



# WORLD HEALTH ORGANIZATION

FIFTY-SIXTH WORLD HEALTH ASSEMBLY  
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## Strengthening nursing and midwifery

### Report by the Secretariat

1. The Millennium Development Goals grew out of the commitments made in the United Nations Millennium Declaration adopted in September 2000, and aim to focus the efforts of the world community on achieving significant, measurable improvements in people's lives. A major thrust of WHO's contribution to achieving these goals is the enhancement of the capacity of national health systems and the scaling up of efforts to tackle the major diseases of poverty. The strengthening of nursing and midwifery services forms an integral component of this activity, and is essential to ensuring that the health-related targets of the goals are met.

2. In May 2001, the Fifty-fourth World Health Assembly adopted resolution WHA54.12, providing policy direction for strengthening nursing and midwifery services. Pursuant to that resolution, this report summarizes progress made in its implementation.

3. In consultation with partners within and outside the United Nations system, WHO drew up a guiding framework for strengthening nursing and midwifery services, which was endorsed by nine international organizations,<sup>1</sup> in order to facilitate attainment of the Millennium Development Goals and to support countries in implementing the goals set out in resolution WHA54.12. In addition, it has published strategic directions,<sup>2</sup> outlining five crucial areas where interventions are needed: human resources planning and capacity building, management of personnel, evidence-based practice, education, and stewardship. To maximize their impact on health systems' performance, support to countries is a high priority, in particular for disseminating the strategic directions and their adoption at country level.

### HUMAN RESOURCES PLANNING POLICY AND CAPACITY BUILDING

4. The importance of improving nursing and midwifery services in helping to meet the Millennium Development Goals is underlined by the projection that by 2020 the world population will include more than 1000 million people aged 60 and over, increasing the number of dependent people by at least 115-257% compared to 1990. Not only are the care needs of ageing populations growing, but the single most critical intervention for ensuring safe motherhood – having a skilled attendant present at every birth – is far from being achieved: in the developing world today, only 58% of all deliveries are

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<sup>1</sup> ILO, UNICEF, UNFPA, International Council of Nurses, International Confederation of Midwives, Global Network of WHO Collaborating Centres for Nursing and Midwifery Development, International Society of Nurses in Cancer Care, International Federation of Nurse Anesthetists and Sigma Theta Tau International Honor Society of Nursing.

<sup>2</sup> *Nursing and midwifery services: strategic directions 2002-2008*. Geneva, World Health Organization, 2002.

attended by a midwife or other skilled health personnel. In addition, the 5.7 million deaths in total worldwide due to HIV/AIDS, tuberculosis and malaria in 2001 mean that in southern Africa alone an estimated minimum of 25-40% more doctors and nurses need to be trained in 2001-2010.

5. The new WHO initiative to deliver antiretroviral therapy to three million people living with HIV/AIDS in Africa will be seriously undermined unless an adequate number and mix of skilled nurses and midwives are made available within the appropriate context of human resources for health. WHO estimates that saving six million lives yearly from cardiovascular diseases and stroke will require not only a combination of essential drugs, but also health promotion and the implementation of disease-prevention measures by a large number of community nursing and midwifery personnel.

## **IMPACT OF STAFFING CONDITIONS ON THE QUALITY AND SAFETY OF PATIENT CARE**

6. Research has documented the deleterious effects of poor staffing levels and conditions. For instance, a poor organizational climate with high workloads increased the likelihood of needle-stick injuries to hospital nurses by 50%, and lowered staffing levels of nurses were clearly linked to a raised number of infections associated with health care. Furthermore, a cross-national study showed that, for each additional patient per nurse, the likelihood of a patient within that nurse's care dying within 30 days of admission increased by 7%, and that low-quality patient care was three times as likely in hospitals with insufficient staffing and poor support for nurses as in hospitals with high staffing levels and good support. One analysis concluded that a higher proportion of hours of nursing care provided by registered nurses and a greater number of hours of care by registered nurses per day are associated with better care for hospitalized patients.

7. To address these and other nursing and midwifery workforce issues, WHO is formulating a policy on human resources development through a process of wide consultation and drawing on evidence-based policy studies. The Commonwealth Steering Committee for Nursing and Midwifery has recently prepared tools and guidelines on human resources for nurse leaders. Some individual countries have also launched initiatives to tackle the growing threat posed by the shortage of nurses and midwives. For example, Brazil, in the past few years, has trained an additional 225 000 nursing and technical auxiliary personnel. Despite similar efforts elsewhere, such as in the African countries working with the support of the Regional Office for Africa, shortage and migration of nurses and midwives continues to threaten the overall performance of health systems. The Regional Office for the Eastern Mediterranean has worked successfully with countries such as Jordan, Lebanon and Oman, where regulations for nursing and midwifery practice have been passed to ensure that competent providers deliver safe care. The continuing decline in staffing levels and recruitment of nurses and midwives will seriously compromise the delivery of future interventions, and has already shown to be jeopardizing the quality of patient care, leading to an increase in adverse events in hospitals.

## **ESTABLISHING A MONITORING SYSTEM**

8. In addition to work at WHO headquarters on assessment tools and monitoring systems, all six WHO regions have drawn up plans to correct workforce imbalances in nursing and midwifery. WHO aims to standardize definitions across regions, and to design and test a standardized analytical tool for assessing the complexity of education, practice, regulation and other aspects of service organization in nursing and midwifery. Examples of activities include the large-scale survey by the Regional Office for Africa of migration of health staff, data from which confirm that Africa is indeed rapidly losing a

significant proportion of such professionals. In South-East Asia, a conceptual framework has been constructed and a protocol implemented for in-depth country assessment of nursing and midwifery workforce management. The Regional Office for the Americas is planning to implement a unified nursing information system that supports human resources decision-making, and the Caribbean has successfully planned and implemented managed migration programmes with the involvement of leading nurses and midwives and the political commitment of ministers of health. A study commissioned by the Regional Office for the Western Pacific identified the following reasons for the migration of nurses, pharmacists and physicians: low remuneration, inflexible working hours, heavy workload, lack of continuing education, limited training facilities, poor career development and work environment, resource shortages and increasing demands and complaints from patients. Inquiries into the migration patterns of nurses and midwives are being given greater attention, in order to enable the formulation of sound ethical international recruitment guidelines and policies. Parallel to these efforts, WHO is working with countries to map midwifery services in the world and to establish staffing norms and models of maternity care in different health care contexts. Besides establishing monitoring systems, WHO is identifying policy options for countries on the effective use of incentives and payment schemes to support the health workforce, including nursing and midwifery personnel.

9. The provision of adequate support and guidance to Member States in formulating effective human resources policies that appropriately respond to the deepening crisis affecting nursing and midwifery personnel relies greatly on the specificity and accuracy of information on nursing and midwifery. Further commitment is needed to ensure a standardized, unified and global monitoring system as requested in resolution WHA54.12.

## **INVOLVEMENT OF NURSES AND MIDWIVES IN POLICY- AND DECISION-MAKING**

10. The Commission on Macroeconomics and Health noted that “a great deal of the work ... can be carried out by people other than doctors: by nurses and paramedical staff of various degrees of training, including midwives”.<sup>1</sup> Involvement of these professionals is therefore critical in informing the design and implementation of health care policies, as nurses and midwives comprise more than half the health labour force in several Member States, and in some countries, up to 90% of health service practitioners who are engaged directly in delivering nursing and midwifery care. In fact, however, the number of nurses and midwives actually consulted regarding the framing, planning and implementation of health policy at the highest levels is declining. Within WHO itself, the proportion of professional staff employed who are nurses and midwives decreased between 2000 and 2001, from 2.9% to 2.6% – figures that are themselves small percentages of the health professionals in WHO compared to medical specialists in the same period (90.8% and 91.4%, respectively).<sup>2</sup>

11. The WHO Regional Office for Europe reports that nurses and midwives participate in decision-making in only a few countries in central and eastern Europe, and in others they have no such role. In response to a questionnaire evaluating progress towards implementing the Munich Declaration (June 2000) “Nurses and Midwives: a Force for Health”, nurses and midwives were said to participate in decision-making in only about half of western European countries – this despite a commitment in the declaration by ministers of health participating in the Second WHO Ministerial Conference on

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<sup>1</sup> Commission on Macroeconomics and Health. *Macroeconomics and health: investing in health for economic development. Report of the Commission on Macroeconomics and Health*, Geneva, World Health Organization, 2001, p. 65.

<sup>2</sup> See documents A54/28 and A55/30.

Nursing and Midwifery in Europe (Munich, Germany, 2000). In the WHO South-East Asia Region, nurses and midwives are not accorded professional status on a par with other health professionals and their participation at the highest levels of health decision-making remains extremely limited.

12. In accordance with resolution WHA54.12, WHO, in partnership with the International Council of Nurses and the International Confederation of Midwives, is conducting several country-level leadership programmes. Both the Regional Offices for the Eastern Mediterranean and South-East Asia have established such programmes for nurses and midwives, and those for Africa and the Western Pacific have appropriate action plans. Efforts from WHO and partners alone, however, will not suffice, and further firm steps must be taken to incorporate the nursing and midwifery component and perspective into all levels of decision-making. In order to attain and sustain high-quality care, governments must set up mechanisms, within a legal framework, that include both nursing and midwifery leaders and representatives in the health policy debate. Such a legal framework should also ensure equity of investment in the nursing and midwifery professions compared to other health care professions.

## **ESTABLISHING THE EVIDENCE BASE FOR NURSING AND MIDWIFERY PRACTICE**

13. Resolution WHA54.12 also calls for the enhancement of nursing and midwifery services, based on sound scientific and clinical evidence. Initial work by WHO has identified a significant divide between developed and developing countries in terms of research capacity, evidence gathering and the methods applied in critical appraisal and use of evidence for practice. WHO has begun reviewing evidence related to nursing and midwifery for practice and policy development in priority areas (e.g., HIV/AIDS, tuberculosis, malaria and making pregnancy safer) and in areas where nursing and midwifery interventions will have a significant impact on population health. WHO is working with experts worldwide to devise a preliminary global framework for the critical appraisal of evidence. It is also elaborating a plan to help to build capacity in developing countries through means such as twinning of WHO collaborating centres, drawing up programmes with partners such as the International Council of Nurses, the International Confederation of Midwives and the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development, and through coordination with other collaborative networks and evidence centres.

14. WHO is considering a proposal to enhance the role of nursing and midwifery collaborating centres globally, as part of establishing an evidence network, in monitoring and analysing the implementation of key aspects of WHO's strategic directions for strengthening nursing and midwifery services and validating outcomes of WHO's global and regional assessments and analyses. At the same time, WHO needs to ensure the continuity and quality of a global monitoring process. The historical undervaluing of nursing and midwifery services contributes to prolonged underfunding of research and evidence collection. WHO and governments must take the lead in making a stronger commitment to establishing the infrastructure necessary to support the generation and dissemination of evidence on best practices, especially in the developing world. WHO and its partners are helping governments to ensure that mechanisms are established to support the translation of evidence on effective nursing and midwifery services into practice and policy.

15. The following activities have been identified as needing attention:

- formulating a global communication and dissemination strategy by WHO and partners to mobilize commitments;

- supporting the drawing up of national nursing and midwifery development plans that cover the five key intervention areas outlined in WHO's strategic directions;<sup>1</sup>
- investing in building infrastructure for establishing the evidence base for nursing and midwifery, with a leading role for WHO in building capacity;
- facilitating the establishment of a global monitoring system that has the necessary specificity for nursing and midwifery and will permit continuing surveillance and reporting.

## **ACTION BY THE HEALTH ASSEMBLY**

16. The Health Assembly is invited to note this progress report.

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<sup>1</sup> *Nursing and midwifery services: strategic directions 2002-2008*. Geneva, World Health Organization, 2002.