the implementation of this resolution, and to report to the Fifty-fourth World Health Assembly in 2001.

Hbk Res., Vol. III (3rd ed.), 1.8

(Fifth plenary meeting, 23 May 1996

-Committee A, first report)

Annex 5 – Munich Declaration

NURSES AND MIDWIVES: A FORCE FOR HEALTH

17 June 2000

The Second WHO Ministerial Conference on Nursing and Midwifery in Europe addresses the unique roles and contributions of Europe's six million nurses and midwives in health development and health service delivery. Since the first WHO Ministerial Conference that took place in Vienna over ten years ago, some steps have been taken in Europe towards strengthening the status and making full use of the potential of nurses and midwives.

As **Ministers of Health** of Member States in the European Region of WHO, participating in the Munich Conference:

WE BELIEVE that nurses and midwives have **key and increasingly important roles** to play in society's efforts to tackle the public health challenges of our time, as well as in ensuring the provision of high-quality, accessible, equitable, efficient and sensitive health services which ensure continuity of care and address people's rights and changing needs.

WE URGE all relevant authorities in WHO's European Region to step up their action **to strengthen nursing and midwifery**, by:

- ensuring a nursing and midwifery contribution to decision-making at all levels of **policy** development and implementation;
- addressing the **obstacles**, in particular recruitment policies, gender and status issues, and medical dominance;
- providing financial incentives and opportunities for **career advancement**;
- improving initial and continuing **education** and access to higher nursing and midwifery education;
- creating **opportunities for nurses, midwives and physicians to learn together** at undergraduate and postgraduate levels, to ensure more cooperative and interdisciplinary working in the interests of better patient care;
- supporting research and dissemination of information to develop the **knowledge and evidence base** for practice in nursing and midwifery;
- seeking opportunities to establish and support family-focused community nursing and midwifery programmes and services, including, where appropriate, the Family Health Nurse;
- enhancing the roles of nurses and midwives in public health, health promotion and community development.

WE ACCEPT that commitment and serious efforts towards strengthening nursing and midwifery in our countries should be supported by:

- developing comprehensive workforce planning strategies to ensure adequate numbers of well educated nurses and midwives;
- ensuring that the necessary legislative and regulatory frameworks are in place at all levels of the health system;
- enabling nurses and midwives to work efficiently and effectively and to their full potential, both as independent and as **interdependent** professionals.

WE PLEDGE to work in partnership with all relevant ministries and bodies, statutory and nongovernmental, nationally, sub-nationally and internationally to realize the aspirations of this Declaration.

WE LOOK To the WHO Regional Office for Europe to provide strategic guidance and to help Member States develop *coordination mechanisms* for working in partnerships with national and international agencies to strengthen nursing and midwifery, and

WE REQUEST the Regional Director to make regular reports to the Regional Committee for Europe and to organize a first meeting to monitor and evaluate the implementation of this Declaration in 2002.

Ms Andrea Fischer
Minister of Health
Federal Republic of Germany

Dr Marc Danzon
Regional Director for Europe
World Health Organization

EUR/00/5019309/6

00600- 17 June 2000

Annex 6 – Nursing and Midwifery Resolution (EMRO)

EM/RC45/R.12:

IMPROVING THE QUALITY OF NURSING AND MIDWIFERY IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee,

Having reviewed the Regional Director's report on progress with regard to Regional Committee resolution EM/RC41/R.10 on the need for national planning for nursing and midwifery in the Eastern Mediterranean Region;

Noting the progress made by Member States and the challenges facing policy-makers and nurses in improving the quality of nursing and midwifery services;

Recognizing the potential of quality nursing and midwifery personnel in making a difference in health care services and people's quality of life;

1. THANKS the Regional Director for his progress report and for the increased support to nursing and midwifery in Member States;
2. ADOPTS the regional strategy on nursing and midwifery;
3. URGES Member States to:
 - 3.1. Continue their efforts to develop national action plans for the implementation of this strategy;
 - 3.2. Develop national standards for basic and graduate nursing education;
 - 3.3. Use the guidelines on future directions for nursing education in developing curricula;
 - 3.4. Encourage and support the development of programmes for nursing research to ensure that the practice of nursing is founded on scientific findings.

WHO-EM/NUR/335/E/L

1998

Annex 7 – Executive Board Progress Report on Resolution WHA49.1



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
107th Session
Provisional agenda item 3.4

**EB107/6
November 2000**

Strengthening nursing and midwifery: progress and future directions

Report by the Secretariat

This report describes progress made towards implementing resolution WHA49.1 on strengthening nursing and midwifery, and proposes strategic recommendations for the future.

1. Notwithstanding the differences that exist in the organization and development of the health systems of the various Member States, resolution WHA49.1 has provided a focus for action at global, regional and country levels. Significant progress has been made. Specifically, more than 50% of all Member States have developed, or are in the process of developing or approving, national plans for nursing and midwifery. In most cases, these plans are integrated with or linked to national health plans. Overall, increased involvement of nurses and midwives in health systems and health policy is reported, from collaboration in health reform, data collection, human resources and programme development to full participation at senior levels of planning and decision-making. An extensive degree of involvement was not widespread, however.

2. Nursing and midwifery services have become pivotal in public health and community initiatives. More nurses and midwives are working in primary health care and, with expanded roles, are leading an increasing number of model services that address priority health areas and extend service access to vulnerable populations.

3. The development of any health system depends crucially on careful stewardship and on the generation and availability of adequate resources. An increasing proportion of countries, from 25% to 80% according to region, is reporting the establishment of various regulatory mechanisms for nurses and midwives. Practices for monitoring quality of nursing and midwifery care vary widely across countries, from the use of checklists and audits, review of patient charts, investigating patient and other provider complaints to well-defined standards of nursing and midwifery practice.

4. Overall, the number of fellowships has increased slightly, but still more are needed to meet the demand. Greater capacity for research and strengthened clinical and managerial leadership are reported, although the extent is limited. In reform of nursing and midwifery education, programmes continue to be adapted so as better to meet service and population health needs. Countries report an increasing focus on primary health care within curricula.

5. The Global Advisory Group on Nursing and Midwifery continues to provide policy advice across WHO programmes. The group's three main recommendations have been at least partially implemented. Specifically, there was an increase in nurse and midwife input at all WHO levels, cross-infection control policies were developed with nursing and midwifery involvement, and a multidisciplinary group to reorient the curricula of health professionals was convened by the Regional Office for Africa.

6. WHO reports indicate increased provision of technical support, development and implementation of standards, synthesis and dissemination of evidence, development of tools and guidelines, and advocacy to strengthen nursing and midwifery services. Technical support was provided based upon country request in several areas such as the assessment of nursing and midwifery services and curricula as well as the development and implementation of national action plans and quality assurance programmes. Standards for nursing and midwifery education and practice were developed with partners such as the International Council of Nurses and International Confederation of Midwives. Tools and guidelines have also been developed and implemented for disease control, risk reduction, health care management and service delivery. Advocacy initiatives have included the development and endorsement of position statements and ministerial declarations.
7. Thirty-five WHO Collaborating Centres for Nursing and Midwifery support WHO initiatives. Key areas of support included capacity building, curriculum development, collaborative research projects and intraregional and interregional initiatives with an emphasis on collaboration between developed and developing countries. The number of collaborating centres in the latter should be increased in the future.
8. Although WHO has identified critical enabling factors, namely national nursing plans, regulatory mechanisms and the engagement of nurses and midwives in the formulation of policies, impediments to progress include economic constraints and persistent problems for the workforce, notably shortage of personnel and supplies, poor working conditions and low salaries. In addition, workforce competences have been limited by both inadequate access to education and curricula that do not meet evolving service and population health needs. Above all, progress depends on political commitment and support. Strengthening of nursing and midwifery services therefore faces a number of difficulties.
9. Health reform frequently constrains resource allocation to nursing and midwifery services. Difficulties persist in establishing regulatory frameworks for nurses and midwives, in further improving educational systems and in initiating research. Preparation of staff for management and leadership, particularly in nursing and midwifery, has been limited, leading to decreased involvement of the professions in transitional processes. At times, coordination and consistency have been lacking.
10. In many countries, nursing and midwifery skills are put to limited use, despite their quality and cost-effectiveness.
11. The link between evidence, policy and practice is inadequate. Policy-makers do not fully use the existing evidence that nursing and midwifery interventions are effective in improving health and health-system outcomes. However, this evidence is limited, poorly disseminated, and inadequately adapted for use in different cultural contexts.
12. There is a widespread and increasing shortage of nurses and midwives. The increased mobility of professionals, including emigration to countries offering better prospects, can increase difficulties for developing countries. Contributory factors to this shortage are unstable funding of the health sector and inadequate planning, management and deployment of human resources, but low salaries and poor working conditions remain the main reasons for persistent problems of recruitment and retention of staff. Although some improvements have been reported by a number of countries, no concerted action has been taken on these issues.
13. Nursing and midwifery services often provide the largest and best-positioned workforce active within any community or local network of health-care workers; this is particularly true in the context of primary health care and in traditionally underserved areas. The role of nurses and midwives can be significantly expanded. They are ideally placed to provide cost-effective and widely available services to vulnerable groups and to maximize the effectiveness of health interventions by improving compliance with treatment protocols. They can be quickly mobilized for public health initiatives and to improve access to health services for the poor and disadvantaged. Although the staffing of nursing and midwifery services varies by country, the core personnel are professional nurses and midwives. Their training, ensuring flexibility and competence, makes them valuable at all service levels and for many expanded roles.

PRINCIPLES AND GOALS

14. Four principles should underlie strategies for strengthening nursing and midwifery services: partnership; relevance; namely developing health services and systems that respond to health needs

and are guided by strategic directions and priorities; ownership; and ethical action; that is, planning and providing health care services on a fair and equitable basis, with full respect for human rights, including issues of gender. These principles need to be translated into flexible approaches that are led and sustained by national authorities and implemented with local partners.

15. Four goals are proposed for nursing and midwifery services:

- greater access to good-quality nursing and midwifery for individuals, families and communities, especially the poor and marginalized groups;
- establishment of a solid body of evidence on which to base the development and provision of services that reduce risk factors and respond to health needs;
- strengthened policy, planning and management of human resources to create a health service environment conducive to the effective delivery of nursing and midwifery services; and
- better leadership and increased management capability in order to strengthen health service development, with attention paid to policy, regulatory mechanisms and resource mobilization and allocation in nursing and midwifery.

FUTURE DIRECTIONS

16. Despite the progress made, the issues raised above need to be tackled. Actions for consideration include the following:

- review of national health plans, policies and resources to identify areas in which nursing and midwifery services could improve the response to population needs, especially among vulnerable and marginalized communities;
- expansion of evidence-based services led by nurses and midwives, with particular focus on community health and on populations with the greatest needs;
- identification of areas in which evidence on the efficacy of nursing and midwifery interventions is most needed;
- systematic collection and dissemination of data in order to inform policy-makers, health service providers and partners about best practices and effective nursing and midwifery interventions;
- investment in a comprehensive approach to human resources that integrates planning, policy, deployment and management of the nursing and midwifery workforce;
- exploration with partners, including donor countries and development banks, of ways to raise the low levels of remuneration of health workers, including nurses and midwives, in developing countries and to strengthen incentives for effective recruitment, deployment and retention of staff; and
- creation of programmes and opportunities to strengthen leadership capabilities in policy development, management and clinical practice of nurses and midwives, in order to build services that are more responsive to health needs.

17. WHO is responding to the issues in the following ways:

- giving technical support to countries to strengthen nursing and midwifery services, and to draw up a systematic approach to documentation and dissemination of evidence on effective interventions;
- promoting approaches, models and guidelines that are based on evidence, particularly for education and practice of nurses and midwives;
- seeking with partners practical solutions to the global problem of staff shortages and migration;
- increasing support for the Global Advisory Group on Nursing and Midwifery, strengthening the role of WHO collaborating centres and creating a broad alliance to champion nursing and midwifery; and

- elaborating and using uniform indicators to monitor and measure progress at country, regional and global levels in achieving the stated goals.

ACTION BY THE EXECUTIVE BOARD

18. The Executive Board is invited to note the report.

= = =

Annex 8 – Note for the Press No. 17

20 December 2000

NURSING AND MIDWIFERY SERVICES FACING CRISIS, EXPERTS SAY

A group of international experts that met at WHO Headquarters in Geneva recently concluded that nursing and midwifery services are in "crisis". This crisis is mainly a result of poorly planned workforce policies that do not work, fragmented health systems, and epidemiological and socioeconomic trends.

The experts met at the Sixth Meeting of the World Health Organization's (WHO) multi-disciplinary Global Advisory Group for Nursing and Midwifery.

Nurses and midwives around the globe are leaving the health system, driven away by underpay, hazardous working conditions, lack of career development as well as professional status and autonomy. In addition, there is a sharp decline in new recruits to the profession for similar reasons. If the world's public health community does not correct this trend, the experts agreed, the ability of many health systems to function will be seriously jeopardized.

In countries such as the UK, Canada and USA the average age of nurses was between 43 and 45, indicating that young people were not taking up the profession for exactly the same reasons. "Skills drain", where nurses are recruited into developed countries from developing countries exacerbates the situation. For example, the number of overseas nurses coming to the UK has risen by 48% in 12 months. For the most part, the new recruits are from non-EU countries such as South Africa, Australia, the Philippines, New Zealand and the West Indies.

Speaking to the group, Dr Gro Harlem Brundtland, Director-General of WHO, said, "Nursing and midwifery services are vital for effective health services. We should better understand the causes of this crisis and encourage Members States to respond."

Participants heard how, in one hospital in Zambia, which need 1,500 nurses to run smoothly, only 500 nurses were currently employed. Ten years ago in Poland, over 10,000 new nurses were being graduated annually from educational courses. That figure number has fallen to 3,000. In Chile, out of 18,000 nurses in the country, only 8,000 are actively working in the field.

In Egypt, for example, most nurses and midwives were trained by and employed in the public sector. Now private sector healthcare providers are luring them away with higher salaries. The result was a shortfall of nurses and midwives in the public sector with some professionals holding two jobs, one in each sector. The overall quality of the nurses' and midwives' work suffered, participants heard.

"The poor are always the first to suffer during times of health care crisis. Nurses and midwives play pivotal roles in providing essential services to the poor, marginalized and underserved populations. Effective nurse-midwife service models exist but they are not translated into effective health policy," said Dr Naeema Al-Gasseer, Senior Scientist for Nursing and Midwifery, WHO.

Participants heard, for example, how 94% of "well-baby" clinics in Chile are run by nurses. Since these clinics began in the 1970s, infant mortality in the country has dropped from 110 per 1000 child births to 11 per 1000.

Also, it is most often nurses who work in the local clinics and health stations where most information on prevention and control of diseases such as HIV is disseminated.

The experts agreed that the best remedy for the problems currently facing nursing and midwifery services was to ensure that these concerns were priorities on the public and political agenda. Experts called for more systematic evidence of the impact of inadequate nursing and midwifery services within the health system and urged policy-makers to take action.

For further information, journalists can contact Mr Gregory Hartl, WHO Spokesperson, WHO, Geneva. Telephone (+41 22) 791 4458. Fax (+41 22) 791 4858. Email: hartlg@who.int All WHO Press Releases, Fact Sheets and Features as well as other information on this subject can be obtained on Internet on the WHO home page <http://www.who.int/>